



Skills Needed to Move from Supervisor to Manager to Leader

“The need for leaders to continuously step across the “threshold of risk” to make bold and creative decisions that transform service delivery processes and methods...” *Leadership Skills to Support High Functioning Teams*



David Lloyd, Founder of MTM Services

Background

- Author of three books
 - *How to Maximize Service Capacity*
 - *How to Deliver Accountable Care*
 - *Leadership Skills to Support High Functioning Teams*
 - Co-author of *Operationalizing Healthcare Reform*
- Provided training and consultation to over 800 Community Behavioral Healthcare Centers
- Focus on service delivery process models, principles and solutions to enable CBHCs to effectively deliver value-based accountable care

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Leadership Skills Resources

- ***Leadership Skills to Support High Functioning Teams***, by David R. Lloyd
- The leadership skills development concepts identified in my book will be used to support today's webinar
- More information about this book is available at:
<https://www.mtmservices.org/books>

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LEADERSHIP SKILLS TO SUPPORT HIGH FUNCTIONING TEAMS

David R. Lloyd



2014 IMPACT VISIONARY LEADERSHIP AWARD RECIPIENT

AUTHOR *How to Maximize Service Capacity* | *How to Deliver Accountable Care* CO-AUTHOR *Operationalizing Health Reform*

Historical Leadership Challenges

- Recruitment and HR issues - staff performance, behaviors, aptitude and attitude
- Staff training requirements
- Timely and accurate documentation submission
- Internal customer service challenges within provider network
- Need to renew the state or county contracts
- Need to send timely claims and reports to Medicaid and state funders

Historical Leadership Challenges Produced **System Noise**

Internal System Noise

- Required leadership to focus energy on the internal staff and service delivery process challenges over and over again...
- This historical focus on internal system need was more workable when the external healthcare environment was not changing at a such a rapid pace.
- However, **NOW**...

Value-Based Healthcare Leadership Challenges

Leadership Focus Areas

- Integrated Care Unit (ICU) to support total wellness needs of population
- Shift to Population Management Models
- Shifting from “Volume of Services” to Value-based Shared Risk/Saving Funding Models
- Enhanced Access to Care Performance Requirements to Same Day Clinical Assessment and within 3-Days access to a prescriber from Clinical Assessment
- Client centered outcomes to support if clients are getting better
- Cost finding per CPT Code to support process of treatment/episode of care reimbursement
- Making the business case for your agency to support service delivery contracts with MCOs/ACOs

The “**Values**” that Specialty Group Practices Now Need

Be Accessible - provide fast access to all needed services

Be Efficient - provide high quality services at lowest possible cost

Be Connected - have the ability to share core clinical information electronically

Be Accountable - produce measurement information about the clinical outcomes achieved

Be Resilient - have ability or willingness to use alternative payment arrangements

Typical Assessed Practice Management Challenges

1. Operating as a “Loosely-held federation of private practices”
2. Lack of timely access to treatment
3. Clinically-trained managers sometimes have a “therapeutic relationship” with staff which results in low/no accountability to group practice needs
4. Inability to measure if clients are “getting better”
5. Lack of objective “business case” to support collaborations/partnering with other providers

American Management Association Survey

Executives identify top six leadership challenges

- 1. Get people to work together who have different agendas or goals (60%)**
- 2. Balance competing demands and priorities (56%)**
- 3. Motivate and inspire in a world of constant change (48%)**
- 4. Accomplish difficult assignments without the necessary resources (45%)**
- 5. Balance the needs of the organization with those of the individuals (42%)**
- 6. Adjust to a faster pace and more multidimensional job (37%)**

SOURCE: www.AMAnet.org

AMA's Leadership Skills Needed Survey

The survey showed Top Four Responses:

1. **Communication (84%)** was overwhelmingly identified as the most important skill;
2. **Being able to motivate and inspire others (56%);**
3. **Having team building skills (46%);** and
4. **Being a visionary (42%)**

SOURCE: www.AMAnet.org

What is Leadership?

- *“The ability to communicate, manage conflict, and inspire loyalty so that people believe in your goals and have a desire to remain on the job to work with you toward those common goals.” – John Agno*
- “Leadership is an interactive conversation that pulls people toward becoming comfortable with the language of personal responsibility and commitment” – John Agno
- *“Leaders don't create followers, they create more leaders.” - Tom Peters*
- *“Leadership is the willingness to assume the risk of matching the authority to lead with the responsibility to lead” – David Lloyd*

Experienced-Based Leadership Comparison

For Profit Manager/Leader:	Non-Profit Supervisor/Manager Primary Focus:
1. Direct correlation between the level of “responsibility to manage” and the level of risk based “authority to execute”	1. Primary focus on “responsibility to manage” without assuming adequate risk based authority to execute
2. Risk taking is an expectation and a trained skill supported by compensation levels being based on risk taking timely decision making capabilities	2. Risk aversion is an accepted and comfortable decision making model and seemingly rewarded (i.e., don’t rock the boat) in a low performance based “don’t make a mistake” environment
3. Trained to communicate in executive summary focused “bullets of information”	3. Encouraged to communicate in extensive narrative based “paragraphs/chapters”
4. CQI change management model that implements pilot program based change initiatives timely facilitated by objective service process/cost data and effective formal evaluation processes	4. QI change management model that focuses primarily on subjective/anecdotal opinions that require prolonged change plan design and low/no change implementation due to the need to ensure that “everybody is okay with it!” and further compounded by a lack of evaluation
5. Knowledge of process and services costs and net revenues required to support decision making	5. Low/No knowledge of process and services costs and net revenues that produces more subjective opinions

Biggest Challenge for Behavioral Health in Healthcare Reform Era

1. Willingness to continually step across the Threshold of Risk to make bold and creative decisions
2. Need to make “tough” decisions in an era of change and stick with them in the face of challenge
3. What tools are needed to support minimizing the leadership decision-making “risks”?

Performance Measurement Needed to Provide Data to Support Objective Decision-Making...

Objective Decision-Making

- A. Performance Standards for ALL 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

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 (**Visionary Leadership** is constantly looking at the horizon to envision where the organization needs to go), **therefore he/she Manages/Sustains Change**

Role of Line Supervisors/ Middle Managers in Change Initiatives

Manager/Leader Role

- Lead staff into change with enthusiasm, encouragement and coaching
- Personally involved in providing additional efforts during implementation phase to be “available”
- Utilizes Measurement Information for Objective Decisions

Supervisor as a Collective Bargaining Agent

- Agrees with staff openly or privately - the change initiatives are unfair, do not promote quality, are unethical, etc.
- Watches the Change Initiative happen at the “edge of the pool”
- Relies on Anecdotal Information for Discussions

Assessment of Change Management Decision Making Effectiveness

Leadership Effectiveness to Support Change Management and Decision Making		
1. Does the clinic have a defined decision-making process/protocol that supports awareness of when a decision has been made?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is the primary indicator that a decision has been made within the clinic (i.e. consensus is reached)?
2. Does the clinic use a formalized annual planning process to identify annual and long term goals?	† <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what percent of the goals/objectives incorporated into the FY20014 have been accomplished (meaning fully implemented)? %
3. Has the clinic used rapid cycle change management processes (Plan, Do, Study, Act)?	† <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what percent of the goals/objectives incorporated into last rapid cycle change plan have been fully implemented? %
4. The clinic develops a change management plan quickly and moves forward with timely decision-making about the solutions needed.	<input type="checkbox"/> True <input type="checkbox"/> False	If FALSE, what is a more accurate statement:
5. When a decision is made to change, the clinic acts quickly to fully implement the change.	<input type="checkbox"/> True <input type="checkbox"/> False	If FALSE, what is a more accurate statement:
6. When change is implemented, staff members in the clinic rarely retreat to the way things were done prior to the change.	<input type="checkbox"/> True <input type="checkbox"/> False	If FALSE, what is a more accurate statement:
7. The clinic does a great job evaluating changes implemented and modifying the changes as needed to ensure positive outcomes.	<input type="checkbox"/> True <input type="checkbox"/> False	If FALSE, what is a more accurate statement:
8. Staff members participating in the change process feel fully empowered through a sense of attainment based on the scope and timeliness of the decisions being made.	<input type="checkbox"/> True <input type="checkbox"/> False	If FALSE, what is a more accurate statement:
9. Rate (from 1 to 10) the ease with which the clinic implements change in areas of clinical practice		Easy (1).....Difficult (10)
10. Rate (from 1 to 10) how quickly the clinic implements changes in clinical practices/standards?		Rapid (1)Failure (10)

Stages of the Acceptance of the Need to Change and Leadership “Blinking”

Progression Needed to Support Actual System Change or the “1-2-3 Dance”

1. Denial
2. Negotiation (This approach by supervisors “pushes” staff to change)
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 (This approach by managers “pulls” staff through the process of acceptance)

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

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 Manager/Leaders Skills Needed:
 1. Performance
 2. Behavior
 3. Aptitude
 4. 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”

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				
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:				
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:				

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:						
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:						
Leadership Growth Skills Level Scoring Section			Total Score All Four Sections			
			Change In Total Score Represented by + or - and the value of change (i.e., +3 or -2)			

Leadership/Coaching Qualities

1. Quality of work life that is attractive to others
2. Awareness of organization and staff
3. Ability to face tough and good times with professional decorum
4. Knowledge of subject matters
5. Energized by life and work accomplishments
6. 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. Models values and work ethics
10. Facilitates empowerment of staff ... Pushing decision-making down
11. Establishes mutual accountability levels
12. Grooms 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	4 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			Total Score			
			Change In Total Score Represented by + or – and the value of change (i.e., +3 or – 2)			

Leadership/Coaching Styles...

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 does not take into account the long term needs
- **Apologetic Leadership** – Slow to no decision making which results in elongated decision-making process
- **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.						

Questions, Feedback and Contact Information:

- Questions?
- Feedback?
- Contact Information:

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