Personal Leadership and Self-Management

Navigating a Medicaid agency through crisis is a test of strategic agility and balancing competing focus. An effective leader champions the long-term vision and goals of the agency expressly so staff mired in operational demands and crisis response stay unified and focused. The public health emergency and its unwinding put tremendous strain on public sector health leaders responsible for crisis response while simultaneously focused on to long-term health reforms.

What follows is part of a larger conversation had via the Leadership Forward podcast series with guests Jami Snyder, Director of the Arizona Health Care Cost Containment System and Kody Kinsley, Deputy Secretary for Behavioral Health and Intellectual and Developmental Disabilities for the North Carolina Department of Health and Human Services. The discussion focuses on go-to strategies to build individual resilience and fortify staff teams during high-stress times.

Edited for clarity

Q: How did you balance addressing urgent needs (like COVID-19) while still focusing on long-term work and recovery?

Snyder: It became apparent early on in the public health emergency that I was going to be one of the few people within the organization who could remain fully attentive to our strategic priorities. Others, even deputy directors within the organization, were busy from the onset with critical day-to-day activities and ensuring that we were making program adjustments to maintain our two core principles of maintaining member access to care and the ongoing viability of our provider community. Resiliency was a competency that I had to practice at my level to create a sense of organizational stability so that [other staff] could effectively do their jobs.

Q: What strategies did you use to remain resilient as you took on new responsibilities during the COVID-19 pandemic?

Kinsley: One of the things that has been really helpful to me is that we invested, as a team, a lot of time into strategic planning, visioning, and coming up with the month-over-month work plan to support behavioral health and wellness in North Carolina. So the team had a roadmap. We also have to make choices — we can’t stretch our staff when we have limited resources. Being able to say “no,” or “not right now” is one of the most critical responsibilities for any leader in a public sector organization.

Q: As a state Medicaid director, how did you support yourself and your staff to ensure that you could rapidly refine your technical learning and skills?

Snyder: This pandemic, paired with social unrest and the economic downturn, has required a level of technical learning for me and my team that is certainly unprecedented in my career. Upon the onset of the public health emergency, we were faced with modifying existing program requirements at an unprecedented pace and in a manner that really wasn’t known to the agency previously. The pandemic forced us to think outside the box and required that all members of my leadership team understand the
technical underpinnings of our program at a [new] level. That was necessary in order to develop effective strategies that were responsive to our new reality.

Q: As a long-time advocate for the importance of behavioral health and self-care, can you talk about the specific initiatives and programs that you’ve led?

Kinsley: I think we were lucky in North Carolina to have two things happen early on that have safeguarded the wellness of our teams. First, we saw this event as a change management problem. And what do you do when you’re working through change management? You communicate, communicate, communicate. It’s so critical that we keep all of our team members on the same page, not just for their own well-being, but because when [our staff are] out in their communities, people see them as a person who works for the department of Health and Human Services, so there’s the expectation that they have information. The second positive event was freeing up our work on telehealth. Our agency moved our telehealth policy forward 10 years in a matter of 10 days’ time. And I think that was really invigorating. Finally, early on we made behavioral health clinicians available to our staff.

Q: The public health emergency required a major shift from working in-person to at home. What type of feedback have you received from your staff with respect to their needs, as well as how they stay connected and engaged?

Snyder: We conducted a survey, not only of staff, but also of leaders, to ask them about their experience working from home and the results were overwhelmingly positive. They felt like they had more work-life balance and more opportunities to connect in meaningful ways with their family members. We’ve decided to maintain 61 percent of our staff at home permanently, which enables us to consolidate from two large buildings on our main office campus into one.

Q: What advice would you offer to other public sector leaders as they navigate leadership in this very challenging time?

Kinsley: Not to steal any airline’s slogan, but we’ve all heard it said: “You have to put your oxygen mask on before assisting others.” That also means taking some time off. And that can be hard, especially in a moment like this. I want my team members to have time off and to coach the next generation of leaders, so that our organizations are not only capable of responding to this once-in-a-century moment, but also able to be better off without us over the long haul.

This interview is a portion of a larger conversation found in an accompanying podcast, available in the Apple Podcast store.

Topics discussed in this article align with Framework for Public Sector Leadership domain, Personal Leadership and Self-Management domain. Core competencies in this domain include: self-awareness, receiving feedback, resiliency, and technical learning.
The framework is product of the Public Sector Leadership Consortium whose partners, NAMD, the Center for Health Care Strategies and the Milbank Memorial Fund, work to strengthen the capacity of public sector leaders, particularly those in state government.