Leadership Skills to Support High Functioning Teams

October 8, 2015

Session 1: 10:15-11:30 a.m.
Session 2: 1:45-3:00 p.m.
Session 3: 3:15-4:30 p.m.

Presented by:

David Lloyd, Founder

M.T.M. Services, LLC

P. O. Box 1027, Holly Springs, NC 27540

Phone: 919-434-3709 Fax: 919-773-8141

E-mail: david.lloyd@mtmservices.org
Web Site: mtmservices.org

Historical Leadership Challenges…

1. Recruitment and HR issues related to staff performance, behaviors, aptitude and attitude HR issues
2. Staff training requirements
3. Timely and accurate documentation submission by staff
4. Internal customer service challenges within units or programs
5. Need to renew the state or county contracts for service
6. Need to send timely claims to Medicaid for services delivered

Historical Leadership Challenges Produced:

"**System Noise**" that required leadership to focus energy on the internal challenges over and over again… This historical focus on the internal system needs was more workable when the external healthcare environment was not changing at a rapid pace…

However, NOW…

New Healthcare Reform Leadership Challenges…

1. Developing/participating an Integrated Care Unit (ICU) to support the total wellness needs of the population
2. Population Management Models instead of one client at a time model including levels of care criteria
3. Shifting from "volume of services" revenue model to VALUE of Services Revenue model
4. Operating in a Shared Risk/Saving Funding Model based on a bundled payments for a episode of care cycle
5. Identification of client centered outcomes in an integrated healthcare model instead of fidelity to process measurement outcomes
6. Cost finding for a process of treatment/episode of care per CPT Code used for population focused care linked to client outcomes achieved to determine the cost per client for the outcomes achieved
7. Making the business case for your agency to MCOs/ACOs

Healthcare Reform Shared Risk/Shared Savings Payment Models

- **Full Risk Capitation/Sub-Capitation Rates** (Per Member per Month) – MCO/BHO Risk
- **Partial Risk Outpatient Only Capitation/Sub-Capitation Rates** – Provider Network Risk
- **Bundled Rates/Episodes of Care Rates – Shared Risk**
- **Stratified Case Rates – Shared Risk**
- **Case Rates – Shared Risk**
- **Prospective Payment System (PPS) – Shared Risk**
- **Global Payments – Shared Risk** (Payment based on a zero-based budgeting exercise that integrates complexity and severity of population served which will determine how many and what types of clinicians are needed to support a team based health and wellness treatment approach.)
- **Capped Grant Funding – Shared Risk**
- **Performance Based Fee for Service – Shared Risk**
- **Fee for Service – High Payer Risk**

MTM SERVICES

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH

Shifting from "Volume" of Services Provided to "Value" of Care Funding

1. **Services provided** – Timely access to treatment, service array, duration and density of services through Level of Care/Benefit Design Criteria and/or EBPs
2. **Cost of services** provided based on current service delivery processes by CPT/HCPCS code and staff type
3. **Outcomes achieved** (i.e., how do we demonstrate that people are getting "better" such as using the DLA-20 functional assessment tool).
4. **Value is determined** based on can you achieve the same or better outcomes with a change of services delivered or change in service process costs which makes the outcomes under the new clinical model a better value for the payer.

MTM SERVICES

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH

Shared Risk/Shared Savings Funding Models

- ACA contains an outcome based "race to the top" requirement for Medicare funding related to the prevalence of potentially avoidable conditions (PACs) that resulted from Medicare eligible persons receiving treatment. PACs consist of such avoidable conditions such as postoperative infection rates, high 30 day post discharge readmission rates for the same condition, etc.
- Below is the summary of the two phases of this program and the respective "bonus" and "penalty" that hospital and medical center providers of Medicare service will experience during each phase:
  - *October 2011 – Medicare will launch VBP for hospitals - +1% to – 1% rate adjustment based on quality measures*
  - *In 2017 = +2% to – 2% Medicare rate adjustment based on benchmarks that getter higher each year – "race to the top" in hospital quality*

Shared Risk/Shared Savings Funding Models

- *"Medicare is penalizing 721 hospitals with high rates of potentially avoidable mistakes that can harm patients, known as "hospital-acquired conditions." Penalized hospitals will have their Medicare payments reduced by 1 percent over the fiscal year that runs from October 2014 through September 2015. To determine penalties, Medicare evaluated three types of HACs. One is central-line associated bloodstream infections, or CLABSIs. The second is catheter-associated urinary tract infections, or CAUTIs. The final one, Serious Complications, is based on eight types of injuries, including blood clots, bed sores and falls."*

Source: *"Medicare penalizes 721 hospitals over medical errors"*, **Healthcare Finance**, (December 22, 2014), Rau, Jordan (website to access a complete list of the 721 hospitals by state: http://www.healthcarefinancenews.com/news/medicare-penalizes-721-hospitals-over-medical-errors-full-list#.VNjncwu_fpk.email)

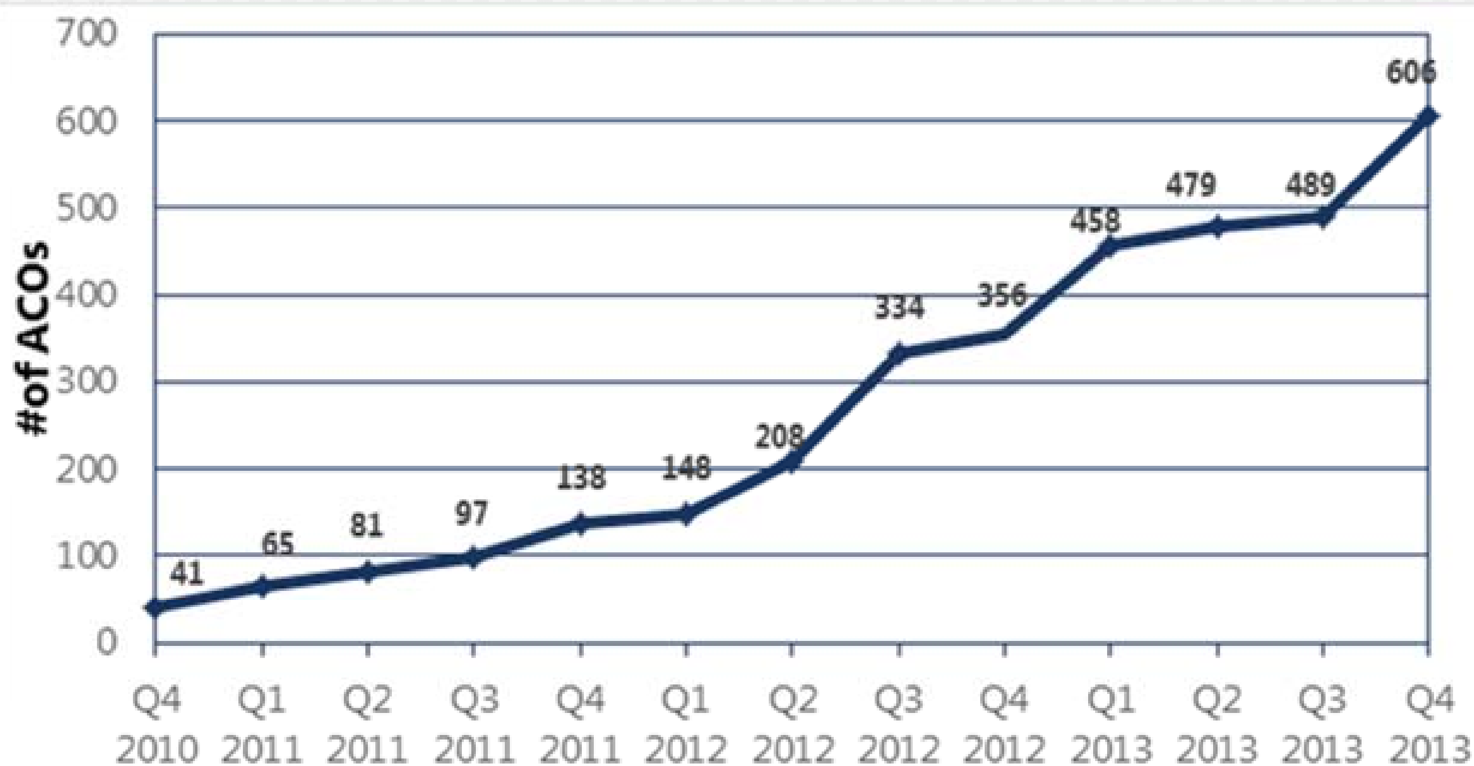
States Shifting From Medicaid 1915 (b), (c) Carve Out Medicaid Waivers to "Carve In" General Medicaid 1115 Waivers

- Shift from carve out Medicaid BH funding to Section 1115 General Integrated Waivers (Alabama, Arizona, Arkansas, California, Colorado, Delaware, Florida, Illinois, Iowa, Kansas, Kentucky, Illinois, Louisiana, Maryland, Massachusetts, Maine, Minnesota, New Mexico, New Hampshire, New York, Oklahoma, Oregon, Tennessee, Texas, Utah, Vermont, Washington, Wisconsin, etc.)
- Over 40 states have modified their State Medicaid Plans since March 2010

Growth in Numbers of ACOs Medicare and Medicaid Shared Savings Entities Nationally

Chart 1: Total Accountable Care Organizations by Quarter beginning Q4 2010

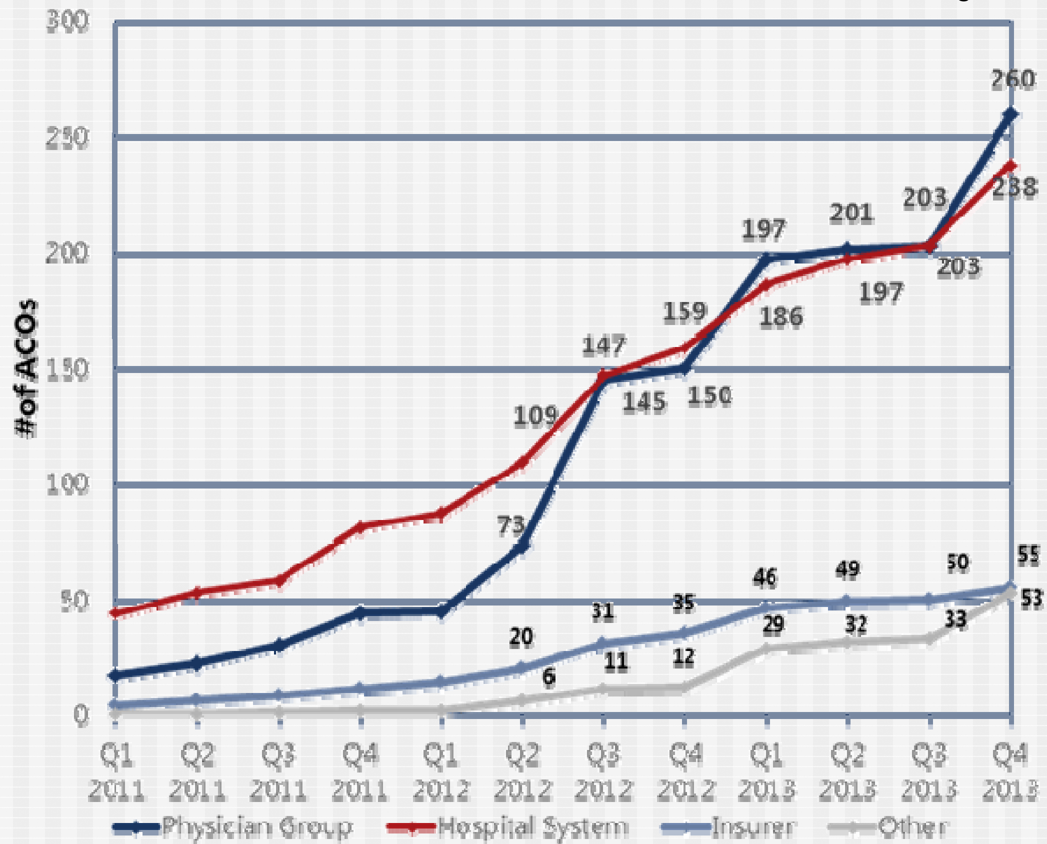
Source: Leavitt Partners Center for Accountable Care Intelligence



MTMSERVICES

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH

Ownership Distribution of ACOs Nationally



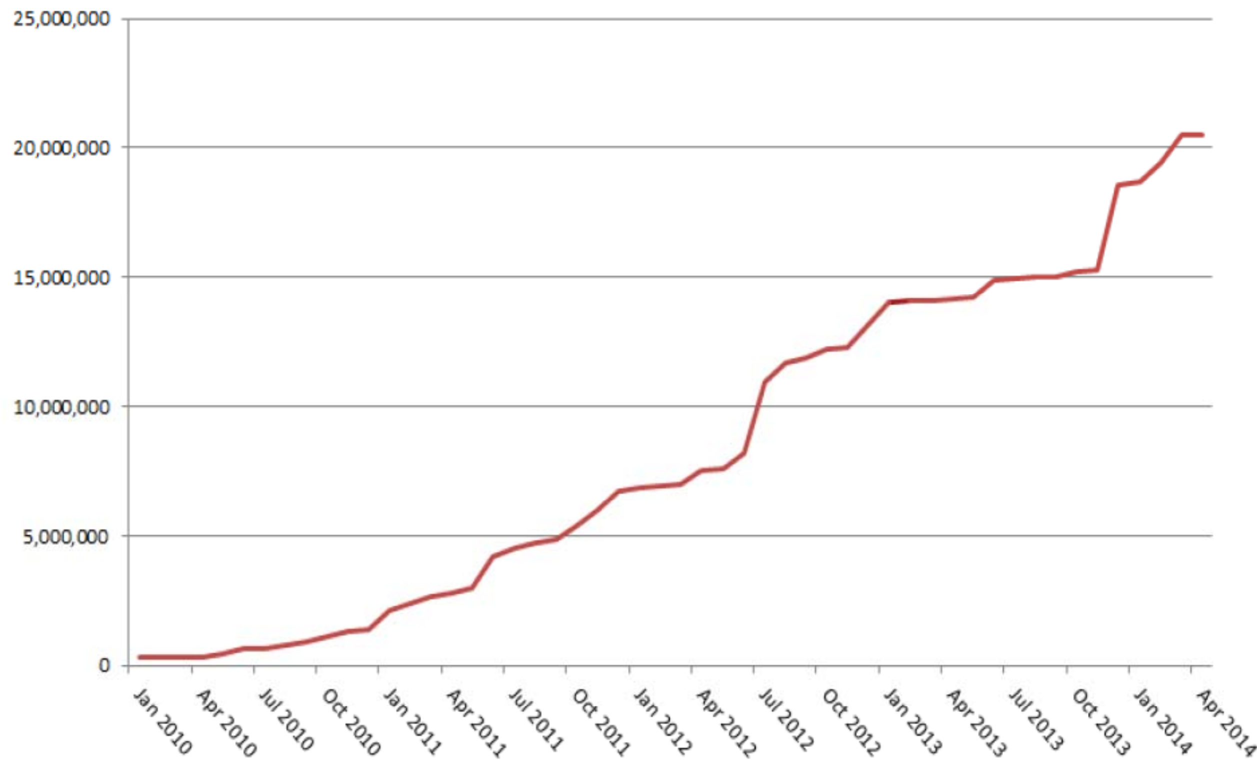
MTMSERVICES

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH

Presented By: David Lloyd, Founder, MTM Services

Growth in Number of ACO Covered Lives

Chart 3: Total Covered Lives Growth for ACOs Beginning January 2010
Source: Leavitt Partners Center for Accountable Care Intelligence

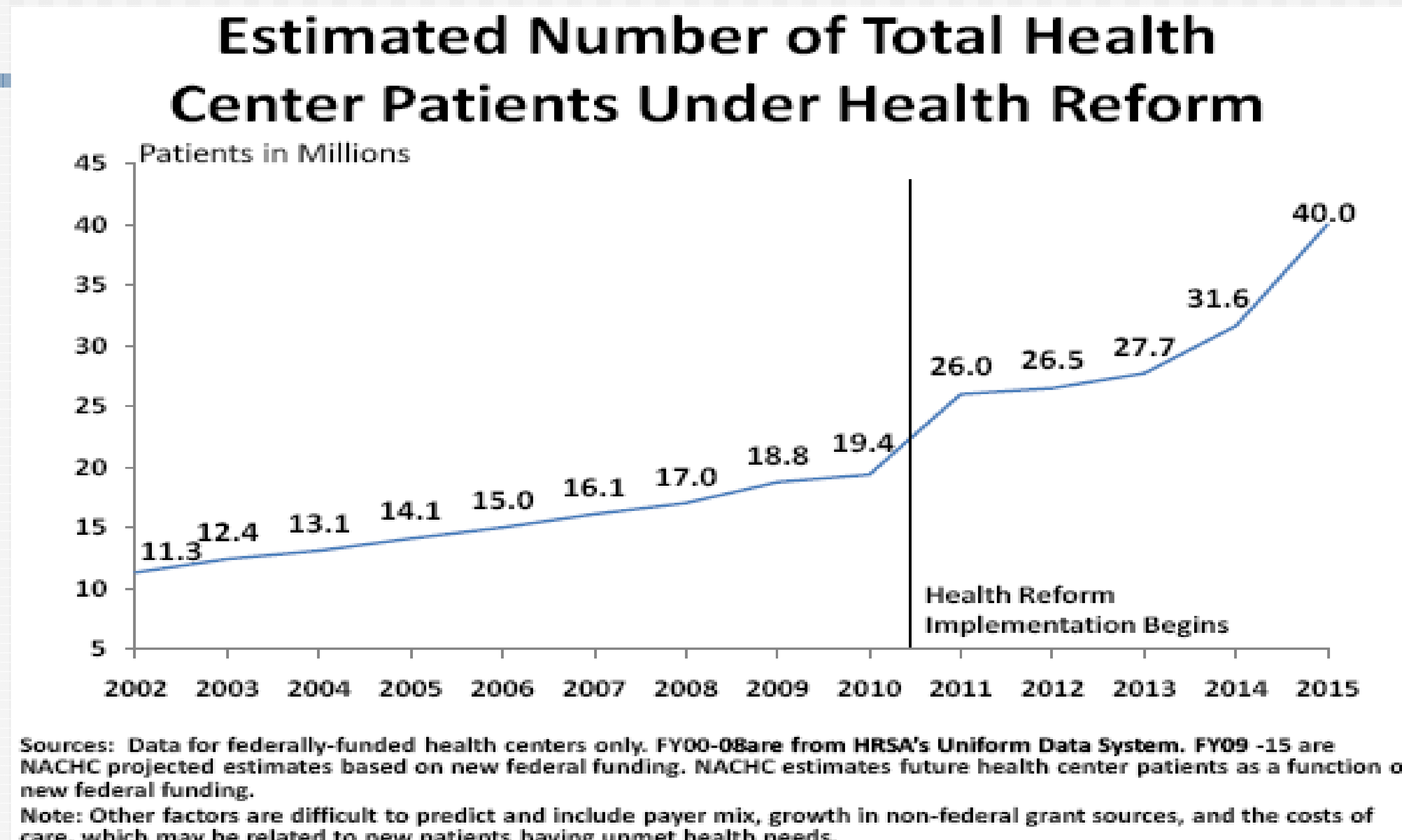


MTM SERVICES

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH

Growth in Numbers of Clients Served by FQHCs

Chart 4: Estimate Growth of Patients for Community Health Centers (FQHCs):



Source: *National Association of Community Health Centers, Inc., Bethesda, MD, June 2010*

MTMSERVICES

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH

The “Values” that Community BH Clinics Now Need…

- Community Behavioral Health Clinics (CBHCs) have an excellent opportunity to be helpful partners in the new integrated healthcare system ***if*** they can display the following specific ***values***:

1. **Be Accessible (Provide fast access to all needed services).**
2. **Be Efficient (Provide high quality services at lowest possible cost).**
3. **Be Connected (Have the ability to share core clinical information electronically).**
4. **Be Accountable (Produce measurement information about the clinical outcomes achieved).**
5. **Be Resilient (Have ability or willingness to use alternative payment arrangements).**

Access to Treatment Is a Leadership Requirement…

1. The primary challenge facing almost every healthcare provider is having adequate service delivery capacity to support timely and effective access to treatment. In an era of integrated healthcare reform, access to treatment is even more critical.
2. The historical three levels of access to care challenge have been:
   a. **Primary Access** – Time to provide client face to face initial intake/assessment after call for help – **Same Day/Open Access Model implemented at over 400 CBHCs nationally**
   b. **Secondary Access** – Time to provide client face to face service with his/her treating clinician following intake/assessment date – **3 to 5 days but not later than 8 days after same day assessment provided**
   c. **Tertiary Access** – Time to first face to face service with Psychiatrist/APRN following the intake/assessment date **- 3 to 5 days but no later than 8 days after the same day assessment provided.**

   NOTE: New 72 hour Just in Time Medical Services Models have been implemented by CBHOs in 10 states

Access to Treatment National Best Practice Target Averages

1. Access to Treatment processes within each center:
   - Gold Standard – Standardized Process for the center
   - Silver Standard – No more than one per division
2. Number of staff hours needed from first call for routine help to treatment plan completion range from 2 hours to 2.5 hours which will require staff to use collaborative documentation process
   - Assessment process target is one hour using CSR support
3. Cost of processes range from $150 to $200

Historical Strategic Change Challenges…

1. **Sequential Change"** – Complete one goal and then address next goal, etc.
2. **Quality Improvement Process Focus (QI)** – Typically Supports Process/Lack of Forward Movement/ Attainment

Vs.

4. **"Transformational Change"** – Continuous change management model using Rapid Cycle Change Model (PDSA)
5. **Continuous Quality Improvement Solution Focus (CQI)** – Implies Movement Forward/Action Has Happened to Provide Continuous Improvement

Largest Individual Leader's Challenge…

- Leaders need to make some "tough" decisions in an era of change and stick with the decisions in the face of challenge..
- "Willingness for BH leaders to continually step across the Threshold of Risk to make bold and creative decisions about service delivery processes/methods!"
- What tools are needed to support minimizing the leadership decision-making "risks"?

Processing Crisis Vs. Managing Change Model

1. **Supervisor:** Reactive and Retrospective Problem Solver Role, therefore, he/she Processes Crisis
2. **Manager:** Dynamic Awareness of Current Issues that Provides Proactive Solution-Focused Decision-Making, therefore she/he Manages Complexities
3. **Leader/Coach/Mentor:** Possess Dynamic Awareness and Uses this information to envision possibilities for the organization, **therefore he/she Manages/Sustains Change**

Stages of the Need to Change and Leadership "Blinking"

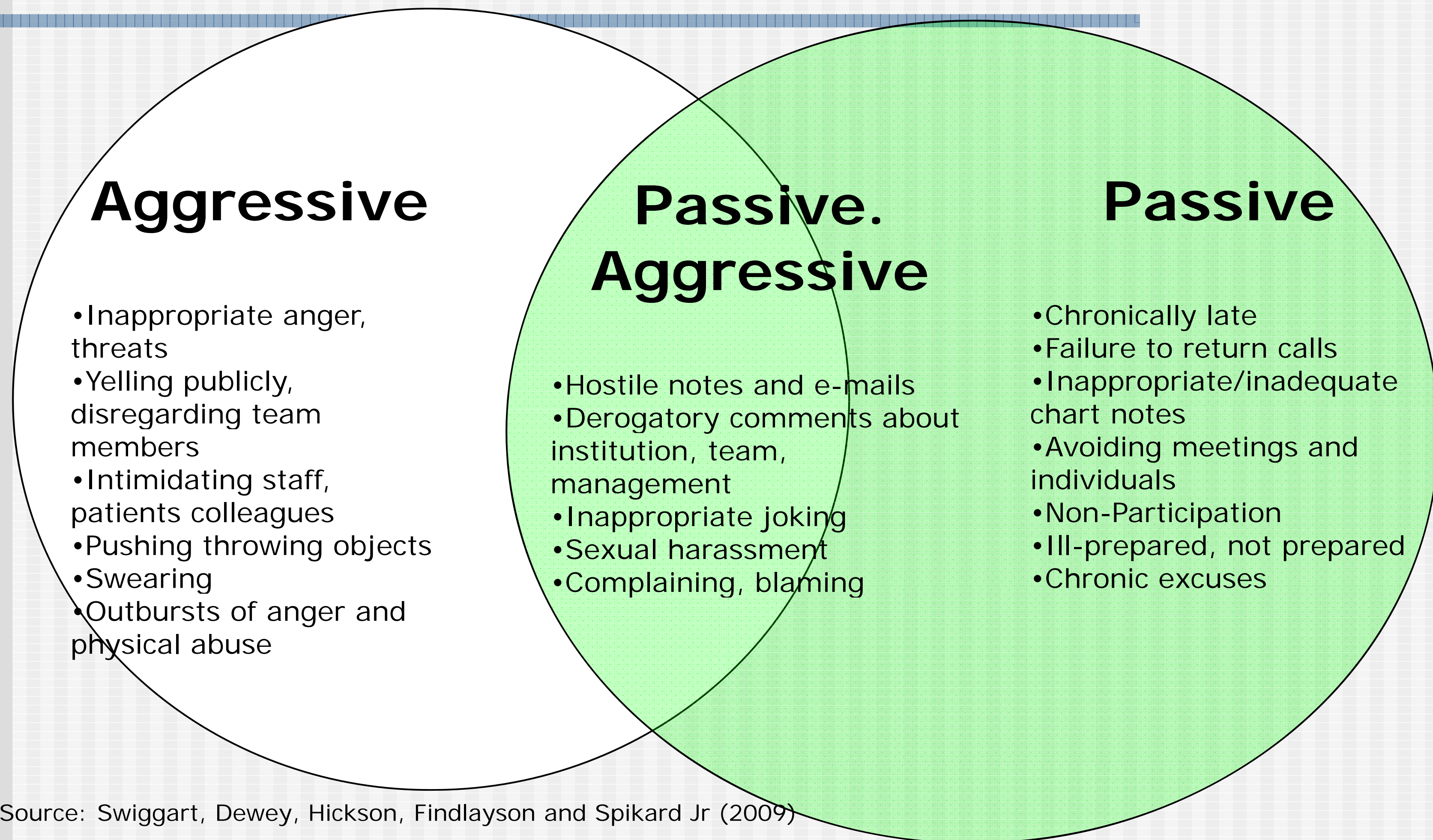
1. Denial
2. Negotiation
3. Anger – Blaming – Outside then Inside
4. Drop Out – "It's Awful!"
5. Acceptance of the Need to Change
6. Excited about the taking advantage of the opportunities

Implementation of Change Goals is Focused on Leadership/Coaching

Is About Coaching Staff...

- Buy-In by manager and staff
- Proactive Solution Focused Attitude "We can do this..."
- Creativity in determining "How we can do this..."
- Overcoming Resistance to Change with coaching staff
- Developing Self Leadership
- Taking a step back to see the horizon and the past
- Celebrate every possible victory (change)... Reinforce appropriate behavior/performance

Spectrum of Disruptive Staff Behaviors

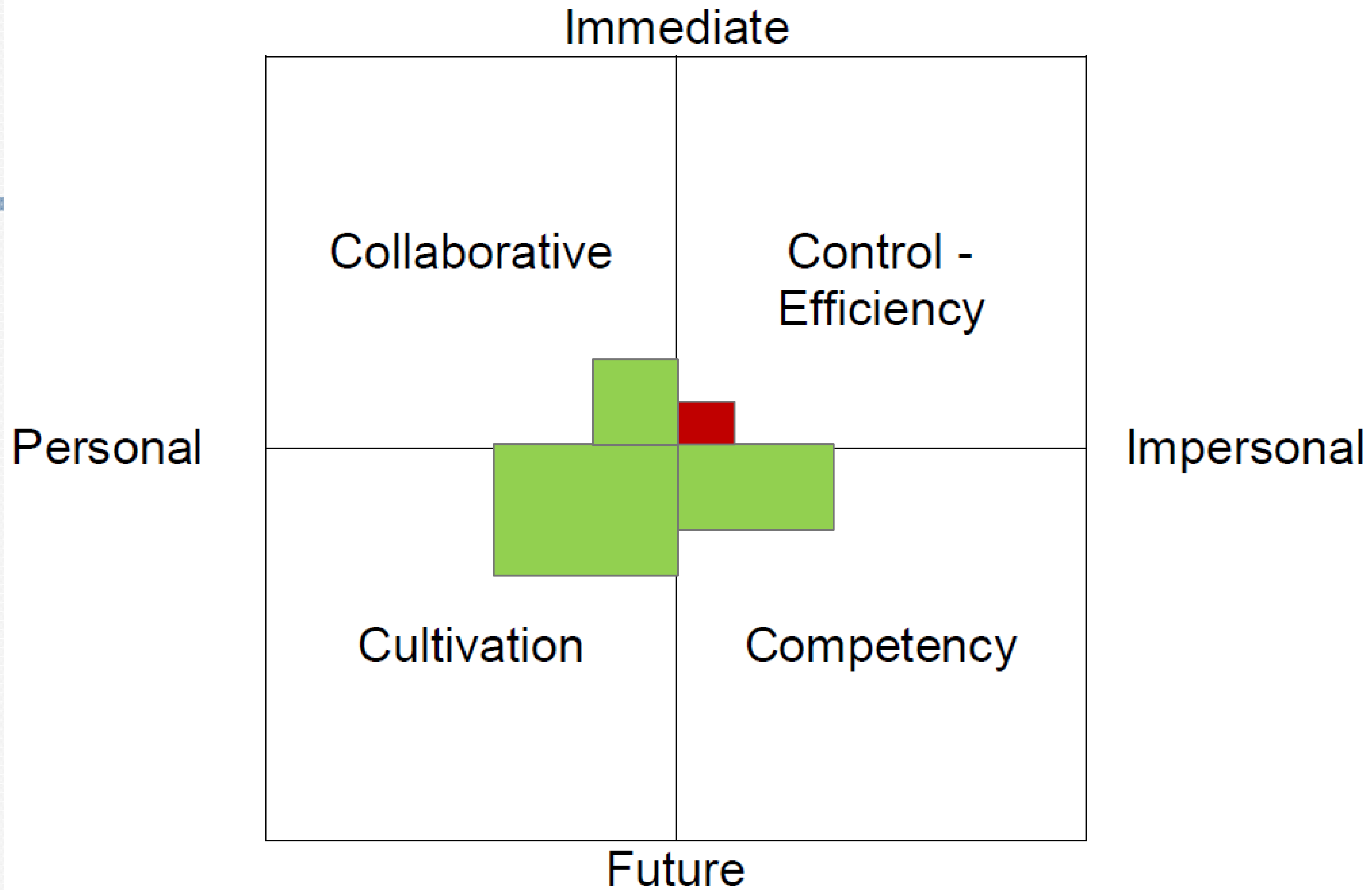


Source: Swiggart, Dewey, Hickson, Findlayson and Spikard Jr (2009)

Ten Qualities that Support Leadership Based Empowered Team Development

1. A leader has a Mission that matters
2. A leader is Committed
3. A leader has High Ethics
4. A leader is a Change Master
5. A Leader is a Risk Taker
6. A leader is a Decision Maker
7. A leader uses Power Wisely
8. A leader communicates Effectively
9. A leader is a Team Builder
10. A leader is Courageous

Community Non-Profit Leadership/Supervision Challenge for Teams and at Individual Staff Levels



Source: Carl Clark, MD, Mental Health Center of Denver

KPIs Are Key Tools for Managers/Leaders:

- Developing objective service process data measurement capacity to support the measurement of key performance indicators (KPI)
- Use and measure key performance indicators (KPI) for all staff to ensure the movement to a true group practice model

Performance Measurement Needed to Support Effective Supervision/Coaching

A. Performance Standards for Direct Care and Support/Admin Staff
B. Objective Job Descriptions that support key performance standards (KPI)
C. Objective Performance Evaluations that provide an honest/effective system learning environment related to attainment of the KPIs per staff
D. Formal Supervision Plan with Supervision Types and Supervision Session Guidelines
E. Performance Measurement with Full Disclosure
F. Accountability with Positive and Negative Consequences

Supervision Session and Evaluation Focus Areas

- Current and projected Performance Levels of staff
- Observed Behavior and how does it interfere with effectiveness of staff
- Identified Aptitude level that will determine how many new processes and projects you can assign
- "We can do this" Attitude or the absence thereof…

Sample Performance and Behaviors Qualities

Identified Best Staff Qualities

Performance Requirements for ________________________ (Staff Type/Position) Typical Focus Areas: a) Direct Service Hours b) Attendance c) Charts in Compliance d) Attainment of goals e) Communication skills f) Accuracy g) Time Management
General Behaviors Desired: (i.e., Prompt for work) Typical Focus Areas: a) Dress Code b) Proper Scheduling c) Use of Time d) Team Player e) Priority Setting f) Stress/Anger Management g) Boundaries with staff and clients h) Solution-Focused i) Low Crisis Orientation

Sample Aptitude and Attitude Qualities

Aptitude Traits: (i.e., Ability to attend training events and share information with team)

Typical Focus Areas:

a) Willing to learn
b) Ability to change
c) Willing to teach

Positive Attitude Characteristics: (i.e., Focuses on solutions not on the problems)

Typical Focus Areas:

a) Positive- We can do this…
b) Respectful
c) Cooperative
d) Creative
e) Flexible
f) Responsible
g) Adaptive
h) Responsive
i) Team Player
j) Willing to be cross-trained
k) Professional

Changing Role of Leadership in a CQI Mentoring/Coaching Environment

- Ongoing Leadership Role is to serve as a coach/mentor to support staff development
- Staff cannot ever surprise their leader and therefore, the leaders must always and continuously remake themselves and challenge themselves.
- Four areas of Leadership Challenge:
  1. Leadership Performance
  2. Leadership Behavior
  3. Leadership Aptitude
  4. Leadership Attitude

Leadership Performance Requirements:

Typical Focus Areas:

1. Willingness to make tough decisions
2. Willingness to stay with tough decisions
3. Willingness to change based on evaluation of outcomes achieved
4. Never ending communication skills
5. Accuracy
6. Ability to use objective information to support solution development
7. Knowledge of outcomes being achieved

Leadership Behaviors Desired:

Typical Focus Areas:

1. Fully involved and supportive of staff – Good Coach/Mentor
2. Timely Decision-Maker
3. Responsiveness to work requirements (i.e., timeliness to work, meets deadlines, etc.)
4. Good time Manager
5. Priority Setting Capable
6. Good Stress/Anger Management
7. Appropriate boundaries with staff and clients
8. Solution-Focused in every situation – "Okay, what are we going to do….?"
9. Low Crisis Orientation/Seems that they are "enough" to handle the situation

Leadership Aptitude Traits:

Typical Focus Areas:

1. Knowledge of skills required in work place
2. Willingness to let "ego" go to support team development
3. Willing to learn
4. Ability to change
5. Willing to teach and provide leadership to other clinical staff and programs

Positive Leadership Attitude Characteristics:

Typical Focus Areas:

1. Positive- We can do this…
2. Respectful of others
3. Cooperative
4. Creative in solution development
5. Flexible
6. Responsibility matched to authority to act…
7. Adaptive to changing environments
8. Responsive to needs of organization and staff
9. Team Player
10. Professional solution-focused approach that supports "respect factor"

Priority of Leadership Requirements

1. Attitude is the base requirement – core trait – represents the "spark" that is needed to fuel leadership
2. Aptitude is an ego deflating need to support getting out of ones way to lead based on objective information
3. Behaviors support acknowledgement of ego change and presence of the "spark"
4. Performance is a way to lead/pull staff into performance rather than "pushing" them into performance

Leadership Growth Assessment

Instructions: Using the scale below, rate the skill level you have developed in each leadership growth area identified below. The assessment can also be used for multiple reporting periods (i.e., six months intervals) as represented by A1, A2, etc. in the right hand columns. At the bottom, you can total your score for each assessment period and note the cumulative change. You may also want to have your supervisor and/or Board to rate your leadership growth level as a part of your annual evaluation process.

Indicate source of assessment rating: Self ☐ Supervisor ☐ Other (specify) ____________________________________

Leadership Growth Skills Levels				
1 Does not exhibit this leadership skill	2 Exhibits on seldom basis this leadership skill	3 Occasionally exhibits this leadership skill depending on the focus of the leadership decision-making challenge (i.e., staff performance and behaviors)	4 Most of the time exhibits this leadership skill	5 Routinely exhibits this leadership skill in all leadership decision-making situations

MTM Services' Leadership Growth Areas	A1	A2	A3	A4
Section One: Leadership Performance Requirements:				
1. Willingness to make tough decisions				
2. Willingness to stay with tough decisions				
3. Willingness to change based on evaluation of outcomes achieved				
4. Never ending communication skills				
5. Accuracy of work				
6. Ability to use objective information to support solution development				
7. Knowledge of outcomes being achieved				
Leadership Performance Section Sub-Total Scores (Score Range 7 – 35):				
Section Two: Leadership Behaviors Desired:				
1. Fully involved and supportive of staff – Good Coach/Mentor				
2. Timely Decision-Maker				
3. Responsiveness to work requirements (i.e., timeliness to work, meets deadlines, etc.)				
4. Good time Manager				
5. Priority Setting Capable				
6. Good Stress/Anger Management				
7. Appropriate boundaries with staff and clients				
8. Solution-Focused in every situation – "Okay, what are we going to do….?"				
9. Low Crisis Orientation/Seems that they are "enough" to handle the situation				
Leadership Behaviors Section Sub-Total Scores (Score Range 9 – 45):				

Leadership Growth Skills Levels				
1 Does not exhibit this leadership skill	2 Exhibits on seldom basis this leadership skill	3 Occasionally exhibits this leadership skill depending on the focus of the leadership decision-making challenge (i.e., staff performance and behaviors)	4 Most of the time exhibits this leadership skill	5 Routinely exhibits this leadership skill in all leadership decision-making situations

MTM Services' Leadership Growth Areas (Cont'd)	A1	A2	A3	A4
Section Three: Leadership Aptitude Requirements:				
1. Knowledge of skills required in work place				
2. Willing to let "ego" go to support team development				
3. Willing to learn				
4. Ability to change				
5. Willing to teach and provide leadership to other clinical staff and programs				
Leadership Aptitude Section Sub-Total Scores (Score Range 5 – 25):				
Section Four: Leadership Attitude Requirements:				
1. Overall positive attitude - We can do this…				
2. Respectful of others				
3. Cooperative				
4. Creative in solution development				
5. Flexible				
6. Responsibility matched to authority to act…				
7. Adaptive to changing environments				
8. Responsive to needs of organization and staff				
9. Team Player				
10. Professional solution-focused approach that supports "respect factor"				
Leadership Attitudes Section Sub-Total Scores (Score Range 10 – 50):				

Leadership Growth Skills Level Scoring Section		A1	A2	A3	A4
	Total Score All Four Sections (Score Range 31 – 155):				
	Change In Total Score Represented by + or – and the value of change (i.e., +3 or – 2)				

MTM SERVICES

Leadership Growth Action Plan
Goals, Objectives and Strategies

GOAL #1: Enhance Leadership Performance Traits				
Objective #1: Increase Ability to Make Tough Decisions				*Priority:*
Priority	The Challenge	Growth Strategies	Growth Indicator as Evidenced By:	Progress Noted:
1	Whether to implement new Co-Pay and Slide Scale Fee Collection procedures	Access and use objective data to reduce my "risk" when making tough decisions	Will use weekly accounts receivable report to address co-pay and sliding fee scale fee collection performance	Date: Progress:
2				

GOAL #2: Enhance Leadership Behavior Traits				
Objective #1: Enhance Time Management Capacity				*Priority:*
Priority	The Challenge	Growth Strategies	Growth Indicator as Evidenced By:	Progress Noted:
1	Meeting project change deadlines by the end of this week	Establish priorities at the beginning of each day for the project change deadlines that I will meet each day of the week	Review my priority list at the end of each day and determine if my time management for that day has supported my attainment of the project deadlines that I had prioritized	Date: Progress:
2				

GOAL #3: Enhance Leadership Aptitude Traits				
Objective #1: Willingness to let my "ego" go to support team development				*Priority:*
Priority	The Challenge	Growth Strategies	Growth Indicator as Evidenced By:	Progress Noted:
1	Need to back off having all the solutions to help empower the management team to create solutions that they can own	When team is trying to identify solutions, I will not offer my "opinion" until the team members have determined what they feel is the best solution and then I will not modify their solution unless there is a compliance, HR, financial, or legal reason to do so	When I feel the need to offer my opinion, I will push back from the meeting room table as a physical reminder that I need to let the team become more empowered and grow in their ability to develop solutions	Date: Progress:
2				

GOAL #4: Enhance Leadership Attitude Traits				
Objective #1: Enhance overall positive – we can do this attitude				*Priority:*
Priority	The Challenge	Growth Strategies	Growth Indicator as Evidenced By:	Progress Noted:
1	Come to work for one week with a more positive we can do this attitude each day	I will place a message on my desk behind my desk plate and/or at the corner of my computer screen that reads "Remember, we can do this!" to remind me throughout the day. I will add a message across the top of each of the team meeting agendas that reads "Together, we can do this!" as a reminder to myself and the team to have a more positive focus about the challenges identified	Assess at the end of each day if my attitude was more positive and if not, identify what I can learn from the experiences of the day to apply to the next day	Date: Progress:
2				

Leadership/Coaching Qualities

1. A quality of work life that is attractive to others
2. Aware of what is going on with organization and with staff – Has a Sixth Sense of Awareness….360 degree scan of day-to-day happenings
3. Has an ability to face tough and good times with professional decorum….a panic-filled leader is not one to follow
4. Has knowledge of subject matters
5. Energized by life and work accomplishments
6. Has ability to look at the lighter side of the issues

Leadership/Coaching Qualities

7. Constant awareness of Horizontal Accountability needs of organization
8. Going somewhere vs. hanging around model
9. Provides guidance through establishing values and work ethics for self and for staff
10. Facilitates empowerment of staff … Pushing decision-making down
11. Establishing mutual accountability levels for manager/staff
12. Grooming future leadership – providing an arena to practice decision-making and leadership skills

Leadership Qualities Assessment Trend Report

Instructions: Using the scale below, rate the skill level you have developed in each leadership quality area identified below. The assessment can also be used for multiple reporting periods (i.e., six months intervals) as represented by A1, A2, etc. in the right hand columns. At the bottom, you can total your score for each assessment period and note the cumulative change. You may also want to have your supervisor and/or Board to rate your skill level for leadership qualities as a part of your annual evaluation process.

Indicate source of rating: Self ☐ Supervisor ☐ Other (specify) ____________________

Leadership Qualities Skills Levels				
1 Does not exhibit this leadership skill	2 Exhibits on seldom basis this leadership skill	3 Occasionally exhibits this leadership skill depending on the focus of the leadership decision-making challenge (i.e., staff performance and behaviors)	4 Most of the time exhibits this leadership skill	5 Routinely exhibits this leadership skill in all leadership decision-making situations

MTM Services' Leadership Qualities	A1	A2	A3	A4
1. A quality of work life that is attractive to others				
2. Aware of what is going on with organization and with staff – Has a Sixth Sense of Awareness… .360 degree scan of day-to-day happenings				
3. Has an ability to face tough and good times with professional decorum … .a panic-filled leader is not one to follow				
4. Has knowledge of subject matters needed to inform decision-making				
5. Energized by life and work accomplishments				
6. Has ability to look at the lighter side of the issues				
7. Constant awareness of Horizontal Accountability needs of organization				
8. Focused direction daily vs. hanging around approach				
9. Provides guidance through establishing values and work ethics for self and for staff				
10. Facilitates empowerment of staff … Pushing decision-making down				
11. Establishing mutual accountability levels for manager/staff				
12. Grooms future leadership – providing an arena to practice decision-making and leadership skills				

Skills Level Scoring Section		A1	A2	A3	A4
	Total Score				
	Change In Total Score Represented by + or – and the value of change (i.e., +3 or –2)				

MTMSERV

Leadership/Coaching Qualities – Develop Action Plan to Self-Measure Improvements Over Time

- **Authoritarian Leadership** – Dictums with no/little basis
- **Default Leadership** – "We really didn't decide, but we understand that we now just have to do this!"
- **Reactive/Knee-Jerk Leadership** – Decision-making to move on that does not typically take into account the long term needs
- **Apologetic Leadership** – Slow to no decision making which results in elongated process decision making going back and forth between staff/unit and organization
- **Assertive Leadership** – Data based objective and timely decision making
- **Inconsistent Leadership** – Sometimes Assertive and sometimes apologetic.

Leadership Style Assessment Trend Report

Instructions: Using the table below, identify the predominate leadership style that you use when addressing the staffs' performance, behaviors, aptitude, attitudes and unethical activities by placing a "X" in the appropriate column (A – E) to the right of the six leadership styles. If you do not believe you use that leadership style in any of the situations in columns A – E, then please place a "X" in the "N/A" (Not applicable) column at the end of the Leadership Style(s). You may also want to have your supervisor and/or Board to rate your leadership styles as a part of your annual evaluation process.

Indicate source of rating: Self ☐ Supervisor ☐ Other (specify) ____________________

MTM Services' Leadership Styles	N/A	Column A	Column B	Column C	Column D	Column E
		Staff Performance	Staff Behaviors	Staff Aptitude	Staff Attitudes	Unethical Activities
1. **Authoritarian Leadership** – Dictums with no/little basis						
2. **Default Leadership** – "We really didn't decide, but we understand that we now just have to do this!"						
3. **Reactive/Knee-Jerk Leadership** – Decision-making to move on that does not typically take into account the long term needs						
4. **Apologetic Leadership** – Slow to no decision making which results in elongated process decision making going back and forth between staff/unit and organization						
5. **Assertive Leadership** – Data based objective and timely decision making						
6. **Inconsistent Leadership** – Sometimes Assertive and sometimes apologetic.						

Action Planning Role in Supervision Sessions…

- Identify, Remove and/or Minimize any barriers that will prevent compliance with performance standards
- Clarify roles of staff to focus individual staff work on areas that will support standards
- Assess training needs to ensure technical and core competency expertise
- Provide frequent and honest communication opportunities with staff

"Problem" Focused Supervision Versus "Solution Opportunity" Focused Supervision

- Is the discussion in the supervision session focused more on "Why we can't change!" than on "How we can change!"?
- What percent of the supervision session is spent focused on attainment versus how unfair the situation is?
- Is the focus of the discussion in the supervision session inside the organization's/supervisor's control zone or outside the organization's/ supervisor's control zone?

"Problem" Focused Supervision Versus "Solution Opportunity" Focused Supervision

- Supervision time is a one-on-one opportunity to shift the discussion of any topic/problem/challenge to a discussion/action planning of the opportunities that are presented to us…
- We can do this…. Let's spend a few minutes and think about how best to accomplish it….

Types of Supervision/Mentoring:

- There are four types of supervision provided by supervisors to CMHS staff members under their reporting chain of command as follows:
  - Administrative Supervision;
  - General Clinical Supervision;
  - Case Specific Clinical Supervision; and,
  - Direct Observation Clinical Supervision.

Formal Supervision Session Activities

- **Supervision Agenda**

1. General Administrative/House Keeping items:
2. Key Performance Indicators:
   1. Strengths and Growth Observed:
   2. Growth Opportunities/Coaching Opportunities:
3. Clinical Service Delivery Process Supervision:
4. Case Specific Supervision:
5. Action Items for Follow-Up:

Supervision Sessions Are an Empowered Forum for Decision-Making

- Develop an agenda prior to the individual or group session and send to the staff(s) 48 hours before the session
- Ask staff to add the items they want to discuss and send the final agenda back to you 24 hours prior to the session confirm the issues that will be solved during the meeting
- Start session on time and end on time
- Ensure every item on the agenda is provided the opportunity for discussion and decision-making
- Reduce interruptions – provide decision-making decorum
- Utilize concurrent documentation of the supervision session

Supervision/Mentoring Plan and Logs

- Reference Sample

Day-To-Day Manager Activities

1. Continuous Awareness of service delivery environment
2. Empowering Staff to Solve Needs Before they Become a Crisis
3. Train/Educate Staff
4. Coordination of Activities
5. Timely Decision-Making

Motivating Staff Model

- Manager's Part:
  - Provide supervision, coaching, mentoring, training, encouragement, focused support to identify and eliminate barriers
  - Provide Solution Focused Action Plans to assist in directing staff
- Staff's Part:
  - Respond to the efforts of manager
  - Take responsibility for their own performance, behavior, aptitude and attitude

Typical Leadership Challenges

Manager Challenges that Become Barriers to Effective Leadership

Typical Management Challenges Summary

1. Perfectionism – Everything must be done at 100%
2. Lack of Confidence in self and abilities to carry out tasks
3. Delegation difficulty
4. People pleasing – Can't say no!
5. Emotionally involved in staff and issues – Emotional Detachment Issues
6. Burned out
7. Holding staff accountable
8. Presenting staff with negative feedback
9. Time Management Issues
10. Unfairness of work place due to change initiatives
11. Balance between authoritative/assertive management styles

Priority Setting

- List each morning the "Have to Do" tasks for that day
- Clean out the "stacks" of paper in the office
- Remove clutter around office area
- Create Red, Yellow, Green and Blue Folders with a date stamp and pad
- Learn feeling of knowing when you have finished your work each day!

Time Management

- Have an awareness of time and help staff to have the same awareness
- Use "snippets" of time every day
- Focus on priorities and call it when you are out of focus
- Delegate tasks as appropriate

Time Management

- Write in “bullets” and “sentences” instead of “chapters”
- E-mail Time Management Solutions:
  - No more than four bullets – if so, call the person
  - Send a Thank You Certificate
  - Do not use “reply all”
  - Priority Code on “RE:” line as RED, YELLOW or GREEN to set priority status

Core Needs for Delegation Environment During Implementation of Change

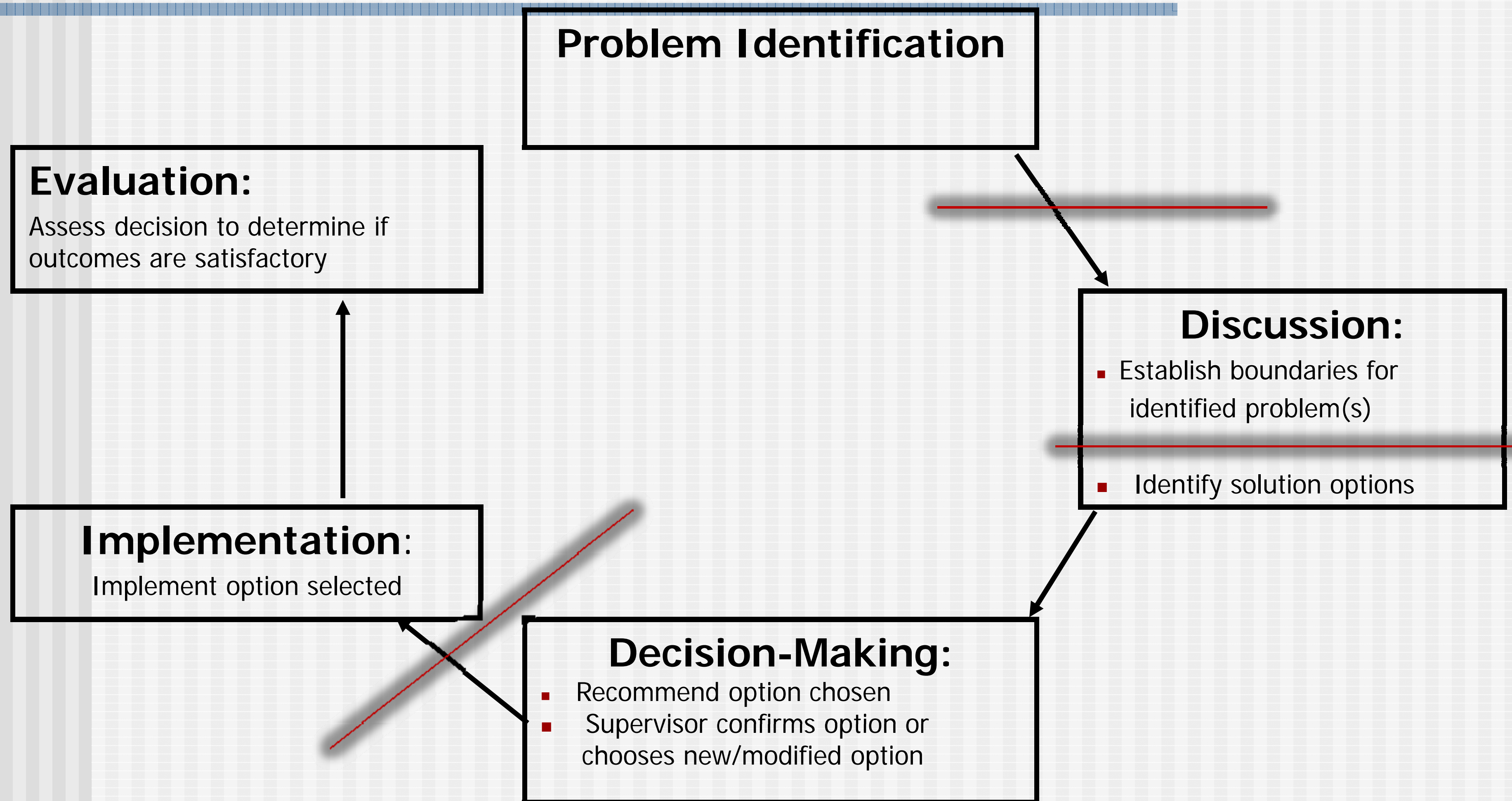
- Authority and Responsibility cannot be separated – creates distrust, sense of unfairness and resentment
- Trust between manager and staff to whom he/she is delegating authority and responsibility
- Need to give up control of the PERFECT process, method or outcome
- Need to accept a continuous quality improvement model (CQI) of progress

Public Provider Organizational Values

Organizational Decision-Making and Good Stewardship Values…

- **Consumer Centered Services**
- **Cost-Effective Services**
- **Accessible Services**
- **Quality Outcome-Based Services**

Empowered 85% Decision-Making Model



Delegation/Accountability/Change Management Support Tool

Task/Project List

Team Member: Sue					Date: 5-22-13	
Priority	Task/Project Description	Lead Person and Collaborators	Start Date	Target Comp. Date	Status Update	Approv
	•					
	•					
	•					
	•					
	•					
	•					
	•					
	•					
	•					

Status Notes:

Managing/Mentoring Staff Performance Areas

- Addressing inappropriate performance at the earliest possible time after KPI reports are created
- Provide objective measurement to support performance issues with staff or program
- Identify the performance levels that you would like to see and discuss them in staff meetings, in individual supervision sessions, etc.
- Request that staff meeting the KPIs provide a case study to other staff on how she/he did it…
- Celebrate every possible victory (change)… Reinforce appropriate behavior/performance

Managing/Mentoring Staff Conflict Behaviors

- Addressing inappropriate behaviors at the time of the behavior is key to change
- Intervene in triangular dynamics between staff
- Developing Self Leadership will empower staff
- Identify the behaviors that you would like to see and discuss them in staff meetings, in individual supervision sessions, etc.
- Model the behaviors you would like for your staff to have
- Celebrate every possible victory (change)... Reinforce appropriate behavior/performance

Supervision/Coaching Case Studies

1. The employee who turns every bit of feedback into either "that's not what you told me" or "you never told me that" or "I never said that" (even when they just did in the same conversation)
   - Concurrent Documentation on computer and print summary to hand to staff
   - Create Supervision Logs to provide statement of concerns

Supervision/Coaching Case Studies

2. When supervising someone's supervision, what you do when you know that the majority of their supervisees dread (or at least dislike) going to supervision.
   - Be honest with supervisor
   - Coach on how to use agenda topics in supervision

Recommended Coaching Scripts

1. "Just wanted to share a copy of your Day in the Life Report for last month. Please review for a few minutes and confirm if this is about the level of schedule management and direct service you anticipated."
2. "What are some ideas you have had that will enhance your schedule management and average schedule rate per clinic day?"

Recommended Coaching Scripts

3. "Based on the past three months, how do you feel you are progressing with achieving your performance goals with the agency?"
   - "Which performance standards do you feel best about?"
   - "Which performance standards do you feel need more of your attention?"
   - "Please identify the barriers that you are encountering and share with me some of the solutions to these barriers that you have considered or started to implement?"

Recommended Coaching Scripts

4. "I understand that you are concerned about the KPI's.... Let's shift our focus to which KPI you are most concerned about and how we can work together to meet this standard..."
   - "Please identify the barriers that you are encountering and share with me some of the solutions to these barriers that you have considered or started to implement?"

Leadership Requires An Objective Decision-Making Focus

Sea Level is Where The Organization Changes

- Sea Level is the objective level where the organization resides regarding compliance, revenues, expenses, decision-making, etc. and where change will occur…
- 10,000 to 20,000 feet above sea level is the subjective, personal opinion, anecdotal level where many staff process the challenges of change. Change initiatives become too weighty to implement…

Problem Focused Versus Solution Focused Decision-Making

- Is the discussion at the meeting focused more on "Why we can't change!" than on "How we can change!"?
- What percent of the meeting is spent focused on attainment versus how unfair the situation is?
- Is the focus of the discussion inside the organization's control zone or outside the organization's control zone?

Decision-Making Process to Support Core Organizational Principles

The following decision-making process will be utilized at all levels of the organization:

- Primary emphasis will be placed on gaining consensus and support from all stakeholders
- Preliminary straw votes will be taken to determine the position of members of Project Teams and Focus Groups on specific issues/initiatives
- If consensus cannot be reached in a reasonable time frame, then a final vote will be taken with a super majority (70% of members attending the meeting) being required to act on any issues/initiative that needs leadership.
- The minutes will accurately reflect the vote of members.

Team Meetings - Problem Focused Vs. Solution Focused Decision-Making

- Team Meetings are to present Challenges/Issues not problems
- To add a Challenge/Issue to the meeting agenda, there must be a summary of issues, objective measurement of the scope and one solution plan of how to resolve the issue presented to team members 24-hours before the meeting.
- Team members come to meeting prepared to discuss solutions based on knowledge of issue, its scope and solution model recommended, not problems

Meetings Are an Empowered Forum for Decision-Making

- Have an agenda determined prior to the meeting and sent to members to make them aware of the issues that will be solved during the meeting
- Start meeting on time and end on time
- Select a scribe and time keeper to identify the total time each agenda item will be provided
- Ensure every item on the agenda is provided the opportunity for presentation, discussion and decision-making
- Reduce interruptions – provide decision-making decorum
- Utilize Attainment Focused Minutes format

Team Minutes

Team/Council (Check Appropriate Team or Council):		Meeting Date:
☐ Executive Leadership Team	☐ Compliance Review Team	
☐ Enhanced Cost Efficiency/Compliance Team	☐ Organizational Support Team	
☐ Standardized Documentation Team	☐ Outcomes Team	
☐ Performance Standards/ Revenue Team	☐ Sub-Team For (Indicate Team):	
Meeting Location:		**Time Meeting Began:** __.m.
Facilitator:	**Recorder**	**Time Meeting Ended:** __.m.
Sponsor:	**Consultant(s):**	**Observer(s):**

Members Attending:	1.	2.	3.
4.	5.	6.	7.
8.	9.	10.	11.
12.	13.	14.	15.
Members Absent:	1.	2.	3.

Follow Up Items

Topic/Deliverable	Lead Member Presenting	Status/Update (Note if there is attached support)	Action Taken
1.			Further Action: Eval Update:
2.			Further Action: Eval Update:
3.			Further Action: Eval Update:

Meeting Attainment Summary

Topic/Deliverable	Lead Member Presenting	Status/Update (Note if there is attached support)	Action Taken
1.			Action: Implement Date: Eval Date:
2.			Action: Implement Date: Eval Date:
3.			Action: Implement Date: Eval Date:
4.			Action: Implement Date: Eval Date:

Recommended Reading For Executive Leadership Program

1. **All In,** by Adrian Gostick and Chester Elton (Free Press)
2. "Evidence-Based Management" by Jeffrey Pfeffer and Robert I. Sutton, **Harvard Business Journal, January 2006 (URL: http://hbr.org/2006/01/evidence-based-management/ar/1)**
3. **Leadership Skills to Support High Functioning Teams**, by David Lloyd (National Council for Behavioral Health)
4. **How to Deliver Accountable Care – Chapters 3 and 4**, by David Lloyd (National Council for Behavioral Health)
5. **Operationalizing Health Reform – Chapters 1, 11 and 14,** by David Lloyd, et. al. (National Council for Behavioral Health)
6. **How Will You Measure Your Life?**, by Clayton M. Christensen, James Allworth and Karen Dillon (Harper Collins)
7. **Moneyball**, By Michael Lewis (W.W. Norton and Company)
8. **The Checklist Manifesto – How to Get Things Right,** by Atul Gawande, MD (Metropolitan Books)
9. **Winning,** by Jack Welch (HarperBusiness)
   - Specific focus on Chapter 5 – Leadership; Chapter 6 – Hiring; Chapter 7 – People Management; Chapter 8 – Parting Ways; and Chapter 9 – Change.

Questions and Feedback

- Questions?
- Feedback?
- Next Steps?
- Contact Information:

David Lloyd, Founder

M.T.M. Services, LLC

P. O. Box 1027, Holly Springs, NC 27540

Phone: 919-434-3709 Fax: 919-773-8141

E-mail: david.lloyd@mtmservices.org

Web Site: mtmservices.org