Organizational Change Management and Leadership Lessons for CCBHCs

Presented by:

David Lloyd, Founder
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Todays Moderator:

- Rebecca Farley David
- VP, Policy and Advocacy at National Council
- CCBHC Policy Pro
- 10+ years in health system policy & financing
• **David Lloyd**, Founder of MTM Services is the author of three books
  - *How to Maximize Service Capacity,*
  - *How to Deliver Accountable Care*
  - *Leadership Skills to Support High Functioning Teams* and
  - Co-author of *Operationalizing Healthcare Reform*

• Provided training and consultation to over 800 CBHCs nationally since 1993

• Mr. Lloyd has developed service delivery process models, principles and solutions on how CBHCs can deliver “Value-Based” accountable care.
“Transformational Change”

- CCBHCs aren’t business as usual
- What we’ve heard from you:
  - New data reporting requirements: how to achieve clinician support & compliance?
  - Adoption of new evidence-based practices: how to ensure implementation and fidelity?
  - Redesigning access/scheduling protocols: how to build buy-in among staff?
  - Integrating mental health and substance use disorder care: how to address cultural differences and minimize resistance to new models?
Change management at every level

C-Suite

Supervisors

Front-line staff
### Section G - Change Management and Decision Making

As a CCBHC, it is essential to include your DCO in any of your change management and decision-making processes. Since the CCBHC is clinically responsible for the services provided by the DCO, a CCBHC will need to recognize service deficiencies and be able to nimbly adapt to counter these deficiencies. This means that your CCBHC must create close working relationships based on mutual trust and understanding of delivering trauma-informed, non-lurid walls to the individuals within your service area.

1. Does the clinic have a defined decision-making process/protocol that supports awareness of when a decision has been made?
   - Yes
   - No

2. Does the clinic use a formalized annual planning process to identify annual and long-term goals?
   - Yes
   - No

3. Has the clinic used rapid cyclic change management processes (Plan, Do, Study, Act)?
   - Yes
   - No

4. When a decision is made to change, the clinic acts quickly to fully implement the change?
   - True
   - False

5. When change is implemented, staff members in the
   - Not A Challenge
Learning Objectives

1. Understand how to assess their own readiness for organizational change, including strengths and areas of risk.
2. Compare the important role in change management of executive team, board, mid-level managers/supervisors, and front-line staff and understand effective strategies for engaging staff and board members at all levels.
3. Recognize the core elements of rapid-cycle change and continuous quality improvement, and prepare to implement these change models within their organization.
4. Take home 3-5 actionable strategies that will help strengthen their ability to effectively manage the changes associated with being a CCBHC.
Polling Question

Does your organization use rapid cycle change management processes? (Plan-Do-Study-Act)

- Always
- Sometimes
- Not yet, but we’d like to
- Never heard of it
- Not sure
Polling Question

What are some of your biggest change management frustrations?

- Paralysis: can’t seem to actualize change
- Hard to implement changes quickly
- Staff resistance
- Retreat to business as usual: changes don’t “stick”
- Other - write your comments in the dialogue box

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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.

3. **Transformational Change** – Continuous change management model using Rapid Cycle Change Model (PDSA)

4. **Continuous Quality Improvement Solution Focus (CQI)** – Implies Movement Forward/Action Has Happened to Provide Continuous Improvement

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The Deming Cycle, Deming's wheel, or the PDSA cycle is a long time utilized continuous quality improvement change philosophy created as part of W. Edwards Deming's Total Quality Management process (TQM) in the 1950's. Deming's work was based off of the Plan, Do and See cycle created by Mr. Walter A. Shewhart in the 1920's, and has created successful change initiatives across multiple industries.

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CQI Implementation Process Reality

- CQI implementation process seems MESSY...
- CQI implementation process means creating additional solutions to challenges on the fly...
- CQI implementation process creates more risk for managers.
Biggest Challenge Facing Behavioral Health in CCBHC Reform Era

- “Willingness for BH leaders to continually step across the Threshold of Risk to make bold and creative decisions about service delivery processes/methods!”

- Need to make timely CQI based “tough” decisions in an era of transformational change and stick with the decisions in the face of challenge..

- What tools are needed to support minimizing the leadership decision-making “risks”?

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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 when focused on subjective “what ifs” become too weighty to implement...
## Change Management Continuum

<table>
<thead>
<tr>
<th>General Anxiety</th>
<th>Need Data to Create Specific/Detailed Awareness</th>
<th>Measurement to Quantify Scope of Anxiety</th>
<th>Solution Plans Designed and Implemented Based on Reality of Issues Identified</th>
</tr>
</thead>
</table>

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How Do I Acquire Data to Support Change Management Decision-Making?

- MTM Services and the National Council have developed a CCBHC Certification Criteria Readiness Tool (CCRT) – Use the findings of this tool and/or re-assess your “hot spots” of CQI change needed based on actual CCBHC practice model you have implemented.

- The CCRT provides a level of concern rating that will support awareness of the level of change management that may be needed to support enhanced service delivery processes, staffing, scope of services, quality outcomes, reporting and governance areas.

- Provide the management team and supervisors the ability to review the CCBHC data collected and identify continuing change needs.

- Share the management team’s CQI based transformation change plan with Board of Directors and staff to align the Board, management team and staff’s understanding of the change management work that has to be accomplished.

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CCBHC Program Requirements
Assessment Based on Current Practices

1. Staffing
2. Availability and Accessibility of Services
3. Care Coordination
4. Scope of Services
5. Quality and Other Reporting
6. Organizational Authority, Governance and Accreditation
7. PPS Rate Methodology Encounter Challenges

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CCRT Aggregated Scoring Sheet
Version: 7-8-15

Color Key: Red (1) = High Concern/RCCP Focus Yellow (3) = Consider Change Needs Green (5) = No Change Recommended

<table>
<thead>
<tr>
<th>CCBHC Planning Grant Team:</th>
<th>Clinic One</th>
<th>Clinic Two</th>
<th>Clinic Three</th>
<th>Clinic Four</th>
<th>Clinic Five</th>
<th>Clinic Six</th>
<th>Clinic Seven</th>
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<th>Clinic Nine</th>
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<tr>
<td><strong>Average Rating:</strong></td>
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<td><strong>Average Payer Mix:</strong></td>
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<td><strong>2.1 Program Requirement 1: Staffing</strong></td>
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<td>1. (1.a.1): As part of the process leading to certification, the state will prepare an assessment of the needs of the target consumer population and a staffing plan for prospective CCBHCs. The needs assessment will include cultural, linguistic and treatment needs. The needs assessment is performed prior to certification of the CCBHCs in order to inform staffing and services. After certification, the CCBHC will update the needs assessment and the staffing plan, including both consumer and family/caregiver input. The needs assessment and staffing plan will be updated regularly, but no less frequently than every three years.</td>
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<td>2. (1.a.2): The staff (both clinical and non-clinical) is appropriate for serving the consumer population in terms of size and composition and providing the types of services the CCBHC is required to and proposes to offer. Note: See criteria 4.K relating to required staffing of services for veterans.</td>
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<td>3. (1.a.3): The Chief Executive Officer (CEO) of the CCBHC maintains a fully staffed management team as appropriate for the size and needs of the clinic as determined by the current needs assessment and staffing</td>
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<td>4. (1.a.4): The CCBHC maintains liability/malpractice insurance adequate for the staffing and scope of services provided.</td>
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<tr>
<td>5. (1.b.1): All CCBHC providers who furnish services directly, and any Designated Collaborating Organization (DCO) providers that furnish services under arrangement with the CCBHC, are legally authorized in accordance with federal, state and local laws, and act only within the scope of their respective state licenses, certifications, or registrations and in accordance with all applicable laws and regulations, including any applicable state Medicaid billing regulations or policies. Pursuant to the requirements of the statute (PAMA § 223 (a)(2)(A)), CCBHC providers have and maintain all necessary state-required licenses, certifications, or other credentialing, with providers working toward licensure, and appropriate supervision in accordance with applicable state law.</td>
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# MTM Services’ Change Management Survey

## Change Management and Decision Making Survey:

1. **Does the organization use a formalized annual planning process to identify annual and long term goals?**
   - Yes □  No □
   - If YES, what percent of the goals/objectives incorporated into the FY2009 have been accomplished (meaning fully implemented)?
   - %

2. **Has the organization used rapid cycle change management processes (Plan, Do, Study, Act)?**
   - Yes □  No □
   - If YES, what percent of the goals/objectives incorporated into last rapid cycle change plan have been fully implemented?
   - %

3. **The organization develops a change management plan quickly and moves forward with timely decision-making about the solutions needed.**
   - True □  False □
   - If FALSE, what is a more accurate statement:

4. **When a decision is made to change, the organization acts quickly to fully implement the change.**
   - True □  False □
   - If FALSE, what is a more accurate statement:

5. **When change is implemented, staff members in the organization rarely retreat to the way things were done prior to the change.**
   - True □  False □
   - If FALSE, what is a more accurate statement:

6. **The organization does a great job evaluating changes implemented and modifying the changes as needed to ensure positive outcomes.**
   - True □  False □
   - If FALSE, what is a more accurate statement:

7. **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.**
   - True □  False □
   - If FALSE, what is a more accurate statement:

8. **Rate (from 1 to 10) the ease with which the organization implements change in areas of clinical practice**
   - Easy (1) ……………………Difficult (10)

9. **Rate (from 1 to 10) how quickly the organization implements changes in clinical practices/standards?**
   - Rapid (1) ……………………Failure (10)

**Comments:** Other information about organization change management models that is important to the organization:

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**MTM Services**
**National Council for Behavioral Health**
Processing Crisis Vs. Managing Change Levels

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

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)
Reasons for Managers and Staff Resistance to Change

- Belief that the change initiative is temporary based on organizational history
- Belief that fellow employees or managers are incompetent
- Loss of authority or control
- Loss of status within the organization
- Fearful that they lack the ability to learn new skills
- Change overload (too much too soon)
- Lack of trust in or dislike of managers
- Loss of job security
- Loss of family or personal time
- Feeling that the organization is not entitled to the extra effort
Spectrum of Disruptive Manager and/or Staff Behaviors that Create Barriers to Change Implementation

1. **Aggressive Behaviors:**
   - Inappropriate anger/threats
   - Yelling publicly, disrespecting team members
   - Intimidating fellow staff

2. **Passive Aggressive Behaviors:**
   - Hostile Notes and e-mails
   - Derogatory comments about center, management team, board
   - Complaining, blaming

3. **Passive Behaviors:**
   - Chronically late
   - Failure to return calls or answer emails timely
   - Avoiding meetings or individuals
   - Non-Participation
   - Ill prepared, not prepared
   - Chronic excuses
Problem Focused Change 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 CQI Based Transformational Change

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.
Change Management 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 36 to 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.
# Team Minutes

**Team/Council (Check Appropriate Team or Council):**
- Executive Leadership Team
- Enhanced Cost Efficiency/Compliance Team
- Standardized Documentation Team
- Performance Standards/Revenue Team
- Compliance Review Team
- Organizational Support Team
- Outcomes Team
- Sub-Team For (Indicate Team):

**Meeting Date:**

**Meeting Location:**

**Time Meeting Began:** ____.m.

**Facilitator:**

**Recorder:**

**Time Meeting Ended:** ____.m.

**Sponsor:**

**Consultant(s):**

**Observer(s):**

**Members Attending:**

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13.  
14.  
15.  

**Members Absent:**

1.  
2.  
3.  

## Follow Up Items

<table>
<thead>
<tr>
<th>Topic/Deliverable</th>
<th>Lead Member Presenting</th>
<th>Status/Update (Note if there is attached support)</th>
<th>Action Taken</th>
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</thead>
<tbody>
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Further Action:

Eval Update:

## Meeting Attainment Summary

<table>
<thead>
<tr>
<th>Topic/Deliverable</th>
<th>Lead Member Presenting</th>
<th>Status/Update (Note if there is attached support)</th>
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Action:

Implement Date: Eval Date:

Further Action:

Eval Update:

Implement Date: Eval Date:
## Implementation Planning Recommendation

<table>
<thead>
<tr>
<th>Name of Team:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Name of Key Contact:</td>
<td>Phone #:</td>
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<tr>
<td>Solution Description Summary:</td>
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<tr>
<td>Recommendations (short narrative with bulleted points):</td>
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<td>Justification:</td>
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<td>Barriers to Implementation:</td>
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<tr>
<td>Action Objectives to Overcome Implementation Barriers: (CQI Process)</td>
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<tr>
<td>Accreditation and Compliance Reviews:</td>
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<td>Recommended Timeline (Begin/End):</td>
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<tr>
<td>Implementation and Training Resources and Requirements:</td>
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<tr>
<td>Anticipated Outcomes:</td>
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</tbody>
</table>
Sample Rapid Cycle Change Plan

<table>
<thead>
<tr>
<th>Scope of Work Tasks</th>
<th>May 09</th>
<th>Jun-09</th>
<th>Jul-09</th>
<th>Aug-09</th>
<th>Sep-09</th>
<th>Oct-09</th>
<th>Nov-09</th>
<th>Dec-09</th>
<th>Jan-10</th>
<th>Feb-10</th>
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<tr>
<td>1. Enhance Access to Services</td>
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<td>Define scheduling needs in urban and rural regions and illuminate differences</td>
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<td>Involve clients and family feedback to improve access (be person centered)</td>
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<td>Design Clinical and Medical Intake Services (Access)</td>
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<td>Develop and implement plan for increasing B3 Service Volume</td>
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<td>Standardize reminder call, waitlist, and appointment backfill procedures</td>
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<td>Develop clinical and medical capacity for post-intake services</td>
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<td>Develop and implement plan for “Immediate access” or “Walk-in” Intake and what that means in most rural sites.</td>
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<td>Develop implement plan for initial verification of benefits and continual Reverification</td>
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<td>Review and redesign “client assignment staffing” and follow up</td>
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<td>Determine feasibility of implementing centralized phone intake</td>
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<td>Modify and implement intake paperwork completed by client and staff</td>
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<td>Staff engagement in change process (coaching &amp; supervision techniques)</td>
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<td>Develop linked clinical and medical services to manage intake and on-going No Show/Cancellations</td>
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<td>Develop customer service expectations and strategies for clinical staff</td>
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<td>Evaluation of Action Steps Implemented for Possible Redesign</td>
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2. Enhance Staff Direct Service Levels

| | | | | | | | | | | | |
| Implement revised CFTE process | | | | | | | | | | | |
| Confirm billable services to be included in Productivity (billable encounters) | | | | | | | | | | | |
| Implement Business Staff Productivity and Staffing Levels | | | | | | | | | | | |
| Validate staff available time exists in Scheduler to meet Productivity standard, Centralized Scheduling | | | | | | | | | | | |
| Distribute Productivity Report to Directors monthly | | | | | | | | | | | |
| Evaluation of Action Steps Implemented for Possible Redesign | | | | | | | | | | | |

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David Lloyd, Founder
<table>
<thead>
<tr>
<th>Implementation</th>
<th>Project Manager:</th>
<th>Learning Collaborative Development</th>
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**Tools**

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<td>a. Skills Assessment</td>
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<td>b. Pilots</td>
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<td>c. Proof of Concepts</td>
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Summary

1. Transformational Change management is not an event, it is a never ending continuous quality improvement process
2. Need “sea level” measurement data to identify the current needs and to support development of solution plans
3. Essential need to establish a formal decision making process and method to record decisions in a CQI accountability environment
4. Managers/Leaders must be excited about the change initiative in order to “pull” staff through the acceptance process
5. Use of a transformational change plan to limit the change cycle to 6 months that addresses several important change initiatives at one time is essential to sustain the change initiative and help ensure a high level of implementation.
Questions?

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Get Help!

Peer Learning Network Participants

- Listserv Inquiries
  ccbhc_cop@NationalCouncilCommunities.org
- CCBHC Resource Page
  - https://www.nationalcouncildocs.net/ccbhc-learning-community

Master Class Community of Practice Participants
Sign-Up for Faculty Office Hours with David Lloyd
August 29th 1:30 p.m. – 4:30 p.m. EDT
- Click this link

Attend an Affinity Group Call
Request Individualized Coaching
- Click this link

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Resources

1. MTM Services’ **CCBHC Certification Criteria Readiness Tool** (CCRT)
2. The following MTM Services Change Management Support tools will be provided:
   - Meeting Guidelines
   - Action Plan Meeting Minutes Format
   - Moving From a Good Idea to Implementation Planning Form
3. *Leadership Skills to Support High Functioning Teams*, Chapters 1, 2, 3, 5, 6 and 7, by: David Lloyd, Founder of MTM Services

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