

## **Leadership Assessment**

### **Jeremy Brown, Ph.D.**

### **Portland Community College**

#### **Why a Review?**

As part of the PCC commitment to continuous improvement, it is the belief of the Board that additional structure should be added to the assessment of the College President role. In achieving this goal, a first year review has been conducted for Dr. Jeremy Brown. This philosophy of accountability is shared by Dr. Brown who has already begun establishing measures and feedback in other roles within the college.

Providing Dr. Brown with feedback from diverse stakeholders allows him and the Board an assessment of the current state and guidance for the coming year. A focus on results and accountability should be a priority for all at PCC as staff as we strive to make PCC a premier community college. Dr. Brown's willingness to embrace this new process is much appreciated.

#### **College Situation One Year Ago**

When Dr. Brown arrived at a PCC one year ago, \$20 million from reserves had been spent in the two previous years, enrollment was declining, the College was facing state reform of higher education, as well as declining government funding. Furthermore, the focus for community colleges was shifting from access to completion.

Dr. Brown's predecessor was retiring after being with the institution for 9 years. In addition, three of the four campus presidents began their employ at PCC within 9 months of Dr. Brown's appointment to the role of president; the fourth campus president had been with the institution for only one year prior to Dr. Brown coming on board. In addition, the Board of Directors had three new members.

Dr. Brown was brought in to make changes at PCC. The expectation was that these changes would challenge and even ruffle the old ways of operating. As a Board, the priorities given to Dr. Brown for his first year were:

- Build relationships with key external stakeholders
- Position PCC in the state reform conversation
- Fundraise
- Develop a strategy for PCC

#### **Findings**

Dr. Brown is committed to PCC, the community and the potential for what PCC can become. He has demonstrated resilience in facing illness while also striving to maintain momentum. He has a strong vision for PCC's future.

Moreover, the Board wanted a leader who could challenge the status quo and identify ways to improve PCC. Dr. Brown is doing this.

Dr. Brown has met or exceeded expectations for building external relationships, positioning the college in State reform and in fundraising. He has relentlessly met with stakeholders and donors across the state to keep PCC a key player, if not the leader, in the conversation.

The strategy for PCC is still being developed using a cross-campus, inclusive process.

#### **Next Steps**

The Board and Dr. Brown need to agree on priorities for the coming year.

## Notes for Potential areas for action or improvement

### Direction:

1. Dr. Brown has established direction as “PCC being a premier community college in the nation, not just the state.” Rather than the community college being a fallback position for students, he envisions PCC as a destination of choice. He believes that in order to achieve this direction the four campuses must work as one college, rather than individual entities. This will benefit students by ensuring a more consistent experience across campuses and the college through improved cost and operational efficiencies.

In moving forward, some who were interviewed felt that Dr. Brown needs to do a better job of reinforcing and reminding stakeholders of this direction. He also needs to do more to clarify the “why” of the changes that support this direction and in connecting current actions to the bigger picture. Some are looking for clearer goals.

2. Dr. Brown was asked to create the strategy to achieve this vision. PCC does not have an existing process or best practice for developing a strategy. To create a strategy, Dr. Brown is using an inclusive and collaborative process that involves soliciting input from the four campuses through a variety of meetings. The Vice-president was asked to act as the point person for the process.

The strategy development process is still in progress. Some people are concerned that it is not providing enough change, while others feel there should be more time in the process for inclusion, and still others feel the strategy needs to get done and have more of Dr. Brown’s mark on it. Some believe the power of Dr. Brown’s ideas for a bigger future have been left out or watered down. This is a tough balancing act.

Dr. Brown’s vision for the future is one of his greatest strengths and it appears diluted by the current process. A balance needs to be found for inclusion of stakeholder input and Dr. Brown’s vision. A plan for defining the balance should be agreed upon by Dr. Brown, the Board and, potentially, the Cabinet.

3. Beyond the strategy development process, Dr. Brown could be clearer on reinforcing the direction – where PCC is going and why they are going there. The “why” is not always clear; this needs to be communicated repeatedly.

Goal clarity needs to be increased. The Board and Cabinet also have a role in communicating this message. It appears that parts of the organization do not understand the reasons for certain changes. A stronger case for change and a united voice with the Board may help in this process.

### Relationships:

1. Dr. Brown excels at managing up with external stakeholders. Within the college, Dr. Brown needs to find ways to connect and build stronger relationships with faculty and staff. His predecessor’s style (more casual; reading the paper in the cafeteria), leaves many with similar expectations for Dr. Brown. Yet, others say that even under the previous leadership there was a huge pent up need to be heard.

Meeting the expectations for inclusion appears complicated by the time pressures put on Dr. Brown and the expectations for him to lead change. Dr. Brown has included faculty in

presentations to the Board and involved them in strategy development. However, it is likely that Dr. Brown needs to invest more time building relationships with faculty and staff in the coming year.

2. The need to change, drive improvement and use metrics needs to be balanced with appreciation and validation. Dr. Brown asks a lot of tough questions, some of which challenge the status quo. In response, some people appear concerned – even threatened – in regard to their value or place in the organization. They need more frequent confirmation of their having done a good job as they are being challenged to move forward.
3. There are mixed perceptions of Dr. Brown's style:
  - Dr. Brown is a real leader, engaging, warm, trusting, a listener, takes feedback, a good person, encourages innovation, provides coaching and personable.
  - Dr. Brown comes across superior, untrusting, impatient for people to get it, unavailable, unwilling to listen and aloof.

It is not uncommon for a leader to be described in both these ways.

For certain behaviors or actions, Dr. Brown is both criticized and praised. Because of this mixed feedback, there is no one clear path for action. However, it does seem clear that more investment needs to be made in validating, appreciating, including and empowering. This is particularly important at the faculty and staff level.

4. Dr. Brown needs to find a way to have a more open door—literally have the door open more—and find small ways to increase interpersonal connections. This is complicated by his tight schedule.
5. Dr. Brown is in the process of building a team. In addition to him creating this team, Dr. Brown needs to spend more time interfacing and informing the Cabinet so that they also become allies.
6. One piece of advice seems germane, “Let more people get to know the real Jeremy. He is a great guy to be around.”

#### **Influence:**

1. Dr. Brown's ability to use data and see new possibilities is repeatedly commended. He is viewed as able to handle vast amounts of information. Words like “smart” and “insightful” are common place in describing Dr. Brown. He is also known as someone who has a lot of ideas. Finding balance between ideas and expectations to act on ideas is causing some confusion.

When presenting ideas, Dr. Brown needs to clarify whether it's an idea in progress or whether he is wanting people to act. Because Dr. Brown thinks out loud, it can sometimes be confusing and people are not sure when to act. A simple phrase like “I'm thinking about this but not asking for action” at the beginning or end of an idea would be helpful.

2. When giving a recommendation, Dr. Brown needs to provide more context in support of the idea, so that others understand the issues, alternatives, costs, path, needs, etc. that he has considered. He needs to build a better case for change and then communicate the path of how to get there. He sees the idea in his head but does not always convey all that he is seeing. More context, more why, more path – more clarity on why he made a decision, or came to a conclusion.
3. Dr. Brown needs a “small win” in the community to show that his ideas are delivering results.

4. Dr. Brown needs to be more inclusive in conversations. It sometimes feels like only a couple of the Board members, Cabinet or staff are in-the-know with him. There is no clear path on what action is necessary in this situation. Is the breakdown: a) those who he is talking to should be sharing more with others, or b) should he be sharing more broadly with the group?
5. Dr. Brown needs to find a way to better deal with extreme time pressures. There needs to be enough time scheduled to participate fully in meetings and yet get to the next meeting on time. Dr. Brown is so fully committed to discussions that he finds it hard to leave meetings in a timely manner. This creates a domino effect on the rest of his day. This impacts credibility and increases the likelihood of trust issues. This is big deal!
6. Similarly, it is difficult to schedule time with Dr. Brown for those who want more access to him. One obstacle is that currently Dr. Brown only has 6 hours a week that are not consumed with existing meetings. His evening schedule is also busy meeting with community leaders, donors and government officials. Tough decisions need to be made about where and with whom Dr. Brown spends time.

### **Managing rumors**

1. The rumor mill is full of questions and concerns for why “so many” people are leaving. The Board and Cabinet need to play a role in managing these rumors. A united voice needs to be provided from the Board and Cabinet about the situation.

While some people left because of issues that predate Dr. Brown’s arrival and some may be leaving because of style differences, it seems much of the blame for the attrition is blamed on Dr. Brown. Whatever the reasons, the Board and Cabinet need to make sure they have a plan for addressing rumors and that they are not part of the problem.

2. Also, rumors need to be managed regarding why a review of Dr. Brown is occurring with an outside consultant. The board needs to provide a clear message that shows support for Dr. Brown and its decision to put into place this new process.

### **Board/Cabinet**

1. Concerns about the alignment among the Board surfaced during the interviews. Some suggested that Dr. Brown is faced with having to manage seven very separate opinions. Efforts by the Board to become aligned could help the process. The Board may want to take a more proactive approach to how they are supporting Dr. Brown. It appears that the Board and Cabinet need a more united voice and shared story to make the transition smoother.
2. As noted above, the Board and Cabinet play a key role in reducing rumors. Board and Cabinet members need to have a common story to share about Dr. Brown and make sure they are not part of perpetuating rumors or gossip. More time should be spent telling the new story of PCC with Dr. Brown at the helm and less time focused on the past.
3. The Board may want to clarify expectations of Dr. Brown and provide periodic feedback throughout the year.

4. The Board may want to look at how they and Dr. Brown are going to lead through the change. Mutually defining the case for change, communicating a shared new vision and building an inclusive team are starting points.
5. Dr. Brown may need to spend more time keeping Board and Cabinet members included, informed and onboard.

## Summary

Top areas for consideration include:

- The strategy needs to be completed and Dr. Brown needs to have more influence on its final outcome.
- More alignment, clarity of direction and expectations need to be provided by the Board, particularly inclusion expectations need to be clarified.
- The Board and Dr. Brown need to communicate wins to key audiences.
- Stronger connections need to be made with faculty.
- The context and case for change needs to be clearer when presenting recommendations. Similarly, clearer explanations of the “why” behind decisions needs to be provided.
- The Board and Cabinet need to be part of managing the change and managing rumors. A united, new story needs to be defined and communicated.
- The Board needs to communicate the “whys” of doing a review.
- Dr. Brown’s schedule needs to be revised in order to allow time for the above priorities.