



MTMSERVICES.ORG
Driving Transformational Change!



Leading Sustainable System Change: An example from Georgia

Learning Objectives

1. Develop Clear Goals & Objectives – Understand the why, the what and the how
2. Flexibility - Allow for learning, adjustments and adaptations
3. Buy-In – Know your customer(s), stakeholders and key audience; seek buy in early
4. Focus & Persistence – Adapt as needed, but remain on the mission
5. Humility – Be ok seeking help to fill in knowledge gaps, learn from mistakes
6. Communication – Have a communication plan and utilize it
7. Execute – Arrive at the destination -- celebrate, monitor and learn



All Information Contained within is Private, Proprietary and Confidential
All Materials are Protected Intellectual Property

About the Speakers



Monica S. Johnson, MA, LPC

Former Interim Commissioner for GA DBHDD

- Monica Johnson, MA, LPC (Licensed Professional Counselor) has worked in the behavioral health field for 26 years and most recently served as the Interim Commissioner for the Georgia Department of Behavioral Health & Developmental Disabilities (DBHDD). Prior to this role she served as the Division Director for the Division of Behavioral Health for 8 years, the Community Mental Health Director for 3 years, and the Child & Adolescent Mental Health Director for 1 year.
- Ms. Johnson's key responsibilities during her tenure with DBHDD included leading a team of Executive Directors for the offices of Adult Mental Health, Addictive Diseases, Children, Young Adults & Families, Deaf Services, Recovery, Prevention & Federal Grants & Culture Competency, Field Operations & Crisis Coordination. Functions include but are not limited to managing an extensive budget of over \$600 million dollars, development of the strategic plan for all community behavioral health programs, the development and oversight of policies and behavioral health practices, program development, and workforce development. Ms. Johnson is a seasoned executive leader with a proven track record of success. Over the last couple of decades Ms. Johnson has led the formation of several high-profile change initiatives, project management, chaired several collaborations, and served as a board member for a variety of governing boards
- Ms. Johnson has worked in community behavioral health in a variety of clinical, management and leadership roles, including program development and implementation of federally funded initiatives. Ms. Johnson has overseen and successfully implemented several programs funded through the Substance Abuse and Mental Health Services Administration, Bureau of Justice Assistance, Office of Juvenile Justice Delinquency Prevention & Department of Education.
- Ms. Johnson earned an undergraduate degree in Psychology (minor in Communications) from Kennesaw State University and a graduate degree in Professional Counseling / Psychology at Argosy University. Ms. Johnson is a proud Alumnus of the Georgetown University Leadership Academy and a recipient of the Intensive Cognitive Behavior Therapy for Schizophrenia Certification at the Aaron T. Beck Institute for Cognitive Behavior Therapy in Philadelphia.
- Ms. Johnson is most passionate about developing future leaders and promoting mental health wellness in our communities.

About the Speakers



Michael Flora, MBA, M.A.Ed., LCPC

- **Senior Management and Operations Consultant and Senior National Council Consultant**
- As MTM's senior operations and management consultant, Michael brings over 30 years of experience in clinical practice and behavioral healthcare administration, with a focus in strategic planning, performance improvement and workforce development. Across his career, Michael has served as president and chief executive officer of several multimillion-dollar behavioral health organizations and their subsidiaries. He is a highly sought-after national speaker and consultant and has worked with more than 300 organizations to implement executive leadership coaching and training initiatives as well as board governance and clinical, operational and financial consultation and training.
- Michael's writing has been featured in numerous mental and behavioral health publications and he served as adjunct faculty at Northern Illinois University. He holds the highest level of clinical licensure in Counseling as a Licensed Clinical Professional Counselor and is a member of the American College of Healthcare Executives.

-
- The need for states to embrace, adapt and lead change is more essential than ever as more Certified Community Behavioral Health Clinics (CCBHCs) come online, and the new 988 number becomes more utilized for individuals in crisis.
 - States will need to develop the infrastructure and funding methodologies to support their providers to meet the growing demand for care



-
- The Georgia Department of Behavioral Health and Developmental Disabilities and MTM Services have been working closely together on large-scale system changes currently being implemented on a statewide basis since 2014.



Transformational Journey History

- 2014
 - System Redesign
 - Standards and KPIS
- 2015
 - Community Assessments and Systems Learning
- 2016
 - FFS Implementation
- 2017
 - System Support and Tier 1 and Tier 2 Training
- 2019
 - CCBHC Implementation Planning
- 2020
 - CCBHC Assessments
- 2021
 - CCBHC Design and Planning
- 2022
 - CCBHC SON and Demonstration
 - Braded Funding
- 2023
 - CCBHC Expansion
 - Currently 10 CSB CCBHCS





Current Landscape

- Healthcare reform has created a tremendous amount of disruption in nearly all aspects of healthcare.
- Many states and communities have witnessed increased demand as individuals seek services to meet their needs and build upon the community safety net.

Current Landscape

- This tremendous growth in consumers in managed care and APM has put overwhelming pressure on states and health care providers to provide high-quality services, customized to the individual, while maintaining financial and operational practices that are in compliance with insurance billing requirements.

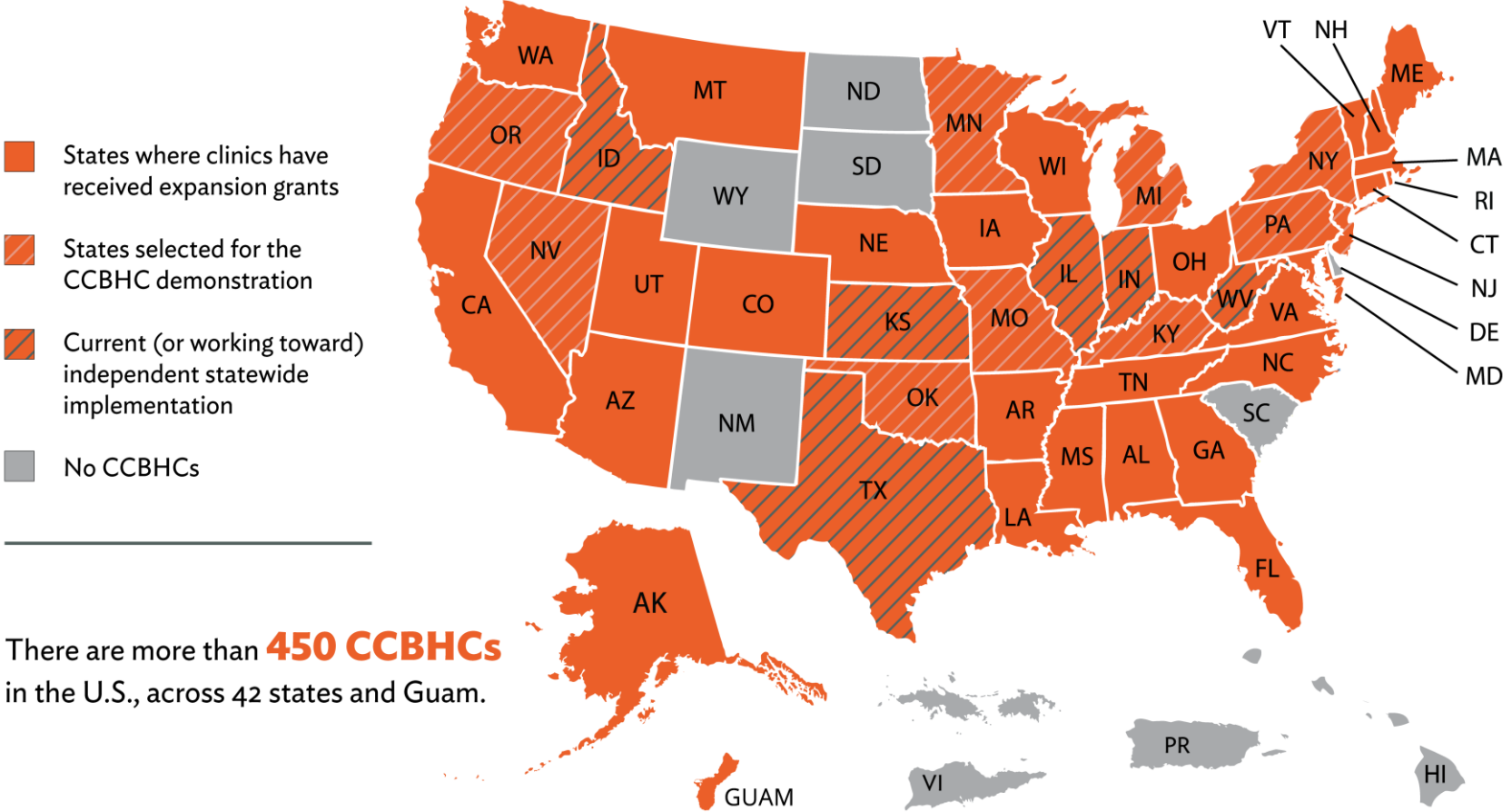




Current Landscape

- Will your state and provider organization be ready to appropriately manage internal utilization management, corporate compliance, credentialing, risk, authorizations and claim submissions to take advantage of increased revenue from Managed Medicaid, APMs, CCBHC and the value-based payment environment?

Status of Participation in the CCBHC Model



CCBHCs Across the Nation

There are more than **450 CCBHCs** in the U.S., across 42 states and Guam.

Source: National Council for Mental Wellbeing

The Role of 988 and Crisis Intervention

WHY

- Suicide is the **2nd** leading cause of death among people aged 10-34 in the U.S.¹
- Suicide is the **10th** leading cause of death in the U.S.¹
- The overall suicide rate in the U.S. has increased by **35%** since 1999¹

What

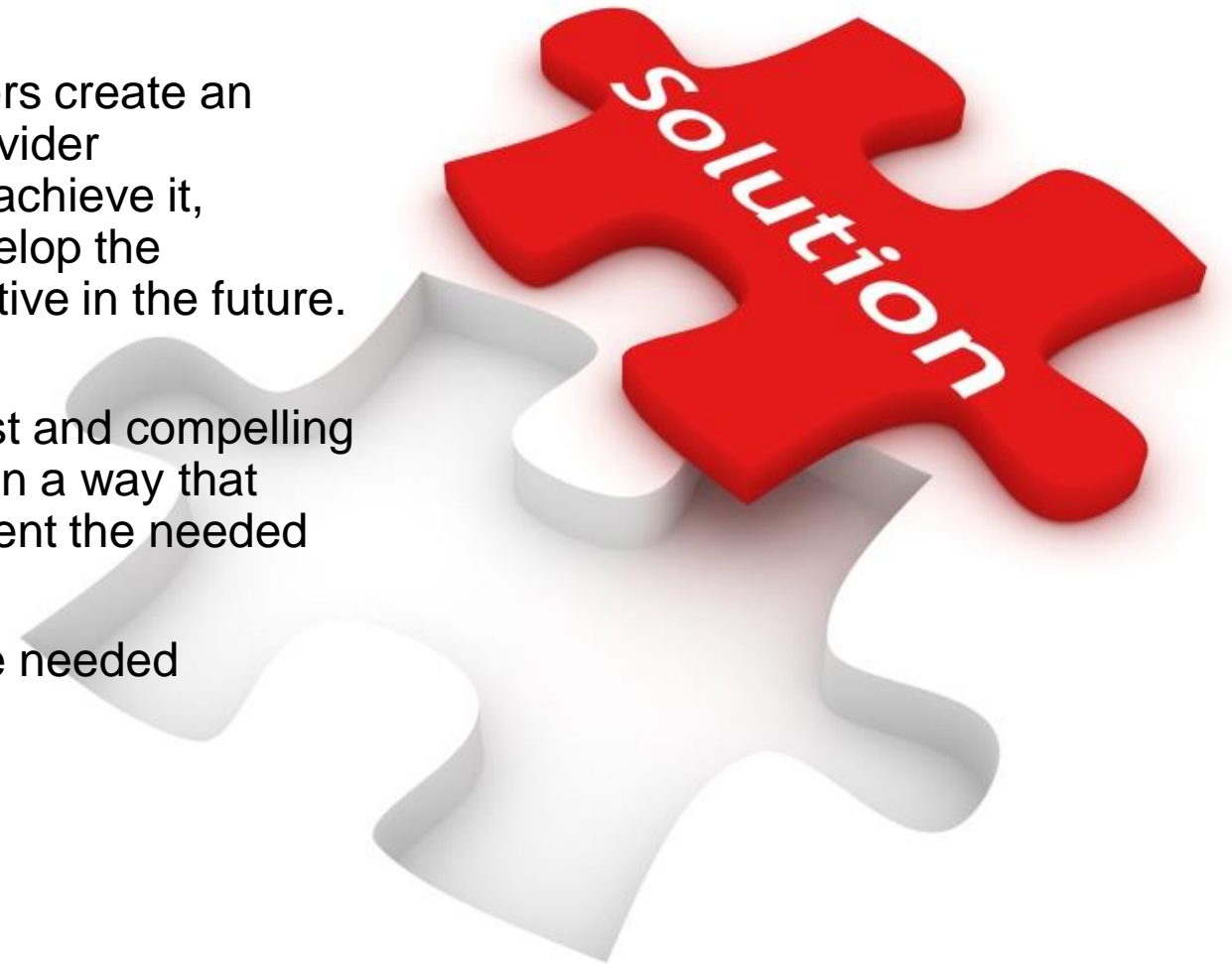
- In July 2020, the FCC adopted rules designating this new phone number for Americans in crisis to connect with suicide prevention and mental health crisis counselors.
- The transition, which will take place over the next two years, will result in phone service providers directing all 988 calls to the existing National Suicide Prevention Lifeline by July 16, 2022.
- Under the new rules, calls to 988 will be directed to 1-800-273-TALK, which will remain operational during and after the 988 transition.



¹Mental Health By the Numbers | NAMI: National Alliance on Mental Illness

Transformational Change

- Transformational Change is the ability of leaders create an inspiring vision of the future, motivate their provider organizations and community stakeholders to achieve it, manage implementation successfully, and develop the members of their teams to be even more effective in the future. We explore these dimensions below.
- The key element is the ability to create a robust and compelling vision of the future , and to present this vision in a way that inspires others to not only develop but implement the needed changes.
- Develop the ability to monitor and measure the needed outcomes.



Planning and Decision-Making Side of Change is About Management

Is About...

- Processes of Change – Project Teams, etc.
- Measurement of Current Service Delivery Performance
- Developing Performance Standards
- Organizational and Management Structure Re-Alignment
- Developing Standardized Protocols
- Data to show objective issues/not subjective

Change Management Models

- “**Sequential Change**” – Complete one goal and then address next goal, etc.
- “**Transformational Change**” – Continuous change management model using Rapid Cycle Change Model (PDSA)



Overview System Change Goal

Develop more accountability within the community behavioral health network.

Prepare network for fundamental shift from institution care to more community-based treatment and supports.

Collecting useful data elements for the state and the provides.

Lay the foundation for the future (CCBHCs)

Provide technical assistance for the network to achieve the goals

What type of change are you trying to address?



Technical vs. Adaptive Problems

- Adaptive leadership recognizes that there are two kinds of problems: technical and adaptive.
- With technical problems, a satisfactory pre-determined response is already available and one or more experts who possess solid reputations are sought to address the issue. Overall, technical problems are mechanical and can be solved by professionals.
- With adaptive problems, there are absolutely no trained experts to deal with the problems at hand. Also, no set of established rules or procedures exists to address the issue. In most cases, the definition of the problem is vague and there aren't any technical fixes. It is in such situations that the expertise of an adaptive leader becomes useful. Such an individual first helps to define the problem and then mobilizes his co-workers to come up with possible answers.

Source Corporate Financial Institute 2019 <https://corporatefinanceinstitute.com/resources/careers/soft-skills/adaptive-leadership/>

What are Adaptive Leadership competencies?

- The adaptive leadership approach views leadership more as a *process* than a set of competencies. Having said this, the following are some skills, attitudes, and implied qualities that align with adaptive leadership.
- The adaptive leader needs to be able to connect organizational change to the core values, capabilities, and dreams of the relevant stakeholders.
- The adaptive leader seeks to foster a culture that collects and honors diversity of opinion and uses this collective knowledge for the good of the organization.
- The adaptive leader knows that change and learning can be painful for people, and is able to anticipate and counteract any reluctant behavior related to the pain.
- The adaptive leader understands that large scale change is an incremental process and that he/she needs to be persistent and willing to withstand pressure to take shortcuts.

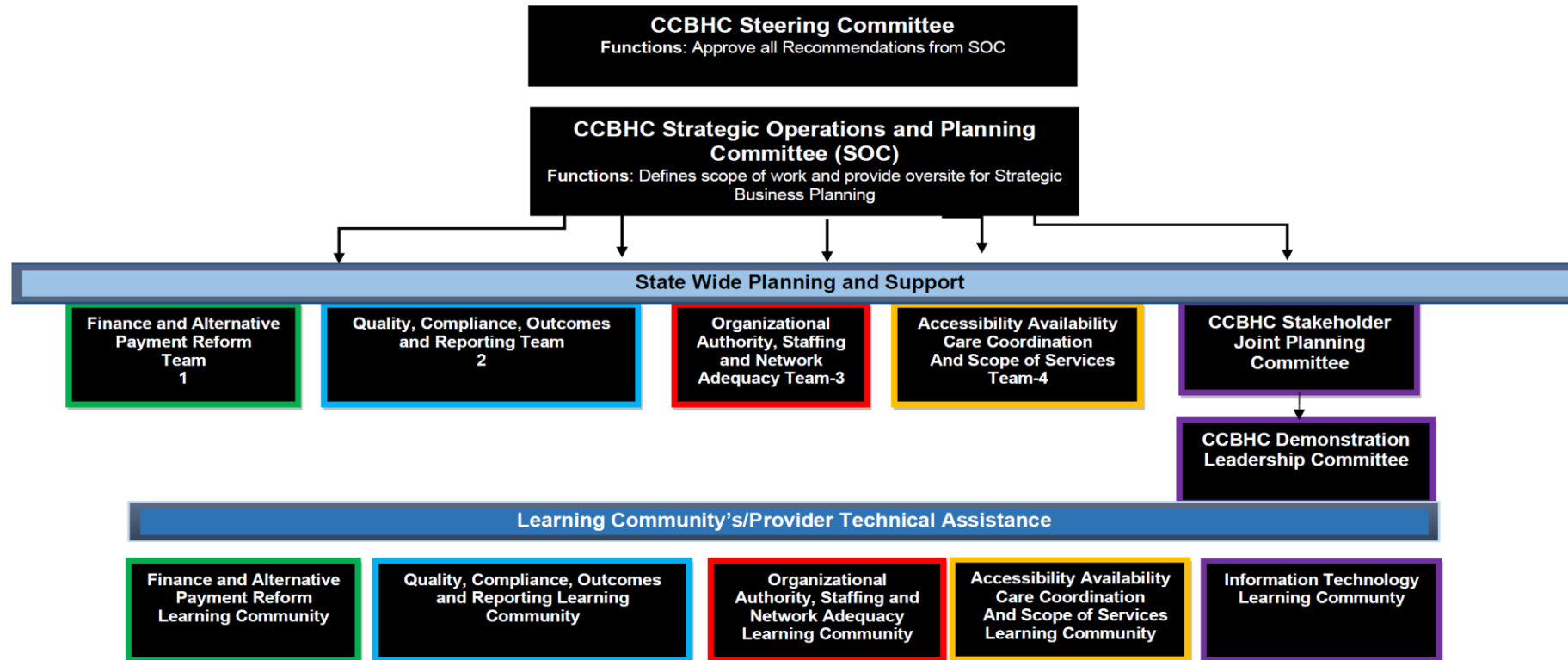
• Source: Steve Wolinski (2010) <https://managementhelp.org/blogs/leadership/2010/07/07/adaptive-leadership/>

MTM Services and Georgia Plan

- Phase I
 - System Wide CCBHC Assessment for provider and state readiness
 - System wide a Electronic Health Record Assessments
 - System wide Assessment of Access to Care
 - Development of State level work teams
 - Development and implementing of Provider Learning Communities
- Phase II
 - Development and implementing of Provider Learning Communities
 - Development of a Statement of Need for selecting additional providers
 - Further redevelopment of State Work Teams
 - Development of Certification Criteria
 - Development of Target Population
- Phase III
 - Implementation
 - Focused TA and support for four CSBs to meet Certification Criteria
 - Costing Analysis for Four CSBs
 - Further redevelopment of State Work Teams
 - State level development of state policy and procedures, QMS and reporting



Sample Transformational Change Structure



Key Objectives to Successful Change

- Assess the existing knowledge base and determine if additional expertise is required.
- Obtain buy-in internally and externally ASAP.
- Bridge together a diverse team of subject matter experts (especially those most skeptical about the project).
- Communicate clearly often and repeat.
- Be adaptable accommodate when needed but stay the course.
- Train & educate.
- Assess the milestones, examine the progress, modify based on data.

Outcomes

- Development of Policy to cement the work (01-200 DBHDD Policy Stat)
- Clarity around the role of the different types of providers
- Development of the reporting web based portal
- Annual “Road Show”
- Readiness for transition to CCBHC
- Data that provides a measurable way to assess access to care; measures to ensure recovery oriented principles stay in the forefront, appropriate treatment for SUD, engagement, crisis coordination, and stakeholder perception
- Provides consistent measurements that can be used to describe the network in multiple ways.
- Relevant quality improvement initiatives based on performance

Key Lessons Learned

- Develop processes that are not person specific and sustainable.
- Celebrate milestones, as system change can often take many years.
- Be transparent about the “why” and the data.
- Collaboration and accountability can go together.
- Develop space for learning to occur that is not punitive.
- Correct mistakes and take ownership.
- Listen to your stakeholders.
- Take the time to ensure the data is valid.
- Find mechanisms to keep the “change” ACTIVE vs passive.



What Questions do
you have?