

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program
Technical Assistance Coordinating Center's

Webinar

"Implementing Statewide Home Visiting System Part One Leadership Approaches"

April 24, 2012

3:00pm Eastern, 2:00pm Central, 1:00pm Mountain, 12:00pm Pacific

Panelists:

Eric Martin, MS

Mary Webb Martin, MSW, LCSW

Karin Downs, RN, MPH

Facilitator:

Holly Wilcher, MS

Operator: Good day and welcome to the ZERO TO THREE Implementing Statewide Home Visiting System Part One Leadership Approaches conference call. Today's conference is being recorded.

At this time, I'd like to turn the conference over to Mr. Kelly Clair. Please go ahead sir.

Kelly Clair: Hello everyone. My name is Kelly Clair. I'm with iLinc. And before we get started, I want to do a couple of housekeeping items for you.

If you are listening in to today's session via your computer speakers please make sure that your volume is turned up so that you can hear everything being presented today.

If you have turned up your volume to as high as it will go and you still are having issues please utilize the dial-in number that was provided to listen to the audio via your phone.

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If you don't have those numbers please feel free to chat into the Leaders and Assistants. If you look down towards the bottom left you will see a Private Chat tab.

You will see a selection for Leaders and Assistants. Click that it will go to all the Leaders and Assistants in the room and ask the questions.

So if you have any questions regarding the number or any questions during the session today please use the tab for the Leaders and Assistants so that we can answer those questions for you.

Thank you and I'll now turn this over to Holly Wilcher.

Holly Wilcher: Hi everybody. This is Holly Wilcher with Technical Assistance Coordinating Center. I'd like to welcome you to part one of our part three series on Implementing Statewide Home Visiting Systems.

And this first part Webinar series we'll be focusing on two state specific leadership approaches.

And you'll be joined by three presenters today. Our first presenter is Eric Martin. Eric is Cambridge Leadership Consultant and a long time practitioner of adaptive leadership.

Eric's career spans corporate, government, nonprofit sectors in the US and internationally.

Our next presenter is Mary Webb Martin. She's the Project Director State Lead for Home Visiting Services in Colorado.

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Mary has experience in developing and managing expanding and sustaining health and human services programs and public in private nonprofit organizations with a focus on underserved populations.

Our third presenter is Karin Downs. Karin has been the Assistant Director for Clinical Affairs in the Division of Perinatal Early Childhood and Children with Special Health Care Needs since 2003 and also serves as NPH Director for Title V programs.

This Webinar is hosted by the Maternal, Infant, and Early Childhood Home Visiting Technical Assistance Center. TACC is brand new and funded by HRSA as you know. TACC operates from ZERO TO THREE and a partnership with Chapin Hall, AMCHP and WRMA.

The TACC is funded to provide many goals of technical assistance support to MIECHV grantees including Webinars like this one.

And support from the TACC can be accessed through your HRSA regional project officer.

Thank you for being here. We're so glad you can join us today. At this time I'd like to turn the floor over to Josey Ansah who will provide a welcome on behalf of HRSA. Josey?

Josephine Ansah: Great, thank you. Good afternoon everyone. On behalf of HRSA's Maternal and Child Health Bureau I would also like to welcome you to today's Webinar.

It goes without saying that leadership at all levels -- federal, state, community and individual is critical as we continue to address disparities and build systems of care for maternal and child health populations.

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Since the launch and implementation of the Maternal, Infant, and Early Childhood Home Visiting Initiatives it has been apparent that the state teams and associated stakeholders are committed to developing and also leveraging leadership capacity within state programs and with community allies.

I have often expressed to anyone that would listen that I evolve more as a leader through my challenges more so than through my successes.

Considering the numerous challenges that we currently face in the healthcare environment, innovative and humble leadership is a vital necessity as our following presenters will demonstrate.

Thank you for your participation today and for all of your contributions towards the success of this program. Enjoy the Webinar.

Holly Wilcher: Thank you so much Josey. Today we're continuing where we left off from the last Webinar on implementation science and focusing on the bottom part of the triangle here, the leadership element of implementing home visiting systems.

As I stated before this is part one of a three part series on implementing home visiting systems. And our next Webinar on part two will be held May 8 and will focus on supporting home visitor competence.

So today's Webinar will take two states' leadership approaches to implementing home visiting systems.

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After Eric introduces the topic of adaptive leadership you'll briefly hear Mary and Karin share Colorado and Massachusetts leadership approaches implementing their statewide home visiting systems.

They each will pose a leadership challenge they've experienced in their respective states. And Eric will engage both Karin and Mary in a dialogue related to this challenge.

After this dialogue we'll field questions to our presenters that you've been chatting to us in using the chat feature again at the bottom left-hand corner of your screen.

And as a reminder we encourage you to just chat your question as they come up to you throughout the Webinar using the Private Chat tab feature by clicking on the Leaders and Assistants section.

So during the full-time that you'll hear today the dialogues and problem-solving we hope you walk away with a little more insight regarding on how to use adaptive leadership approaches to enhance the capacity to support successful home visiting system implementation, how to - how organizations, how you can practice innovative and flexible leadership.

You'll be able to explore leadership skills, techniques and examples to bring comprehensive home visiting systems to scale in the context of complex social and a political environment the many of you live.

And finally we hope you'll be able to identify leadership approaches implementing comprehensive home visiting systems as well as experience in sharing two state's real life leadership challenges.

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At this time of going to turn it over to Eric who's going to get us started with the topic of adaptive leadership. Eric?

Eric Martin: Thank you Holly. And thank you to everyone for joining us today. I'm really delighted to spend this time with you.

Our plan is to do this as a conversation. So I would invite all of you including those of you who will be chatting your contributions to do so freely.

I grew up in Detroit but I've been in New York long enough that I'm used to being interrupted so I want to encourage the conversational aspect of this Webinar.

To begin with just talking briefly about adaptive leadership which is the leadership model or frame that we'll use to help understand the cases the challenges that Mary and Karin will be sharing with us from Colorado and Massachusetts, the model itself was created about 30 years ago at Harvard Kennedy School.

And the origin really came out of trying to understand picking up on what you said a moment ago Josey, how it is that very committed people, very smart well-resourced and well-connected people consistently fail to see results that met the level of ambition, impact that they were working towards.

So it really looks at this, the really hard work of change and the hard work of leadership. How do you engage yourself? How do you engage your partners differently?

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So our hope is to lay out two of the ideas from this framework, some questions and things we found useful in helping people make change and bring ~~you~~ their initiatives to scale in very complex social political environments like the kind that I think many of you find yourself in.

And our greatest hope of this Webinar is that each of you can walk away practicing leadership, you know, 5% more than where you started. That wouldn't be insignificant given the scale of what you're trying to do.

So I'll start with just a brief framework overlay and then turn it over to Mary who's going to share a bit of what she's doing in Colorado and some of the leadership challenges she's facing.

So bare with me as I go to the first slide here. Okay so we use this metaphor of adaptation that's really derived from the biological notion of adaptation.

And we use that because in our experience transformation is really not something you see every day. It tends to be a more gradual process.

In fact in our experience most change is largely conservative. And what I mean by that is that most change processes when done well honor history. Yes, they understand where people are coming from given their purpose and their history and then move forward based on that.

And so one of the very first behaviors, actions, things that you can do when leading any kind of significant change -- I'm highlighting it here on this first circle -- is to identify what part of how we currently operate is essential and needs to be preserved and nurtured and grown and what part is expendable that may have served a useful purpose but no longer serves that purpose because the world has changed.

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And so how do I understand what's made me successful, what's made our initiative successful to date, what are the essential practices and what are the expendable ones?

In our experience people aren't afraid of change per se. What they're afraid of is loss. They're afraid of giving something up, some essential part of their own DNA or organizational DNA that's made them successful.

And so that decision point of how do I understand what the essential is from what the expendable is is one of the biggest reasons people don't change, systems don't scale and the status quo and momentum remain the powerful forces that they are in the world.

And so this very first step of determining what's essentially expendable is critical and difficult and requires leadership.

Again in our experience most change is conservative. So typically 85 to 90% of how you work today is going to remain, is going to be the same.

But that 5 to 10%, 10 to 15% that you're going to give up will be hard especially for the folks that have the most to lose.

And so that first step of adaptation as you think about it is about determining that essential and expendable component.

The second step having done that is okay now we have some space, some room for innovation and progress by stopping doing the things that weren't serving their purpose anymore.

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So how can we run some experiments, test some new practices, new ways of working together?

We use again adaptation as a metaphor because the reality is the kinds of complex environments in which all of you work don't lend themselves easily to best practices.

There's not - I don't as far as I know anyone expert that can tell you all how to proceed. And so this experimentation notion is really about how you feel your way, how you learn your way into the future when the future is not only unknown but it's unknowable.

And developing that experimental learning mindset in a group of individuals is a pretty tough piece of work. And that's the second part of adaptive leadership.

Having done that then the challenge is to integrate the new practices and bring them to scale.

So we'll come back to this framework, this process of adaptation as I laid it out here throughout the course of the Webinar.

But the real purpose today is for you to hear from a couple of your colleagues on the phone. And so Mary I'll turn it over to you now if you can share a bit about Colorado's approach to the work so far and maybe give us a little bit of a highlight or a foreshadowing of the challenge that you face so we can come back to that and have a conversation on it later on in this Webinar.

Mary Martin: Hi everyone, really glad to be here. And thank you Eric and I can't believe I managed to pull up the right slide.

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So the first thing that kind of occurs to me when I think about this one of the essential elements in home visiting programs as I understand them and as I've heard from our own visitors is this idea of parallel process.

So when I think about, you know, kind of what my kind of fundamental personal approach is to our leadership of this program I kind of thought of Robert Fulghum's poem about All I Really Need to Know I Learned in Kindergarten.

It just seems really applicable that we - we're working in a collaborative environment, we need to play fair, we need to share, you know, we don't need to hit each other.

We need to clean up our mess and not take things that aren't ours. We need to say we're sorry. We definitely need to learn and think and play and draw and paint and be creative as we do this work.

And then I think we also need to, you know, remember to hold hands and stick together and when we go out into the world watch out for traffic but also be aware of just the wonder of the work that we're doing.

So that's kind of, you know, where I started in my own approach. And I think that to tell our story a little bit in Colorado I just want to give you a little bit of history because we really are blessed and fortunate that we have a pretty long history of home visiting at a state level in Colorado.

So we have a home visiting coalition that actually was established in 1988. And for some sort of home grown models and so models that actually did become national models, evidence-based models that we use today.

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And then in 2000 we were particularly fortunate in having some great advocates for children who passed - help pass legislation through the general assembly to create the Nurse Home Visitor Program. And it's based on the nurse family partnership model.

And we actually have a permanent allocation from master tobacco settlement dollars to fund that program.

And that program was set up to be administered through the public health department but in collaboration yes even back then, with the University of Colorado which is where David Olds was based here in Colorado and then with a what we would call now in our lingo a state intermediary organization Invest in Kids who did a lot of the basic advocacy work and site development and things like that.

So going through our kind of history and timeline we sort of operated the program together for a number of years there.

And then long about I don't know, somewhere between 2004, 2007 it's as if we all sort of forgot what we learned in kindergarten and instead we started experiencing a lot of stepping on toes and stepping on egos probably if I'm honest about it and then ended up leading to sort of a collapse of management and administration that we had put in place for the organization.

And what ended up happening was the advocacy group went back to the legislature and the legislature actually mandated how we were going to manage the program among the, you know, with the Division of Labor.

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So at that point the Public Health Department was charged with doing fiscal administration of the program and fiscal administration only.

And then the university and its subcontractors were charged with doing all of the program management, the monitoring, the site development -- anything like that.

So, you know, that happened actually in the spring of 2010 which is just before we got the information about the opportunity through the - through HRSA for the Maternal, Infant, and Early Childhood Program.

So we had just begun reorganizing ourselves with this new structure and kind of recommitting to developing our trust and our partnership in order to successfully manage the program.

And we did, the governor created, convened a stakeholder advisory group for the MIECHV Program in the summer of 2010 so that we could collaborate with all of our statewide agency partners and private partners as well. And he named the state health department as the state lead for the MIECHV program.

So we went on from there with our advisory regroup. And I'll tell you a little bit more about that in a moment. But we - we've ended up where we are today -- I guess I pull this up to today -- where we've implemented a subcommittee focused on implementation to help us with the work.

So some of the influences that have helped me personally sort of approach this major collaborative effort from the MIECHV program comes from two primary sources in addition to All I Ever Learned - All I Need to Know I Learned in Kindergarten.

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But anyway just an article from I think about 2006 or 2007, Government by Network, the New Public Management Imperative and what I really gleaned from that that has been important to me is that state staff have to redefine their core responsibilities for managing people and programs.

Kind of the old monitoring, you know, get the money out the door to the agencies and then manage the people in the programs or whatever to coordinating resources among agencies and among stakeholders to produce the public value that we're looking for.

And the competencies were very different too but made a lot of sense to me because they included things like coaching and mediation and negotiation and, you know, tackling the unconventional program problems interpersonal communications.

I would throw facilitation in there but really had a lot of teambuilding to go with the collaborative aspects of the way we do the work now.

And I just loved ~~to~~ this one quotation in there about we should really be thinking like a symphony conductor instead of like a drill sergeant.

And then another really influential thing for me was this - the work coming from Stanford Social Innovation Group on Collective Impact.

And the part of that that really touched me was kind of a deeper appreciation of the fact that no single organization however innovative or powerful could accomplish this alone and that just recognizing about, you know, the fact that large scale social change really does come from a better cross sector coordination rather than from the kind of isolated efforts from individual organizations.

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So how that's played out and how we've sort of set up our MIECHV program is that we've consciously structured collaboration to tap into like all of the expertise available to us in terms of the state level agencies that's been really pretty easy and smooth.

Public health here in Colorado has acknowledged us as experts in home visitation because of our long history with the Nurse Home Visitor Program.

And we also serve as a lead partner for a local foundation grant effort focusing on integrating health into early childhood systems.

And then we have colleagues at the Lieutenant Governor's Office who are the ones who administer the state level Systems Integration Grant.

They provide staff support to the State Advisory Group for Early Childhood Work and they're serving as the lead for the Early Childhood Challenge Grant that we've recently got.

So they've been sort of our right hand man for the state level systems work. And we've coordinated, you know, the plan that we have for state systems investments totally hand in hand with them.

And then we also have colleagues in Human Services and the Department of Education who've done most of the local (field) assistance building work with Early Childhood councils with funding through the Childcare Development Fund.

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So they were our natural partners and we tapped seriously to their expertise in terms of developing our approach to community planning and providing support to the local systems effort.

So we've also tapped into the expertise of our state model reps because just like we have Invest in Kids that really advocates for the Nurse Family Partnership we also have the Colorado Parent and Child Foundation who is the sort of state intermediary organization for the Parents as Teachers and HIPPIY programs here.

And then we have our state Head Start Collaboration Director who's been really helpful to us in that in working with our Early Head Start program.

And then we just have a local champion for Healthy Steps. So those are the programs that we're focused on expanding here in Colorado.

And, you know, through all of these partnerships - and we have additional partners but these are sort of the most active ones in terms of doing the work.

We all participate in the Early Childhood Partnership and we all align our work in support of our early childhood framework here in Colorado.

So we sit together on various work groups and task forces, you know, so that we can all be working together to align ourselves to further the vision that all Colorado children are valued healthy and thriving.

So some examples of that both on this slide - and let's see I'll focus on to the next slide. So we have, you know, we have state partners that have helped us with community planning process

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that we developed to guide our investments at the local level to help them develop their state - their local home visiting plans and to help the councils develop and implement their scopes of work for systems building contracts that we're providing them with.

And then, you know, and implementation team that was convened as I spoke to earlier provides just a forum for discussing and responding to all of our sort of real-time challenges that have come up as we implement our state plan.

So that includes both the model reps and the state agency partners that support the state and local systems building work.

So that's kind of an idea of how we structured our collaborative approach to the MIECHV program.

But I think I'm going to stop here and just kind of leave you with my realization of where we are today.

And that is pretty much that the best laid plans of mice and men often go awry. And we're definitely finding that we're constantly experiencing some variances on what we expected, you know, when we laid out our plan and began to implement it.

And truly, truly kind of the one constant is the call that we're hearing to continually adapt and actually re-adapt when there's additional opportunity and need. So I think I'll go ahead and stop there.

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Eric Martin: Thank you Mary. And that'll be a nice point to pick up in a moment after we hear from Karin.

You know, in some ways the more successful you are which it sounds like you have been in Colorado in building trust, building collaboration, showing some very good results that that very success can get in the way when you're asking people to reconsider how they show up in that process, how they reengage with you, what kind of roles they have or don't have.

So I think there's some pretty profound implications the success had in terms of the ability to adapt going forward.

We'll pick that up in a moment but why don't we just again, just what we're trying to do here is set the table with Mary and Karin so we can come back and have a conversation about leadership challenges and draw some generalized principles that the rest of you can take away hopefully in your own work.

So Karin let's turn to you know and tell us a bit about, you know, what's been going on in Massachusetts and what the challenges that you face?

Karin Downs: Sure, so good afternoon everyone. I'm thrilled to be on this call and I'm just going to line up my slides here.

So I'm going to give a little bit of an overview of what we have done with the MIECHV funding in Massachusetts and just talk about how we have been really focused on not just the home visiting aspect of this but really promoting a coordinated system of family support across the commonwealth.

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So just to show where, you know, what happened. When we first received the guidance we completed an extensive needs assessment.

And since in Massachusetts we don't have - we don't really look at health indicators by ~~the~~ county we broke down 27 indicators across six, the six domains that we were asked to look at by 351 towns and communities.

And then we ranked each of those indicators and came up with a composite score.

And from that composite score we identified eight very high need communities and then an additional seven communities with high need.

And we decided that we would implement evidence-based programs that already exist in Massachusetts.

They're concerned about starting up new programs because of the need to really show results in a pretty quick way and we're worried about the startup costs - the startup time.

So we basically chose the four evidence-based models that existed already in Massachusetts which includes - included Healthy Families, Parent as Teacher, Early Head Start, and Healthy Steps.

And this just shows a little bit of the map of Massachusetts and how far along these programs are.

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And just to give another depiction of how we're directing the funds the majority of this, close to 50% of the funds are going directly to communities.

And there's another huge emphasis on evaluation. And we're going to be conducting three separate evaluations. And, you know, that's another part of the complexity.

So this is what we look like in a nutshell. We are proposing to support and expand four evidence-based home visiting programs.

But we felt that all these programs lacked certain elements that we wanted to include in all Massachusetts home visiting programs.

We also sort of view Massachusetts - you can't see my hands on the phone but I'm sort of gesturing here. We see us as moving towards a comprehensive Massachusetts home visiting initiative that's inclusive of many different models and many different approaches including some of our homegrown approaches that we hope to fold into the home visiting initiative.

So we're starting with the evidence-based models but we're really trying to strengthen and come up with a common core for all of these programs.

And some of the requirements that we are adding our - that each community have, Community Advisory Council or that they link into existing community advisory councils and that they relook at how these councils function.

We're looking at enhanced training and cross systems training across Department of Public Health, Children's Trust Fund and Early Education and Care.

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We're adding an in-home cognitive behavioral therapy component, the 15 intensive sessions by behavioral therapists.

New Child Project is really focused on the relationship between all the adults caring for a new child.

A nursing component, except for Healthy Steps none of the other models included nurses and we felt that adding a nursing component was essential.

We are adding a universal onetime home visit in these 17 communities. And that's to try to link families into services.

And we are establishing an evidence based parents together - Parenting Together Group which is a way of encouraging parents and participants in these programs to network with each other and with their support network.

It's a model to decreased social isolation. So all of that is intended to go into a statewide system of building early education and to early childhood - early childhood care that is inclusive of pregnant - all pregnant and parenting families.

So what does this look like? The way we conceptualize it at the 20,000 foot view if you will, is that there are several parts that really need to work closely together.

There is in addition to the home visiting down in the left-hand corner there we are working with multiple agencies to come up with an early childhood data system that will enable agencies, state

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agencies to share data and for there to be some mechanism of understanding what children we are serving in the system and what the outcomes are.

You know, for example we're trying to link early intervention data with some school data to show the percentage of children who received early intervention services who go on to receive special ed services or who may not have gotten into special ed because they received services earlier.

We also were the recipient of an Early Learning Challenge Grant which has been awarded to the Department of Early Education and Care. So we're working very closely with them.

And the governor has established a youth readiness cabinet. And there is a subcommittee of that cabinet, the Early Childhood Subcommittee.

So that's really our link to the Governor's Office the way that we try to communicate what we're doing to the governor and get sort of guidance from the very top echelon within the state organization and support for everything that we're trying to do.

So it's pretty ambitious. We feel that it's everything short of world peace.

So what did we do? We received the MIECHV funding and we were designated by the Governor's Office, we being the Department of Public Health the Title V agency was designated the lead.

And so we created a very top down infrastructure governance system to really get the needs assessment done and to see us through the initial application for the updated state plan and the application for the expansion grant.

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And what we had was we had co-chairs of the Department of Public Health and the Department of Early Education and Care. And we had all these state agencies you see here in the gray coming to meetings on a fairly regular basis.

But the problem was, one of the problems were that these were really the commissioners or the designee and they were not really the people who were in - on the ground in the weeds getting the work done.

So we created a workgroup that was reflective of the task force and they actually did a lot of the work.

And, you know, throughout the first year we were working so fast and furious that a lot of the activity took place within the workgroup and not quite as much connection with the community partners and the evaluators or even the national models as we would have liked.

So that got one task done but when it came to implementing the decision-makers were not the ones to really move the program forward.

So we created the structure. And what used to be the task force became the commission. They became more a body that we will report to, inform, look to as a resource but really let them get on with their lives as commissioners and leave a lot of the governance to those of us on the leadership team who were an outgrowth of the work team.

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But still it was too much work for one team to do so we created these different teams that the implementation teams that you see here in blue. And this has sort of become the new focus of how we're going to get things done.

Within implementation teams there's a communications team and their responsibility is to really ensure communication horizontally and vertically throughout the program and how the program is communicated basically to the families.

The National Model's Team is a forum where each of the national models meets with the state agencies to really talk about how they're maintaining fidelity to the model within the context of the new initiative and how the enhancements are going to impact their models.

The Systems and Sustainability Team is really the team that's looking at, you know, how do we integrate across all systems, how do we integrate with early education and care, with Race to the Top with the data systems, how do we look for third party billings so that this can exist beyond the life of this grant?

How do we get political support and buy-in from the legislature so that we can continue this?

The training team is self-explanatory. But again they are working across multiple models and across all 17 agencies.

There is a very extensive evaluation plan that includes three different evaluators. And it will all be meeting and coordinating on the evaluation data and reporting team.

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And then the universal one-time home visit, that's sort of a separate initiative that is - that will be intended to capture people who don't come into the home visiting program through other organizations. It's supposed to be a safety net.

So this is how we articulated the direction we're going to ourselves. And this is how we articulate it to really families. And we're trying to put families more at the center although I see that they're off to the house.

This is all supposed to its happening within a home visit here. And this is just really trying to put the community partners more at the center of the house and to really show that we're all impacted by the systems of care. So this is the new graphic that we're sharing with partners.

So what are the challenges? This has been a very intense process. We have brought together people from multiple state agencies. And the agencies often have different mandates. And that's been a source of tension.

Some agencies are really focused on ensuring that the health of women and children across the lifespan is protected and that would be the Department of Public Health.

We're really looking for, you know, the social determinants of health and how policies impact people's choices and their health.

You also have the Children's Trust Fund which is advocating for the needs of children. And you have the Department of Children and Families which is a state welfare agency that is really looking to protect the - to ensure that children are not maltreated or neglected.

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So you have many - and you've Early Education and Care which is really looking at focused on school readiness. So you have different agencies each with a different mandate.

And you have different - within each of these agencies you have personnel that reflect that have different expertise.

And so there is some people with expertise in early childhood. There are others with expertise in maternal health.

There are those who are - who have expertise in infant mental health for example. And all of these people are coming together and trying to voice their priority for having their particular expertise honored and their voices heard.

You also have different agency cultures. Some agencies are pretty small and intimate and have pretty level leadership functions.

Others are very complex and huge and have multiple programs and have very different approaches to managing very large and complex government structure.

So and each agency has a slightly different decision-making structure so trying to mesh all of our different decision-making approaches was a challenge.

And in addition, so that those are the top four points. But in addition we're trying to integrate each of the evidence-based home visiting models not only into the state agencies but into the Massachusetts home visiting initiative. So that was another source of tension and just ensuring that communication was effective both vertically and horizontally was a continual challenge.

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So I'm going to stop there.

Eric Martin: Great, thank you Karin. And if we could see your head nodding I'm guessing that folks on this call looking at those challenges can identify with at least some of them.

So we'll come back to your challenge in a moment. I want to pick up where Mary left off.

And Mary I'm going to ask you a question. You mentioned, you talked a bit about this - you kind of gotten people to a place where they're collaborating it sounds like quite well.

And I think Karin you mentioned the various forms of expertise that people bring to the party.

And I think one of the myths of collaboration oftentimes is that everyone can bring their expertise to the table, get paid, get recognized, you know, whatever the coin of the realm is and not up to give anything up. And it really is a myth.

So Mary I want to come back in a moment and ask you if you think about that process that you went through of collaboration what was hard? At what points were you asking people to give something up perhaps in the name of progress?

So I'm going to come back to you in a moment but I do want to just take a moment now and Kelly if you can give me a hand here and pose a couple of questions to the participants on the phone and folks that are logged in.

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And so the first question I'm going to read I'll read two questions in a row and we'll show the results and then talk a bit about it.

The first question relating to the notion of giving something up, so the question is whether your experience, you being folks on the call listening in, your experience that asking people to give something up in the name of progress, has that generally been a favorable experience for you, a difficult but doable experience or simply impossible?

So take a few moments. And I think Kelly is putting the poll question up online here. If you can't see it for some reason just chat to Leaders and Assistants so we can give you a hand.

And Kelly I'm seeing the question but I'm not seeing options.

Kelly Clair: Yes I think we have a little technical difficulty here. Hang on one second.

Eric if we can just move on there with some issues with getting the options loaded up I will get the other ones loaded up loaded up for you if we can kind of move on from this one and maybe come back...

Eric Martin: Sure.

Kelly Clair: ...give me a second to load some answer sets for you.

Eric Martin: Sure. And do you need the answer sets loaded for the second question too or just this one?

Kelly Clair: Yes all of them. So give me one second here. Let me get those typed in. Hold on.

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Eric Martin: Okay. So why don't we - we'll come back to the questions in a moment. I think it'll still fit within the context of the conversation Mary.

And can you talk a little bit again, using this essential expendable frame which is just one way to think about some of the challenges you face?

You mentioned the state staff and having to redefine their roles and there's probably some other things that you found difficult.

So how do you, reflecting on that experience think about where you are asking people to give something up and what was easy about that, what was hard, what you learned about what it takes to make that happen?

Mary Martin: Well then I have to be honest. You know, I didn't see it quite that way when we were in the middle of it. It's - boy I wish I had taken a class from you before I started this project.

But, you know, one thing that I can reflect on is that when we were - when our stakeholder group was meeting to develop our state plan together we did have one big sort of elephant in the room conversation that speaks to this issue.

And it was when our more - most powerful model partner - I mean the one who would kind of had the legislature put us in our place earlier sort of took the floor and lectured the rest of us on the fact that theirs was really the only model that could, you know, get the mandated outcomes that were responsible for producing and that this legislation was really intended for their program and, you know, this kind of thing.

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And it was obviously a pretty tense moment. But what happened was that people just kind of listened very patiently and politely and said thank you. And then we sort of went on with the agenda.

And, you know, in retrospect I think there was something about just recognizing that this person just needed to be heard.

And then more to the point that you're saying right now is that, you know, really and truly in order for them to participate in this collaborative process they really did have to give up a lot I mean giving up their vision of what this was going to be like. And I don't know maybe there was some intrinsic appreciation of that but...

Eric Martin: Yes will that - you know, that's really helpful Mary. It illustrates I think one or two concepts related to this notion.

And the first is sometimes when folks are in a position where they feel like they're having to give something up, they have something to lose the best thing you can do is just to name it for them.

You know, I know that you have a vision for how this is going to proceed. I know it's going to be hard to give that up. I know the kind of pressure that's going to create internally and with folks in your community.

Just saying that alone often is enough for people to feel heard and to get past it and move on.

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And there's probably a million other techniques that folks on this call could share about how do you help people move past that loss.

In fact that in some way that's at the very heart of some of the work that you all do and that you're promoting.

The other point that you made Mary which I think is significant is when we think of loss I don't want to sound too dreadful here.

I mean there's - we talk about loss but you can't talk about devoid of context and purpose. There's no reason to experience any kind of loss unless there's a return on that sacrifice. And so I want to keep that in mind.

But loss is a very real aspect of change. And so that's why we talk about it. And why oftentimes groups don't want to talk about it because it is difficult.

One aspect of that loss, one way it shows up is this loss of vision which is they don't see themselves, see themselves in the future as you're defining it.

And then you have loss of a sense of confidence. And this is where I think Karin's point on expertise often comes into play.

People have learned to be competent. They've learned to show up in the world, show up in your world in a certain way. And you're asking them, Mary it sounds like you asked some of the state folks to show up in a very different way in a way that they're uncomfortable with. And so that's another way it shows up.

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And then of course there's the loss of resource, loss of power, you know, those kinds of things of course which are not insignificant.

So I think that's just one, you know, one frame again to think about the change process. And I appreciate (Patty) your point on the phone that - or rather on the chat that you didn't frame it quite that way but it's about hesitation.

And so I want to take a look at what - that hesitation. Another word for hesitation is resistance. I want to take a look at that in a moment.

But before moving on Kelly how are we doing on the questions here for the polling?

Kelly Clair: We're good. Do you want to ask the question about experience asking people to give up? Is that the question you'd like to see?

Eric Martin: Yes. So let's put that up and just see are we tracking our folks on the call relating to this notion at all or shall we move on? This is a different question here Kelly.

We're looking for the one that says my - right. So it was favorable, difficult but doable or impossible are the three options. So let's maybe work on that a bit more and we'll come back to it later on.

Kelly Clair: Okay.

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Eric Martin: So let's move Karin to your story and try to understand that a bit more. You talked about the top down governance system that you use for the needs assessment.

And so just again by way of sharing some of the framework here I want to draw the distinction between technical problems and adaptive problems.

And I'm going to move to a slide here. Where are we on technical and adaptive? Let's see, bear with me here.

There we go. So generally speaking when you engage in the kind of work that you all are doing, very complex work, you can think about the challenge that you face through two different likenesses. And these are two different types of problems.

The first kind of problem is what we call a technical problem. And a technical problem is where the problem is clear and the solution is clear.

The example I like to use is the example of a broken arm. So if I have a broken arm it's clear that I have a problem.

And where there once was a bone that went straight there's no one that goes at an angle -- very clear problem. And the solution is clear right? I find a doctor. A doctor is an expert in fixing broken arms. They put on a cast, things are good.

And so the hallmark of a technical problem is that a problem and their solution are clear and the work, the fix if you will, can be done by an authority figure, by an expert by a consultant --

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whatever the case may be. And you just want them to optimize execution, get it done, get it done quickly -- let's not talk about it.

And so as I think about your example Karin of a top-down governance system for the needs assessment I'm wondering, you know, and I'm assuming that well we know how to do need assessments right? They're not easy. They're quite complicated actually but we know how to do it. There's a process and the governance system that you put in place was a very appropriate technical response to a technical problem.

But then there's a different kind of problem what we call adaptive. And an adaptive problem is one where the - not only is the solution not clear but the problem isn't quite clear.

So going back to my medical example from a moment ago, you know, if I had high blood pressure but what's the problem?

It could be the way I eat. It could be my behavior, exercise stress at work, genetics -- a whole variety of things. I could take a pill to bring the pressure down but that would be a technical solution.

The reality is if I'm going to make any significant sustainable progress on that kind of adaptive problem I'm going to have to involve other stakeholders, my wife, my children, other folks are going to be affected if I begin to behave and show up differently in the family.

And so that kind of work is more experimental. It's more about learning. It's more about stakeholder engagement and I think tends to be the kind of problems that you all face although I have a poll question on that in a moment which I'll come back to.

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So I want to turn it to - back to you Karin and reflecting on the challenges that you laid out at the end of your slide which you can pull back up here.

How do you understand what the technical work is and more importantly in some ways what the adaptive work is?

Are any of those challenges screaming out at you as highly adaptive in nature?

Karin Downs: Well I think you put your finger on the button when you said that, you know, the needs assessment was very clear.

We knew that what we needed to do and we knew how to do it. And it was really the most effective to be done top-down. And those with expertise in the Department of Public Health who knew how to get data together just did it and analyzed it.

When we move towards implementation then and we really it's not so clear that's where there was a lot more input, a lot more friction, a lot more discord.

And it got to the point often that the discord was really impacting the ability to do anything at all.

And what we were trying to do was overlay a technical solution of developing very clear decision-making matrix, you know, who's the decider, who's the approver, who needs to be informed, who needs to be consulted.

Eric Martin: Right.

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Karin Downs: But even that wasn't really getting at some of the underlying issues.

So what we did do was, you know, go back to square one and focus on what we all believe to be true which was that we all wanted what was best for children and families in Massachusetts.

So that was, you know, bringing people back to a center where we could then start the dialogue again.

Eric Martin: Sure. Yes and in fact the biggest problem oftentimes when faced with adaptive challenge is that people will apply a technical fix to it.

In fact one of the biggest waste of resources and organizational life, you know, re-organizing is a kind of the way that people apply technical fixes to structural issues.

And the reason why people do that is understandable again because their experience, their expertise, how they became successful was just solving problems.

You know, oftentimes their identity is being the hero, the problem solver. And when they apply a technical fix once and it doesn't work the thing people more - most often do is to try to do it again which is do it louder.

You know, so if you're ever in meetings where people are shouting louder at each other, you know, it's an opportunity to say wait a minute, maybe there's an adaptive problem here that we're trying to - that we're really wrestling with.

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And so let's think more about that in a moment. And again both of you talked about resistance.

And Patty on the phone or rather on the chat had talked about hesitation. So I want to go deeper on that and understand in a moment.

But I do since Kelly has been working so hard on these questions want to poll the group and just take your temperature, see where you are and which of these ideas are tracking.

So let's go back to the first question here Kelly which is the question around people's experience asking folks in their communities and their organizations to give something up in the name of progress and what people's experience generally has been?

And Melissa I'll get your question in just a moment here. Thank you. I guess I should do this for myself.

Kelly Clair: No. You've got about 50% of the people. If you're ready to move on I can share the results with that Eric?

Eric Martin: Let's give them five more seconds to click a button and we'll move on.

Kelly Clair: Okay. All right, so there's the results.

Eric Martin: Okay. That's actually yes, that's a nice spread. I take that back, I mean this is very - it's a common, common experience. I mean folks generally in authority positions like yourself don't see themselves in this role of having people give something up.

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And so I have another question here. And I'll tell you where this question is going after you answer.

So Kelly let's put up the question that says I am in my current position of leadership primarily out of recognition of my, and the options here are my expertise, my ability to navigate the politics of my organization, or my skill at disappointing my own people at a rate that they can absorb? Let's take ten seconds for that.

Okay what do we see here Kelly?

Kelly Clair: I've got the results up there for you Eric.

Eric Martin: All right, again another common response. This notion of disappointing your own people at a rate that they can absorb is actually currently at least one of my favorite definitions of leadership.

That is leadership - disappointing your own people at a rate that they can absorb. And what and what do I mean by that?

Melissa you asked here what is an adaptive problem? An adaptive problem is one where the solution is not clear and the problem is not clear.

And we had an example here I think with Karin where it sounds like part of the challenge she face is around implementation and they're not quite sure where to go from where they are.

And so that's a - that's just a one example of what an adaptive challenge looks like. I think we have other examples here. Let's see. Bear with me, no that's not it.

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But this notion of actually helping people experience the disequilibrium, the discomfort that comes when facing an adaptive challenge, a challenge that they've never faced before it's one way that we think about exercising leadership.

And so to drive this down a little bit more and then I want to come back Karin and Mary to your notion of resistance and hesitance study let's go - let's just go one more.

So when you think about the change, the kind of change that you all are working on there tends to be a point in the conversation in a meeting or in a process below which nothing new happens, you're not addressing the real issues. You're not making progress.

I'm pointing to it here with this space and an arrow. And what this axis is showing on the Y axis is the level of disequilibrium in the systems in which you work, the level of anxiety, discomfort, that people are experiencing as you kind of go through this change over a period of time.

And so you have this what we call a parcel of a change which is a line - a level of disequilibrium below which nothing really happens.

Then you have this level of what we call the limit of tolerance, a problem which it's so - there's so much heat in the system, there's so much disorientation people feel as to where they're going.

They're not clear on the vision, not clear on their role, not clear how to get along with each other.

They don't feel protected, they don't feel heard. It's kind of a fight - flight or freeze type state.

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And then in-between those two you have what we call productive zones of this equilibrium. And this is a place where people are working in a different way and actually making some progress.

And so part of your work as we think about it is actually raising the level of heat, raising the level of disequilibrium, hastening the losses to use the definition I gave a moment ago that the folks you're working with are experiencing so they can get above that threshold of change but not so much that things begin to break down.

This has similarities, this model I'm sure some of the learning models, adult learning models that you all have experienced.

So getting back to this notion of technical and adaptive the footprint of a technical challenge like a broken arm is that you have a high level of pain, a high level of disequilibrium in the beginning.

And then through the application of your expertise, your authority, your know-how, your best practice that heat comes down and you turn to a level of equilibrium.

With adaptive work it's often quite different. And I'm guessing even if you look at, you know, the worst, the Affordable Healthcare Act and everything that's given rise to the kinds of problems you're working with it's not clear when did the problem actually begin that you're all trying to solve and so adaptive work kind of creeps up on you.

And Karin you mentioned how, you know, at some point the heat got so high that you had to bring people back into the conversation.

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You had to say, you know, we all believe that this is for the children. And that's a very safe comment. It's something people can nod their heads to, gets them back in the room, back in the conversation, brings the disequilibrium down and doesn't really do much in my experience in terms of getting people focused on, you know, the hard difficult work.

And so one of the balances you face as a person exercising leadership is to keep people in this productive zone so that they're dealing with the real issues, they're not too hot but they're also not getting out of the work.

And so I just want to turn the question and the conversation back over to you two and also the folks on the Webinar what was your experience?

As you think about where you are now even with the challenges you laid out for us is there an appropriate level of disequilibrium heat, disorientation in the system that you think you can make progress?

And if not what is a way of thinking about managing that and modulating that level of heat?

So Mary why don't we go back to you and then Karin if you can chime it afterwards?

Mary Martin: Well I think what comes to mind is something that we're actually facing right now is since we've been notified that we received our competitive expansion award it's an opportunity and really I think a responsibility for us to sort a review what we - how we laid that out and maybe reconsider some of the decisions that we made even, you know, both our investment decisions and maybe some philosophical decisions that we made.

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Like Karin in Massachusetts, you know, we had determined that we're only going to look at expanding existing programs in the at-risk communities that we were working with.

And now, you know, perfect example of that is based on what we've learn from our formula implementation it might be a good idea to consider one of the other evidence-based programs that's here in the state but possibly not in that particular community.

And so this, you know, because of our commitment to the collaborative approach to figuring these things out, you know, we want to bring this back to our implementation team to sort of wrestle with.

And on - and it's likely to really be like opening a can of worms in terms of maybe expecting human nature that some of the advocates of particular models may revert to some level of self-interest in those discussions.

So I think, you know, what I'm hearing you say is, you know, that is like a productive zone of disequilibrium really for us...

Kelly Clair: Right.

Mary Martin: ...to work with. Go ahead.

Kelly Clair: So I just - I was going - so the - this new grant that's coming up it represents an opportunity it sounds like to raise some of the deeper issues it sounds like that have been maybe simmering under the surface but now they're going to come out in the open.

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And the reason for doing that would be what? What would make it worth dredging up perhaps revisiting some of those commitments and investment decisions it sounds like you've already made?

Mary Martin: Well today I think it's I really have confidence in the fact that everybody really does care about the children that this is really why we're all in this work.

And I think that likewise I think that people really do fundamentally understand that it takes a village so to speak. And I think our system is really a village in this case.

And I think that if we can, you know, make that our lens as we go through this process we're going to end up with a better product so to speak. We're going to be able to impact children at a higher level.

Eric Martin: And makes sense. And I am really struck by the metaphor you used earlier on about being a symphony conductor and not a drill sergeant.

Sometimes we talk about this process here and what I'm showing on this slide is a process of orchestrating disequilibrium.

And so there's a kind of symphonic aspect of this work. And it tends to be more art than science which is a hard thing again for folks that maybe have seen themselves in that - in an expert mode like many of the folks on this call answered to that poll question.

So as you reflect Mary on your own role how is it shifting given the kind of challenges you're now facing?

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Mary Martin: You know, I think that, you know, I think that I feel called to really quiet myself down and just listen carefully to what's going on because I think I almost become more of a facilitator of a conversation.

You know, watching for, you know, what is needed for sort of the group process.

Eric Martin: Right.

Mary Martin: And that's very different from, you know, just falling into the more comfortable sort of authoritative role of just making the decisions like okay if you people can't, you know, come together and figure this out and, you know, we have the expertise here internally and we'll just make decisions and move on.

Eric Martin: Right.

Mary Martin: And I don't want to revert to that. I really don't want to revert to that.

Eric Martin: Yes. And again the question is it's not - is the use of authoritative expertise bad or good but when is it useful?

And so what I would suggest is that when you're dealing with a technical challenge, you know, where the solution is clear, the problem is clear it's just a matter of efficiency then by all means don't worry about due process, don't worry about where people are. Just get the job done, use your authority, make decisions and be done with it.

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But if it's an adaptive piece of work and most of the time they come bundled in some way then I think it's a good question to be asking okay do I use my authoritative expertise here to provide answers or do I actually use it to create an environment where people can come with questions and help them live through and through trial and error trying to discover that answer together?

And that's a very different use of your authority. But certainly given the convening role you play at the state agency you have the ability to dictate the agenda of who shows up and frame some of those conversations but always having your hand on the thermostat and turning the heat up when people try to bring it down too low and, you know, vice versa.

What about you Karin as you think about where you are in the process and the level of heat and the kind of challenge you face, how do you see your role evolving?

Karin Downs: So one thing I wanted - I want to talk about in terms of the level of heat was that one thing that was happening was sometimes the tension between the different mandates at different agencies was then translated down into a personal tension between people from those agencies.

So for example in order to approve the evaluation plan, the evaluation plan had to go to the Massachusetts IRB process through our 24A process which is our process, internal process of assuring that participant confidential - confidentiality is very closely protected.

But that was a slow and cumbersome process. And so that was viewed by another agency as, you know, possibly being obstructive.

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And so then it became very personal. And then what was happening was that people were feeling a lot of tension in meetings. And it was all taken very personal and it was really leading to very unproductive meetings.

So what we tried to do, what we're doing is sort of bringing back the discussion to what are the roles of the different agencies and focusing on the roles as having inherent conflict.

And where we could go to the conflict within the agency we could remove it from anything personal and it felt easier to start dealing with.

You know, for example, you know, it's not that we are trying - we the Department of Public Health are really trying to block the evaluation. That's not the intent.

The intent of the department is to ensure participant confidentiality. And there are certain ways that we need to go about that.

So there's this tension between, you know, accepting that we have a process that may seem long and cumbersome versus just getting a job done which might compromise.

So I think when we took it out of the personal arena and basically...

Eric Martin: Right.

Karin Downs: ...said these are intrinsic tensions they will exist, they will exist and we need to name the tensions and then we...

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Eric Martin: Right.

Karin Downs: ...can start working on them jointly.

Eric Martin: Right. And one of the most critical things you can do as a person that's accepting leadership is to keep discipline attention focused on the work.

And what you'll often find is when people - when you ask the difficult questions when you confront people with the difficult choices they'll want to avoid that. They want to get out of that productive zone of this equilibrium that you're trying to keep them in.

And we call that behavior that people engage in work avoidance which is shown by this red line here.

There's a lot of ways work avoidance shows up and I would love to have a group conversation about that with you all because it's - people are really quite skilled at getting out of that zone.

Kelly, point me to the slide here that has a work avoidance mechanisms. This is - there we go, thank you. So just - and this notion of work avoidance and how people are getting out of the roles or rather out of their work, really two general categories.

One is a displaced responsibility and the second is that they distract attention. So displacing responsibility, and one way that looks is externalizing the enemy.

You know, so they'll say it's not about our agency it's about the bad guys over there. They'll attack authority, oftentimes you folks on this call.

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They'll make it about you rather than about the work. They'll kill the messenger. They'll scapegoat but these are just examples of displacing responsibility.

When it comes to distracting attention these are some of the to me the more creative ones, fake remedies, right?

So whenever people define a complex adaptive problem in a way that fits their own competence in a way that lets them show up the way they've always shown up it's often a form of work avoidance.

And what you want to do as you were talking about Karin is get people back into the productive zone.

They will misuse consultants. They'll delegate work to committees or task forces or blue ribbon committees that have no real authority or power to do anything.

Ofentimes I'll they'll just deny the problem. What problem? We're doing just fine. These are the people that, you know, they kind of come across as everyone's friend.

And whenever they talk you feel good but then you feel just completely de-energized like, you know, you don't - it's not clear what you should be doing going forward.

They'll create proxy fights. And there's wonderful examples again I'm sure folks can share about how you put a difficult question on the table then all of a sudden this issue from years ago pops up or this side conversation or fight pops up.

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And again you're working to keep people focused on the work on the issue and not get sidetracked by work avoidance.

And then you have just, you know, the most disappointing ones in some ways is people that show no curiosity, no creative engagement, those that are just checked out. They're in the medium but their mind is somewhere else.

So again just example of to keep in mind of work avoidance that when you find yourself saying gee what's happening here you can look at people's behavior and try to find a way to get them back into the conversation.

So what I want to do is shift gears now. It's about 4:17. And let's take some questions from folks on the call.

You've been listening very patiently. I'm sure there's a lot you'd love to share and questions to ask. So we'll just take some questions here in the chat session and try to respond to them the best that we can.

And they can be about Colorado, they could be about, you know, the framework, talk about Massachusetts -- whatever's on your mind.

And so while you think about that I'll just go back to (Margo's observation on loss that if you have a - certain aspects of in this case the national model and the fidelity to that model if you lost you would really lose the original intent of the work.

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And so Margot, as I was saying in my response to you here that that is sometimes a difficult part in that first step of that patient is identifying what is really critical to we are?

If we stopped doing we'd be done. We wouldn't - we would cease to be what, you know, what we - what we're about.

And what's not? And the hard part there is everyone's going to have a different opinion about that. And what might be 5% for you of loss getting things up could be, you know, someone's entire life and entire career.

So that's - it's a really good point you make there and that's why leadership in our experience is really difficult and sometimes even dangerous.

(Kaitlyn) has a question here. Can you give more examples of how to energize to motivate people falling into some of those common categories of work avoidance?

Yes and this is - I'd love to have examples from the group here. I think there's a myriad examples of ways you can energize and motivate people.

The - I think the one that you tend to find most often is folks will speak to the purpose. And I think you guys did some of this.

You know, why are we here? What's this about? Why is this important? What's the gap between where we are, where we need to be?

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You know, that kind of motivation is what you would typically think about. And I think it's very powerful.

Other kind of motivation to think about which maybe is less comfortable for folks here is, you, thinking about those losses again.

And this is why they're so important. So when people are - if they're afraid of losing something and you press on that loss, you know, they're afraid that the work you're going to do is going to impinge upon their relationship with the community stakeholder for example, that loyalty that appeals to that stakeholder.

And you press on that loyalty right, you're going to get people's attention, not in the way that they quite like but you're going to get their attention, get them in the game, back at the table with some stakes and one is to engage.

So there's both the kind of appeal to the purpose piece and there's a trying to diagnose the loss that folks are going to deal with and using that both as a way to pace them through the loss and to bring them back in the conversation.

And is why we often talk about leadership as both a diagnostic act and a kind of action oriented set of behaviors. That diagnostic work up front is really critical.

And the information of work avoidance was most interesting. Can you direct us to resources for dealing with this issue?

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Yes. Why don't we do that? I'll make sure that Holly has some resources that you can read afterword on work avoidance.

Other questions, observations, comments?

Mary Martin: If it's okay this is Mary and I'll jump in there. I think, you know, what keeps jumping into my mind is this idea of trust and the idea that it starts with us as the state leads to reach out in that way or maybe to look at what we really understand about trust and accomplishing this.

Eric Martin: Right. Right so the trusting relationships has an aspect of bring people back to the conversation, motivating them.

It sounds like Mary you've done a lot of that work in Colorado and you can lean on that when you're asking people to give something up and to serve as a progress.

So and we can come back to this trust component. I think folks here see trust as a very critical part of what they're doing we can talk more about what that looks like.

Patty you say that we often say that we make progress in small steps but we try to celebrate recognize that we too make those small steps. I think that's an important point.

As both the celebration of the small steps and the success and celebration of the learnings and the failures I think, you know, the kind of work you're all doing does require a degree risk taking.

And it's the one thing we often encourage people to do is to go on a kind of tour and talk about what didn't work and what did they learn from that?

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I think Karin maybe you made the point earlier on that or maybe it was someone else that we often learn most from our failures. I think that's certainly very true.

Karin Downs: And this is a - this is Karin again. You know, I think that there was a point at which many people sort of articulated a concern about trust.

You don't trust us, we don't trust you, you know, or everyone felt that they were not being trusted although the people felt that they were trusting the other party.

And so I think that required on our part really examining why do they feel that we don't trust them? And I think it did have to do with not meeting each other's expectations.

Eric Martin: Right. Right and something we talk about a lot. Here we go. That, you know, whenever you hear people talk about trust anyone on this call, what I would encourage you to do is to think about trust not as some, you know, pie-in-the-sky value that we should all aspired to but as a process of meeting people's expectations. I think that's well said Karin. And what do I mean by that?

So when you're delivering to people exactly what they want to do right, when you're not asking them to take any loss, experience any disequilibrium, give anything up to feel uncomfortable to be incompetent for a while, when you're just giving people what they want which oftentimes is let me show up the way I want to, bring my expertise, get recognized, get paid, they're going to trust you. They're going to trust you.

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And so we think of trust as kind of a contract for services. You meet my expectations of you and then I trust you. It's a pretty simple contract.

But the difficult part when it comes to leadership as we think about it - and again I know this is a different notion of leadership so I just ask you to rent it, not buy it.

But that when you think about leadership what you're asking people to do is something that they really don't want you to do oftentimes when you're dealing with adaptive work.

And the way that resistance shows up is to say I don't trust you anymore, right? And what they really mean by that is you're not providing me, you're not meeting my expectations for direction, protection and order.

In other words you're not being clear about what the vision is, and where we're going. You're not protecting my voice. You're not protecting how I want to show up in the world, my resource base whatever it might be.

And you're not giving me any sense of how I'm supposed to relate to other folks. And oftentimes back to the question that Ann had a moment ago I think of how to you raise the heat, how do you get people back in that productive zone?

If you remove direction, if you remove protection, if you remove order right, if you actually create more ambiguity that will actually raise the heat significantly.

And it's a dangerous thing. You should be careful when you do it but that's also a very effective technique.

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When you do that though be prepared for people to say they don't trust you. Conversely if you want to build trust with folks it's pretty straightforward. You just need to meet their expectations.

As you were saying Karin figure out what they expect to do and deliver on that with a high degree of competence and efficiency and sure enough they'll start to trust you.

So trust is one of those concepts that kind of sounds great we all aspire to but we don't really quite understand how it's both a resource and a constraint to the work.

So I appreciate you bringing that up. And again I recognize this is probably a different view on the trust and leadership than you're used to.

Other thoughts, reflections Mary or from the group? And I want to turn in a moment to closing up the Webinar but other thoughts or questions, observations?

Okay so let's - we'll turn it over. I don't know if Josey, Karin or Mary if you want to do a bit of a benediction for us before we close.

I would just leave you with a couple of thoughts. The first is to always be aware of or be mindful of what's the different interpretations than the story we've heard?

And even the stories on this call I think are just one version of the story. And oftentimes the first one you hear here is the most powerful.

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So just again as you think about your own lives think about how you're trying to move people. Think about the diagnostic work, the announcement that's Karin's talking about, what's another version of events that might explain not how things are broken but why things are working perfectly well?

And we have this notion that the system is perfectly aligned to get the results that it's getting. There's no such thing as a dysfunctional organization or system or family for that matter.

In some ways, you know, the people have a way of making sense out of that confusion the way that works for them.

So again try to understand how - what's another interpretation of what's happening is a question you can ask yourself coming out of this.

Try to understand what's the song beneath the words? You know, watch people's behavior. I think the - What I Learned in Kindergarten, you know, the corollary to that is that people watch more what you do than what you say.

And so I would encourage you to really be diagnostic in looking at how people show up. And where you're surprised by that, you know, do some more of that diagnostic work about what's really happening here.

And the third idea and I think this is really quite, really applies across the board too many of us in the kind of social economic environment we find ourselves.

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But you guys are all the frontier. You know, the question of how do you scale this work, it's very complicated work that you do.

I've had the fortune of working in Child Protective Services for the federal government for some time and it's a parallel universe in some ways to what you're doing.

That you and they are working so hard to push that frontier and a move forward to listen for what's working what's not working. And so that spirit of experimentation of learning is really critical and try to relieve for yourself the pressure to have the answers.

So with that Karin, Mary would you like the benedictions?

Karin Downs: Sure. I just I had share this story earlier but my partner has been a home visitor for - well I started off as a home visit or myself. And my partner is a home visitor.

And what really struck me actually last week were a couple of phone calls that I overheard. I wasn't even the beneficiary of this.

But one phone call in particular there was a family that she had worked with over five years ago. And the father in the family was being detained at the airport because his papers weren't in order.

And he was allowed one call. And he realized that is one call to his wife who didn't speak English would have pretty limited results to the situation he was in.

So he called my partner, his home - the home visitor. And to me it really was - it spoke to the value, to the impact of that relationship building that had happened five years earlier.

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And I mean she really hadn't heard from him in - or them in three or four years and everything was going well.

But when they needed a touchstone, when they needed someone and it was a home visitor that they contacted.

And that to me really grounds me in, you know, why are we in this at all? I mean we are in this for families. We're in this to really to be those touchstones.

And I'm - that's all I'm going to say but Mary...

Mary Martin: No I would add - well I was just going to say that story is really what makes all of the headaches, all of the tension, all of the disequilibrium and all of the work worth it to me.

Eric Martin: Well thank you. And Holly any closing comments before we move on?

Holly Wilcher: Sure. Just want to take the time to thank you all so much, you the attendee participants for the adoptive leadership work you're doing on the ground and implementing a comprehensive home visiting systems and Eric and Karin and Mary for your time today, Mary and Karin for your vulnerability of opening your stories up and sharing your challenges today. Just really appreciate you putting yourselves out on the limb there.

Just as a reminder to all of our participants we'll send you out information as soon as the Webinar is archived.

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We also want to let you know the special opportunity in the next 24 hours to provide feedback on your experience today.

We appreciate you just taking a few minutes to complete the feedback form that will be emailed to you from Ms. Africa Queen.

And finally please save the date on your calendars for part two; Supporting Home Visitor Competence will be May 8. Registration information will come out very soon.

I just want to thank everybody once again Eric, Mary, Karin and all of you doing the work in the field and on the ground. Have a wonderful day everyone. Thank you. Bye-bye.

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