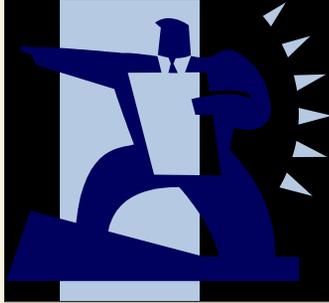




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Leadership Skills for Organizational Change

The Mercer County Integrated
Care Collaborative



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The Panel

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Dr. Kemi Alli, Medical Director, Henry J.
Austin Health Center

Cheryl Davis, MCICC Project Director,
Catholic Charities of Trenton

Lori Fabian, External Evaluator, Fabian
Consulting Inc.



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The Partners

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Catholic Charities of Trenton (lead)
 Association for the Advancement of
 Mental Health (AAMH)
 Family Guidance Center Corporation
 Greater Trenton Behavioral Health Care
 Henry J. Austin Health Center (FQHC)



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The Program Design

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- FQHC hires APN to provide primary care onsite at each of the BH agencies 1 day/wk
- Each BH agency hires a Nurse Care Manager
- Wellness support provided by nutritionist
- Program coordinated by Program Director and supported by an Admin/Data Specialist at CCT



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Yay! WE GOT THE GRANT!



Oh No! WE GOT THE GRANT!



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CHALLENGES FIRST 2 YEARS

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- Regulatory problems
- Building delays
- Hurricane Irene
- Charting issues
- Data collection issues
- HRSA/FQHC issues
- Staffing problems
- Low morale



-- July 2012 was a low point

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The Implementation Dip



Michael Fullan, *The Six Secrets of Change*

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What Is An Implementation Dip?

- The honeymoon wears off – this is harder than we thought.
- Agency culture shifts; hard questions are asked, long-standing practices confronted
- The dip sets in and energies wane.



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Managing the Dip

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- **Create Awareness** – Let teams know the dip is inevitable
- **Pause to Reflect** – Recognize and celebrate successes, refine processes
- **Provide Support** – Leaders provide active support, training, resources to teams in this critical time

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MCICC TODAY

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- Services onsite at all 4 BH agencies
- On track to meet 4 year intake goals
- Fully staffed
- EHR systems functional in 4 of 5 agencies
- One partner connected to HIE so far
- Patient outcomes: **47%** have improved in 2+ health indicators; **82%** enrolled 24 months +
- 98.2% of patients satisfied with care

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**PARTNERSHIP ASSESSMENT
RESULTS**

- Overall partnership quality 4.2 out of 5
- Partner satisfaction 4.5
- 86% felt benefits exceed drawbacks, 64% greatly
- 0% saw conflict with their other work
- 100% felt MCICC enhanced their ability to address an important issue
- 100% sufficient credit
- 100% sufficient influence
- 85.7% felt included in decision-making
- Main problems cited were lack of resources (money, space, equipment)



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**WHAT DID WE DO
RIGHT?**

QUALITY LEADERSHIP*

- Communicating importance of partnership
- Taking responsibility
- Inspiring/motivating
- Empowering
- Communicating the vision
- Developing a common language
- Fostering respect, trust, inclusiveness, and openness
- Fostering creative thinking
- Fostering safe environment for voicing differences of opinion
- Resolving conflict
- Combining partner perspectives, resources, and skills
- Recruiting diverse people and organizations



*Leadership Score 4.4 of 5

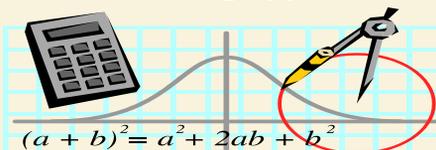
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WHAT MADE IT HAPPEN

- Top management involvement and buy-in
- Meeting regularly and often
- Project Director cross-site authority
- Sharing resources and staff flexibly
- Regularly examining evaluation data
- Extra training and support during the dip
- A problem – solving approach



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TAKEAWAYS

- Understanding and buy-in are critical
- Don't have a "paper partnership"
- Hire skilled leaders and give them authority
- Respect each partner's perspective, gifts, and challenges
- Don't fear the dip, manage it
- Collect and USE data
- Problem-solve; minimize drama



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For Further Information



- The Partnership Self-Assessment Tool
<http://www.lmgforhealth.org/fr/node/190>
- National Study of Partnership Functioning
http://books.google.com/books/about/Findings_from_the_National_Study_of_Part.html?id=noh5YgEACAAJ
- Books by Michael Fullan
https://www.google.com/search?tbm=bks&hl=en&q=Books+by+Michael+Fullan&=&gws_rd=ssl

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Discussion and q & a

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Thank you for coming!

MCICC August 12, 2014

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