

# Change Management in the Midst of Transformation

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NATIONAL  
COUNCIL  
*for* Mental  
Wellbeing

HEALTHY MINDS  
STRONG COMMUNITIES

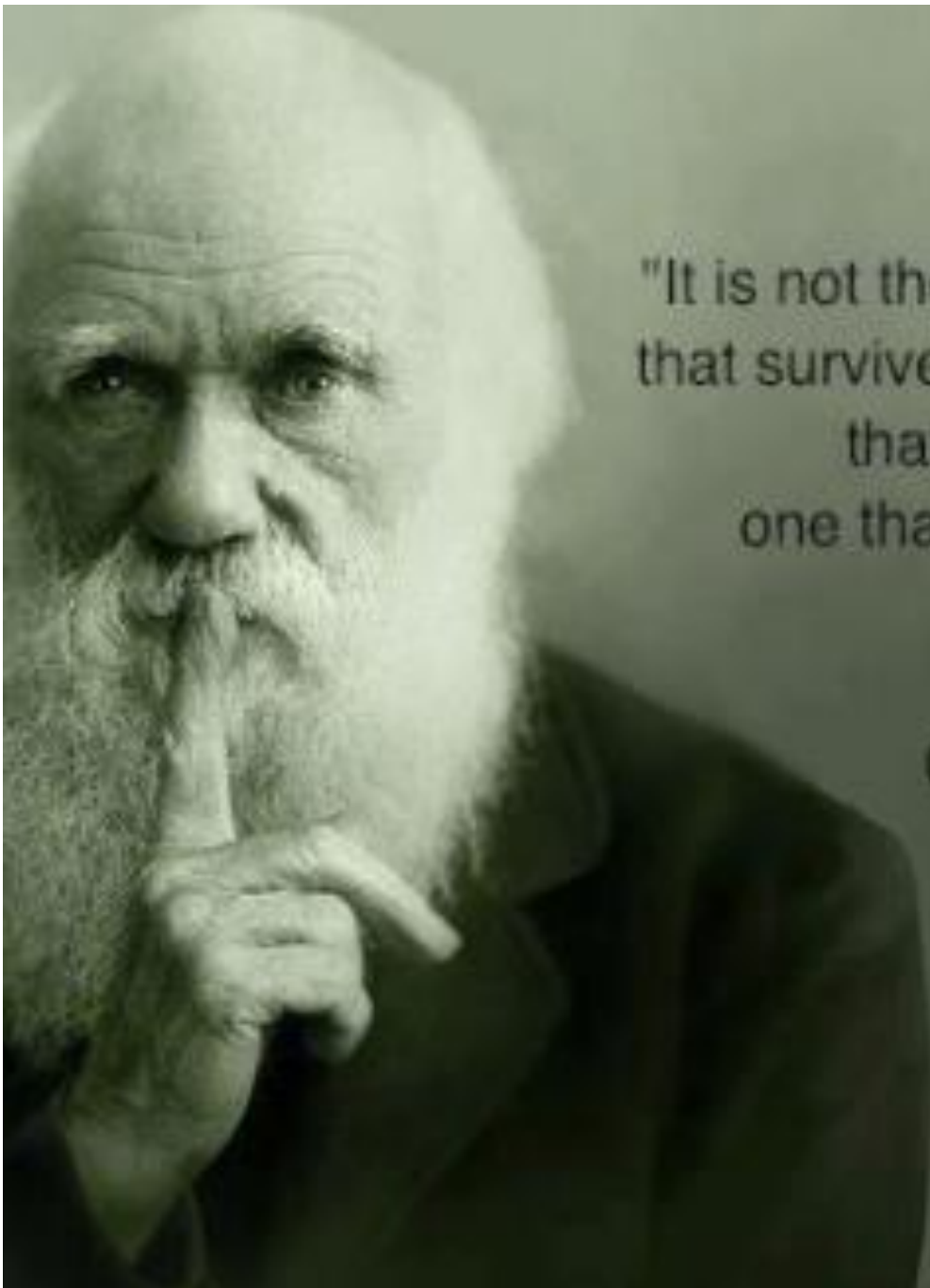


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# Discussion Topics

- Is Complexity Manageable?
- The Strange Business of SafetyNet Behavioral Health Care
- Common Change Models
- Discussion



"It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one that is most adaptable to change".

Charles Darwin



# Complicated...



# ...Complex

## Reducing Costs

- Productivity
- Sustainability
- Cost effective
- Comparatively effective

## Patient Experience

- Patient satisfaction
- Outcomes
- Quality
- Safety



## Population Health

- Risk management through pooling
- Preventive care
- Socio-economically impactful

## Provider Experience

- Provider satisfaction
- Work/Life Balance
- Workflow optimization

Source: From triple to quadruple aim: care of the patient requires care of the provider.  
Bodenheimer T, Sinsky C. Ann Fam Med. 2014 Nov-Dec;12(6):573-6. doi:  
10.1370/afm.1713.



# The SafetyNet

“Public assistance will be envisaged as a safety net on the one hand, and as a transmission belt to productive employment on the other.”

*Franklin Delano Roosevelt Jr. (1966)*

“All those with true need can rest assured that the social safety net of programs they depend on are exempt from any cuts. But government will not continue to subsidize individuals or business interests where real need cannot be demonstrated.”

*Ronald Reagan (1981)*



# The Behavioral Health Care Specific Safety Net Challenges

- ✓ Provider of last resort for the most complex citizens
- ✓ Highly regulated
- ✓ Services array requires wraparound social health needs and medical services
- ✓ Mandated open-door policy
- ✓ Thin to negative margins without the ability to cost shift
- ✓ Frequent federal and State funding shifts
- ✓ Complex funding designs and use of grants to maintain services
- ✓ Competition for workers
- ✓ Confusion and stigma related to value proposition



# The Behavioral Health Care Specific Safety Net Opportunities

- ✓ Uniquely capable of client engagement and whole person care
- ✓ Organizational values and mission matter
- ✓ Dedicated workforce
- ✓ Promotable value proposition
- ✓ Community Engagement
- ✓ Expertise in advocacy
- ✓ Expertise in cost containment
- ✓ Expertise in federal and state policy forecasting and implementation



# Culture & Norms

**Culture** is the broad, overarching system of mental models, values, and group norms that the group understands to be “normal”.

**Norms** are the specific, unwritten rules or expectations for behavior within that culture.



# Organizations are made up of people & people are made of this...



- **Behaviors** are how these internalized systems (principles, beliefs & values) are expressed with or without integrity (e.g., routine client engagement to improve services).
- **Principles** are the guidelines we use to live our values (e.g., client's voice will be sought out and honored).
- **Mental Models** are assumptions and convictions we hold to be true based on past experiences (e.g., clients know what they need).
- **Values** are abstract conceptions of what is important and worthwhile (e.g., person centered care). It's what we care about!



# Adaptive Organizations

## Change Leadership

“Why & the What”

- Expertise in Change Management
- Lives the Vision, Mission & Values
- Infinite Game Mindset
- Relentless Communication
- Team #1 Focus
- Defines & Measures Value

## Change Management

“The How”

- Principles, Policies & Protocols driving Behaviors
- Coaching, Managing & Training
- Continuous Quality Improvement (CQI)
- Team Based Work
- Measurement Informed Care Pathways



# Stakeholder Need to Know...

## Orientation Questions

- **Why** are we doing \_\_\_\_\_?
- **Why** the urgency?
- **Why** am I involved?
- **How** will it affect me?
- **What** will it look like when we achieve \_\_\_\_\_?
- **How** are we going to do this given \_\_\_\_\_?

## Implementation Questions

- **What** do I need to do that is new or different?
- **What** do I keep doing the same way?
- **What** do I have to stop doing?
- **What** resources do I have?
- **Who** is going to help me when it gets confusing/frustrating?
- **What** is the timeline?

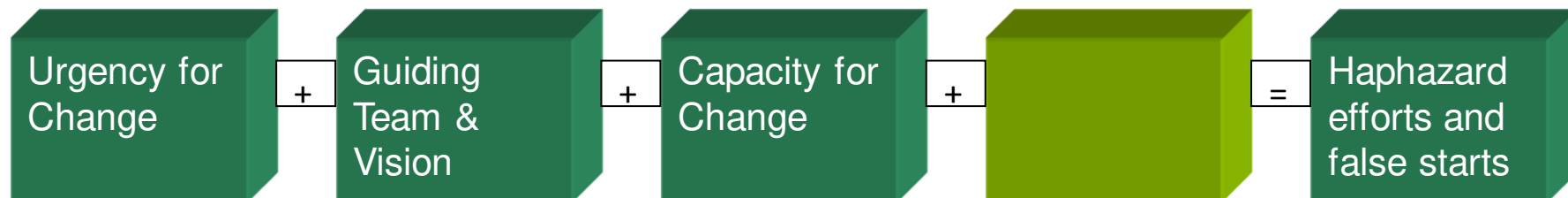


# Common Change Models

Author/Model	Primary Focus	Key Mechanism/Stages
<b>Prosci</b> <b>(ADKAR)</b>	Comprehensive Organizational Training	Awareness, Desire, Knowledge, Ability, Reinforcement.
<b>Kotter</b> <b>(8-Step)</b>	Accelerated Organizational Change	Establish Urgency, Guiding Coalition, Vision, Communicate Vision, Empower Action, Short-Term Wins, Sustain Acceleration, Institute Change.
<b>Heifetz</b> <b>(Adaptive Leadership)</b>	Leadership Techniques for Culture & Behavioral Change	Distinguish between Technical (solvable) and Adaptive (behavioral/cultural) challenges; Give the work back to the people.
<b>The Table Group</b> <b>(The Advantage &amp; 5 Dysfunctions)</b>	Organizational Health/Team Effectiveness	Absence of Trust Fear of Conflict Lack of Commitment Avoidance of Accountability Inattention to Results.
<b>Senge</b> <b>(The Fifth Discipline)</b>	Organizational Learning	Building a "Learning Organization" through Personal Mastery, Shared Vision, Mental Models, Team Learning, and Systems Thinking.



# When Leading Change...Every Step Matters



CHANGEMATRIX



# Change Effort Focus Areas

- ❑ Certified Community Behavioral Health Clinic (CCBHC) Implementation
- ❑ Integrated Team-based Care (ITBC)
- ❑ Measurement Informed Care Pathways



# Principles of Effective Interdisciplinary Teams

1. Culture of established, open, safe communication patterns.
2. Well-defined and appropriate team goals.
3. Clear role definitions and expectations for team members.
4. Real-time, structured, yet flexible, decision-making process.
5. Ability of the team to “treat itself” by celebrating accomplishments and addresses breakdowns.
6. Leverage client input to improve engagement & services design.

## Increased Psychological Safety Can Lead to:

- 27% reduction in turnover
- 40% reduction in safety incidents
- 12% increase in productivity

Source: Gallop 2017

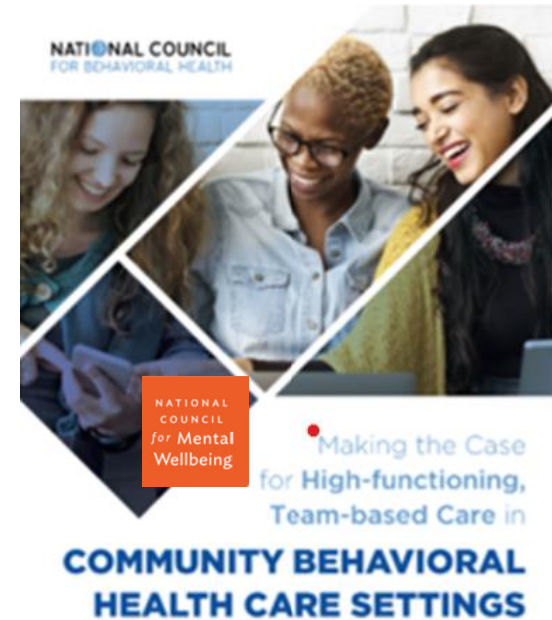
Sources: Leipzig, Hyer et al. (2002). Attitudes Toward Working on Interdisciplinary Healthcare Teams: A Comparison by Discipline J Am Geriatr Soc 50:1141–1148.

How to Create a Culture of Psychological Safety, Gallop Jake Herway, Dec 7, 2017 see: <https://www.gallup.com/workplace/236198/create-culture-psychological-safety.aspx>



# Implementing ITBC

1. Creating ITBC Buy-in from Stakeholders
2. Assessing Organizational Infrastructure
3. Designing the Interdisciplinary Team Structure
4. Designing the Interdisciplinary Team Processes
5. Establishing Go-live Process
6. Sustaining



# Measurement Informed Care Pathways

**Care Pathways describe how a person moves through services and the protocols describing team processes and related outcomes for both clinical and administrative workflow behaviors.**



# Care Pathway Implementation

## Steps for Designing and Implementing a Care Pathway



1. **IDENTIFY** a client population.

2. **ASSIGN** an interdisciplinary quality improvement team.



3. **RESEARCH** the evidence-based or best practice guidelines associated with identified need(s) of the population.

4. **MAP** the current state of services provision and identify areas for improvement.



5. **DEVELOP** the revised care pathway protocol(s).

6. **TEST** the new protocol(s) using Plan-Do-Study-Act.



7. **IMPLEMENT** the new care pathway and monitor using continuous quality improvement.



*“Transformation occurs, not at a steady & predictable pace, but in fits & starts. After the strenuous task of implementing a particular Patient Centered Medical Home component, the practice had to simultaneously manage the ripple effects, maintain the change, & prepare for the next...”*

*“...the work is daunting, exhausting & occurring in practices that already felt as if they were running as fast as they could. This type of transformative change, if done too fast, can damage practices and often result in staff burnout, turnover, & financial distress.”*

**Source:** Nutting, Miller, Crabtree, et al. (2010) Effect of Facilitation on Practice Outcomes in the National Demonstration Project Model of the Patient-Centered Medical Home. *Annals of Fam. Med.*, Vol. 8 (1). 533-544.





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