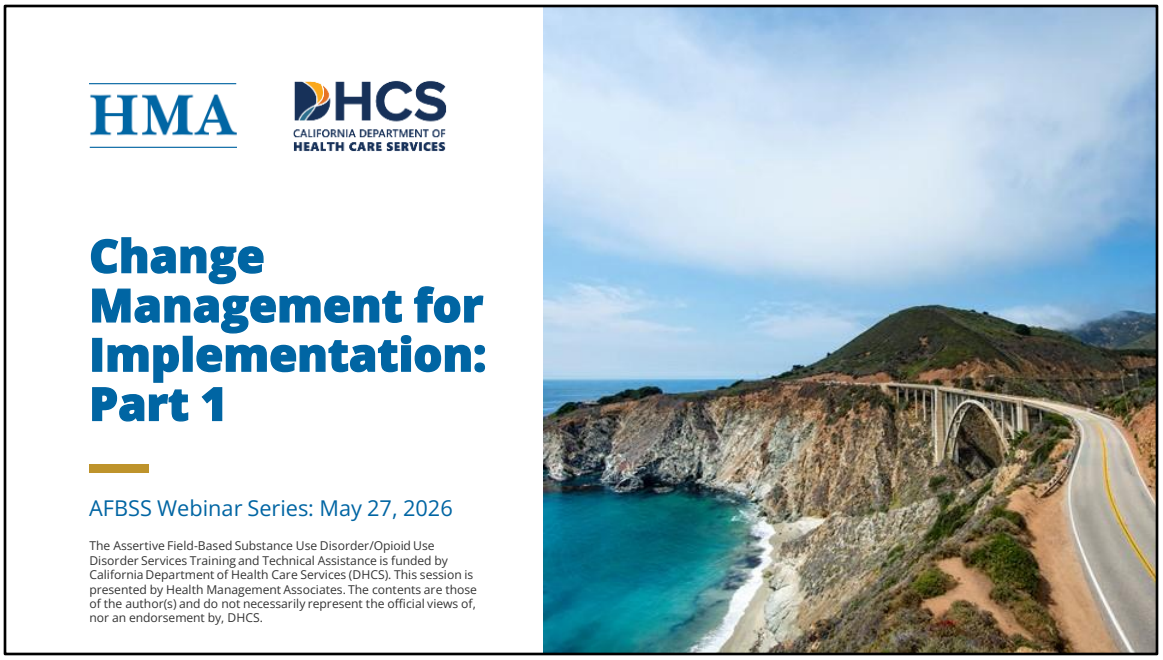

[Slide Image Description: This cover slide introduces the title of this webinar. It contains the logos for Health Management Associates.]

Disclaimer: This session is presented by Health Management Associates. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, California Department of Health Care Services.

Disclosures

Faculty	Nature of Commercial Interest
Nancy Kamp	Ms. Kamp discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of health care clients.
Suzanne Daub, LCSW	Ms. Daub discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of health care clients.
Jeanene Smith, MD, MPH, CME Reviewer	Dr. Smith discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of health care clients.

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[Slide Image Description: This slide shows Continuing Education disclosures.]

- Nancy Kamp: Ms. Kamp discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of health care clients.
- Suzanne Daub, LCSW: Ms. Daub discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of health care clients.
- Jeanene Smith, MD, MPH: Dr. Smith discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of health care clients.

Presenters

Suzanne Daub, LCSW
Principal
Health Management Associates

Nancy Kamp, RN, CPHQ
Managing Director
Health Management Associates

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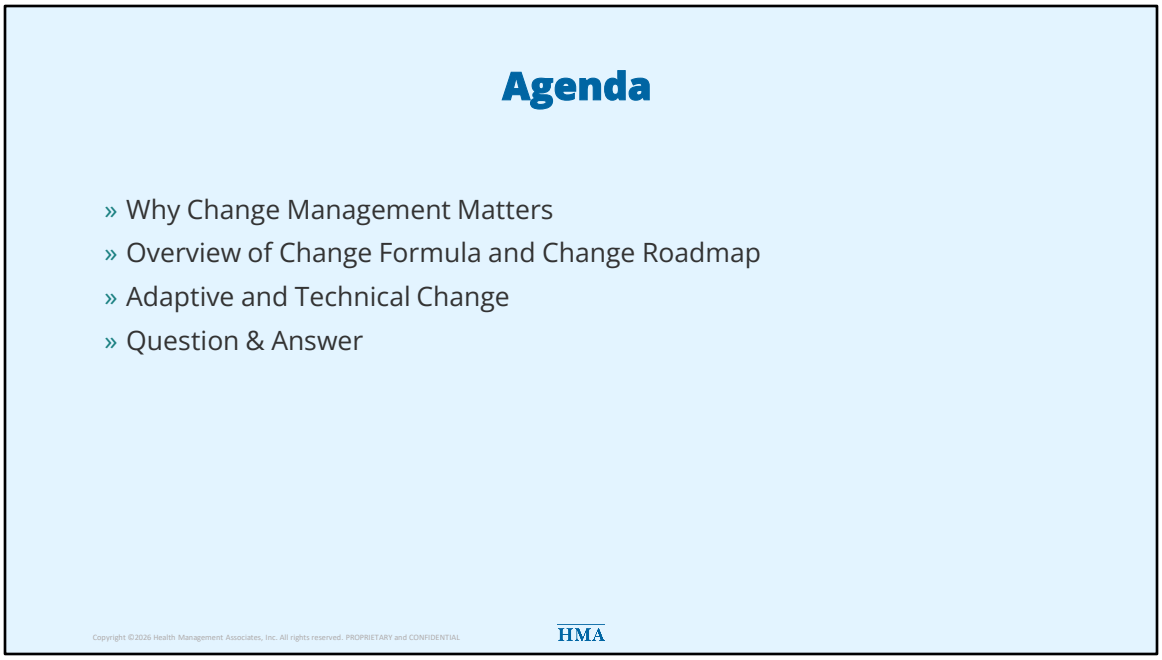
[Slide Image Description: This slide includes images of the presenters of this webinar on a light blue background.]

Suzanne Daub is a leading expert and nationally recognized trainer in integrated healthcare who knows how to help clients design, scale and evaluate behavioral integration into primary care and wellness culture. She is an energetic coach who believes building quality integrated systems of care means committing deeply to the people who deliver the work and empowering service users. Suzanne is best known for her creative leadership, which inspires those who serve vulnerable populations to embrace responsibility for transforming the way healthcare is delivered. She is passionate about a “no wrong door” approach to integrated care and works across systems to ensure that individuals and families get whole-person, recovery-oriented services regardless of where they seek help. She has published in the area of integrated care workforce development.

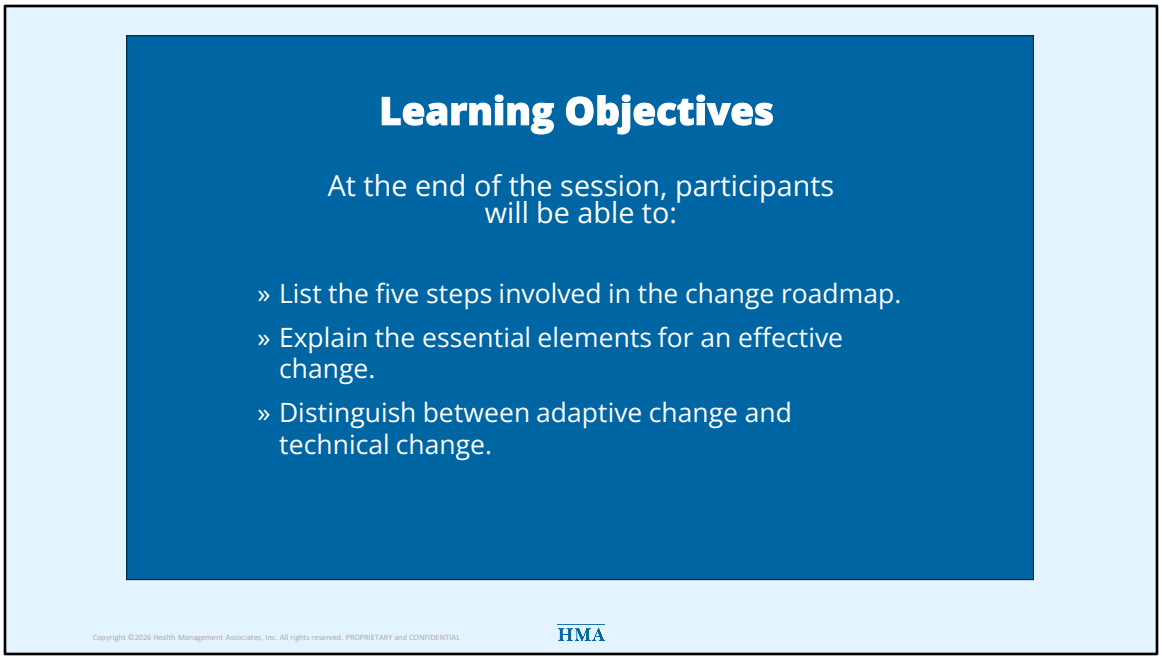
Nancy Kamp is an innovator who excels at change management. Nancy has more than 25 years of experience in direct patient care, health care

administration, and quality and safety improvement in ambulatory, inpatient and long-term care. Throughout her career she has led the way in the design, funding and implementation of programs to improve the delivery of health care. A veteran coach and consultant for performance improvement and Lean Thinking, Nancy helps organizations improve processes and outcomes. She has experience designing training within and across organizations, securing funding, and managing programs. Nancy is a certified professional in healthcare quality, quality and organizational excellence, and change management and has served two terms as president of the Minnesota HealthCare Quality Professionals.



[Slide Image Description: This slide shows the major sections of this webinar on a light blue background.]

Agenda:
- Why Change Management Matters
- Overview of Change Formula and Change Roadmap
- Adaptive and Technical Change
- Question & Answer



[Slide Image Description: This slide shows the learning objectives for this webinar with a light blue background.]

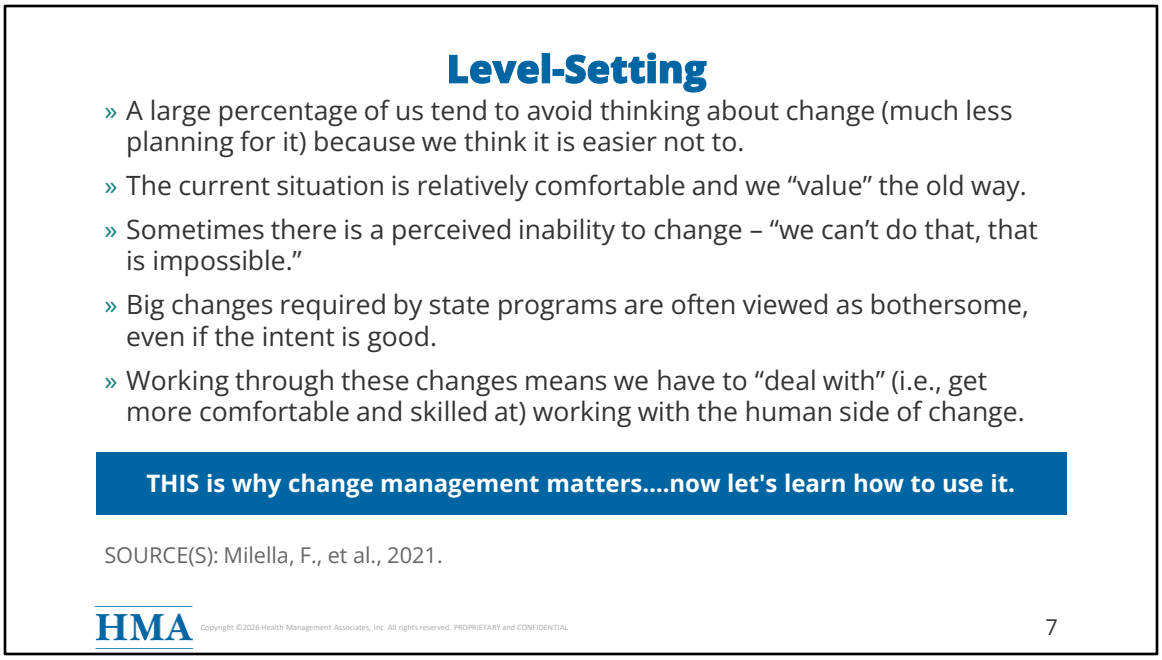
At the end of the session, participants will be able to:

- List the five steps involved in the change roadmap.
- Explain the essential elements for an effective change.
- Distinguish between adaptive change and technical change.

[Slide Image Description: This is a section divider slide to indicate a major section of this webinar.]

This is Part One of a two-part series. Part One provides the roadmap and the concept of adaptive and technical change at a high level. Part Two will provide a deeper dive into the change roadmap, tools, and practice, along with understanding resistance and how to manage that as an inherent part of all change.

This first section outlines why change management matters.



[Slide Image Description: This slide shows a list of descriptions to level settings. It contains a colorful box.]

A large percentage of us tend to avoid thinking about change (much less planning for it) because we think it is easier not to. The current situation is relatively comfortable and we “value” the old way.

Sometimes there is a perceived inability to change – “we can’t do that, that is impossible.” Big changes required by state programs are often viewed as bothersome, even if the intent is good.

Working through these changes means we have to “deal with” (i.e., get more comfortable and skilled at) working with the human side of change.

THIS is why change management matters….now let's learn how to use it

SOURCE(S): Milella, F., et al., 2021.

[Slide Image Description: This is a section divider slide to indicate a major section of this webinar.]

This second section provides two practical tools to help make change work:

- The Change Formula: What needs to be in place for change to happen.
- The Change Roadmap: How change unfolds over time.

Case Example: Hope Community Services

- **What's Changing:** Care delivery expanding from clinic-based care to mobile, field-based SUD services; new population, serving high-need, diverse populations, many unhoused; new roles and expectations (e.g., peers in the field); and greater emphasis on outreach, safety, and team-based care.
- **Goal:** A confident, supported workforce able to deliver high-quality care in new settings.
- **Key Challenges:** Workforce readiness and skill gaps, staff resistance and role confusion, and burnout and retention challenges.
- **Change Management Needs:**
  - Clear workforce strategy: recruit, train, retain, support
  - Build competencies for field-based, team-based care
  - Strengthen supervision, safety protocols, and role clarity
  - Reinforce culture of adaptability, support, and learning

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[Slide Image Description: This slide shows a list of case examples for hope community services with an image of people gathered outside of a building.]

As we go through today's training, think about how the Change Formula and Roadmap show up in practice. You might also consider "Where might change feel hardest here, for staff and for patients?"

Case Example: Hope Community Services

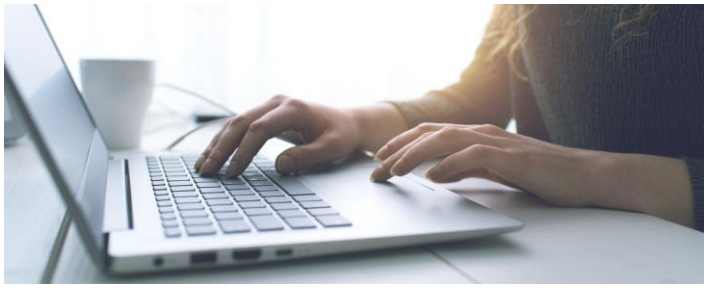
- What's Changing
  - Care delivery beyond the "four walls". Expanding from clinic-based care to mobile, field-based SUD services.
  - New population: Serving high-need, diverse populations, many unhoused.
  - New roles and expectations (e.g., peers in the field).

    - Greater emphasis on outreach, safety, and team-based care.
- Goal:
    - A confident, supported workforce able to deliver high-quality care in new settings.
- Key Challenges:
    - Workforce readiness and skill gaps.
    - Staff resistance and role confusion.
    - Burnout and retention challenges.
- Change Management Needs:
    - Clear workforce strategy: recruit, train, retain, support.
    - Build competencies for field-based, team-based care.
    - Strengthen supervision, safety protocols, and role clarity.
    - Reinforce culture of adaptability, support, and learning.

Disclaimer: This is a hypothetical case example. Any resemblance to an actual person is purely coincidental, including race, nationality, and gender.

Ideas in Action

» What is hard about change?



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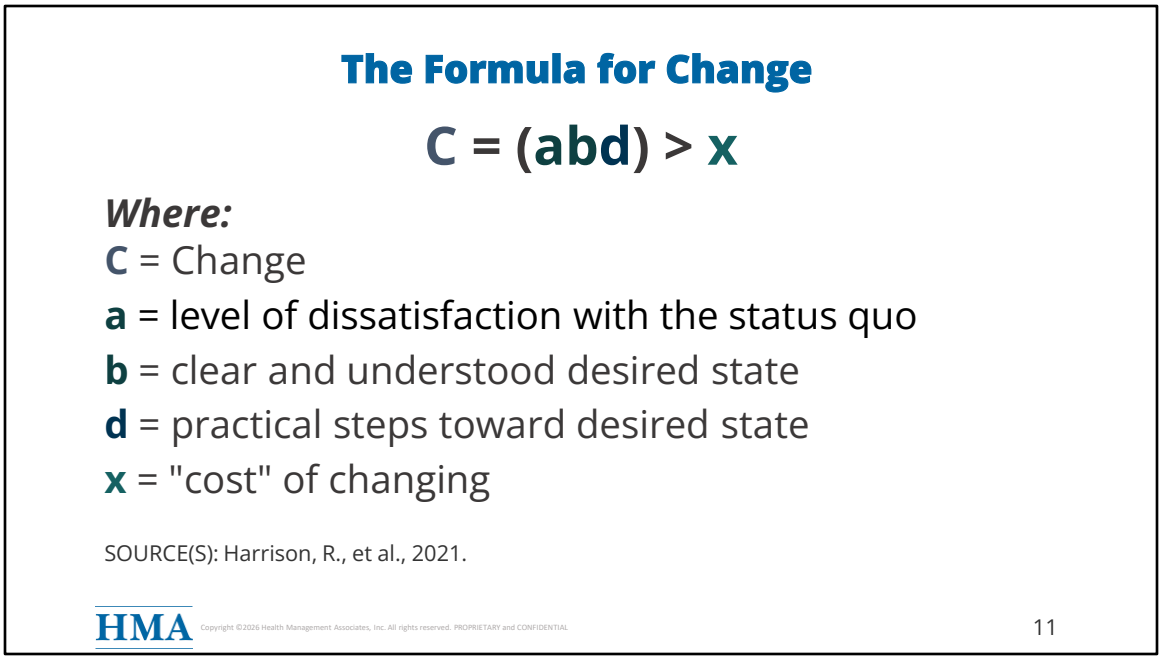
[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow, as well as a person typing on a laptop.]

Thinking about change in the general sense, what is hard about change, as a human experience?



[Slide Image Description: This slide shows the formula for change.]

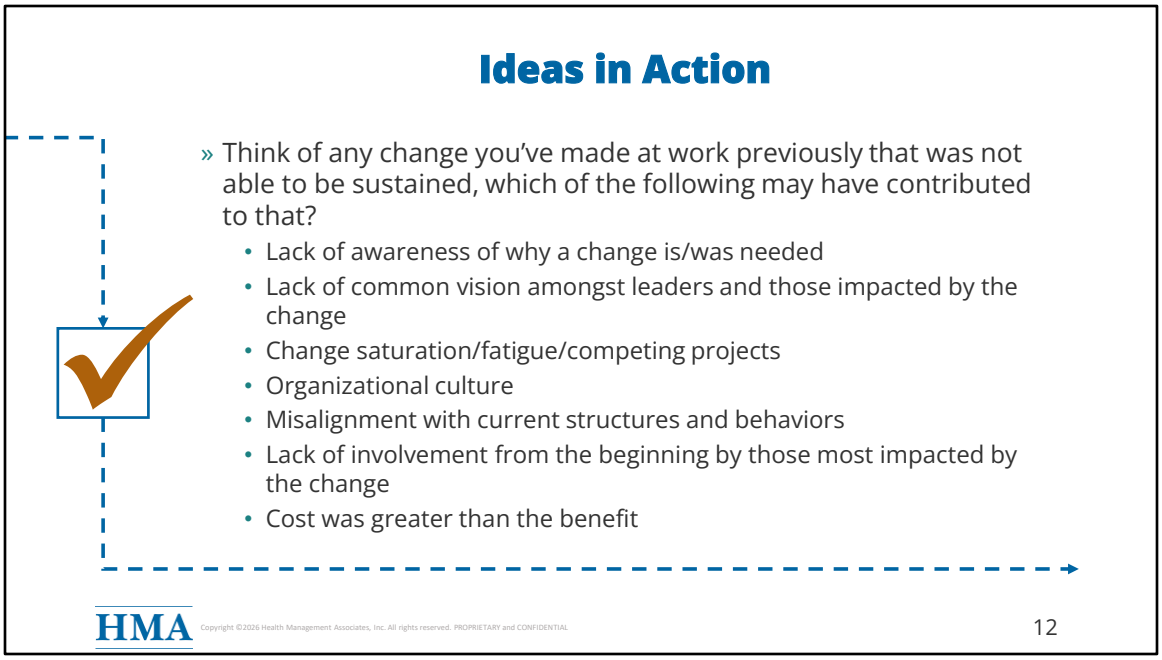
This is a simple way to think about why change either happens or doesn't. For change to take hold, three things have to be strong enough:

- Level of dissatisfaction with how things are;
- A clear picture of where we're going; and
- Real, doable steps to get there.

All of that has to outweigh what change costs people, including time, effort, uncertainty, and emotional energy. If any one of these is missing, change tends to stall. People either don't feel urgency, don't understand the goal, or don't know what to do next.

The cost of change is not just logistical, it is human. It can show up as fear, fatigue, or the sense of one more thing on an already full plate. Our role in leading change is to strengthen a, b, and d, while also reducing x as much as possible. As we go through the session, notice which of these feels strongest or weakest in your own work.

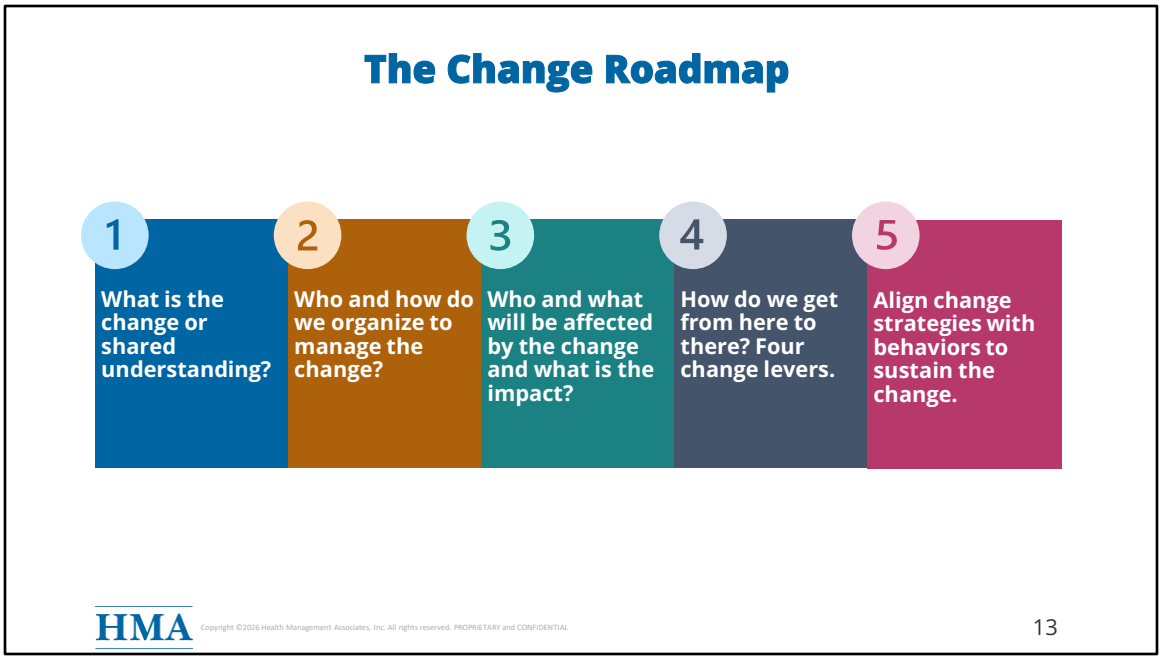
SOURCE(S): Harrison, R., et al., 2021.



[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

Now let's take this a step further with a quick poll. Think about a change you've been part of that didn't stick. What might have contributed to that?

- Lack of awareness of why a change is/was needed
- Lack of common vision amongst leaders and those impacted by the change
- Change saturation/fatigue/competing projects
- Organizational culture
- Misalignment with current structures and behaviors
- Lack of involvement from the beginning by those most impacted by the change
- Cost was greater than the benefit



[Slide Image Description: This slide shows the change roadmap, with five colorful boxes and numbers.]

1. What is the change or shared understanding? Start by getting clear on the change and building shared understanding. In our case scenario, Hope Community Services is shifting from clinic-based care to mobile, field-based SUD services, and people need to understand why this matters.
2. Who and how do we organize to manage the change? Think about how we organize to lead the change. At Hope Community Services, this includes defining roles across the team, peers in the field, supervisors, and leadership guiding the work.
3. Who and what will be affected by the change and what is the impact? Consider who is affected and how. Staff are being asked to work differently in new environments, and patients may experience care in new, more accessible ways.
4. How do we get from here to there? Focus on how we move from here to there using four key levers.
5. Align change strategies with behaviors to sustain the change. Finally, think about sustainment. We want to align strategies with behaviors. If we expect team-based, field-based care, we need workflows, supervision, and structures that actually support those behaviors. Hope Community Services will need a plan to reinforce change over time through supervision, feedback, and data so the change sticks.

Step 1: What is the change?

Selecting the strategy - What needs to change.

Defining the change - Describing the destination - the Aim (where you want to get and why).

Defining the change - How will you know when you get there?

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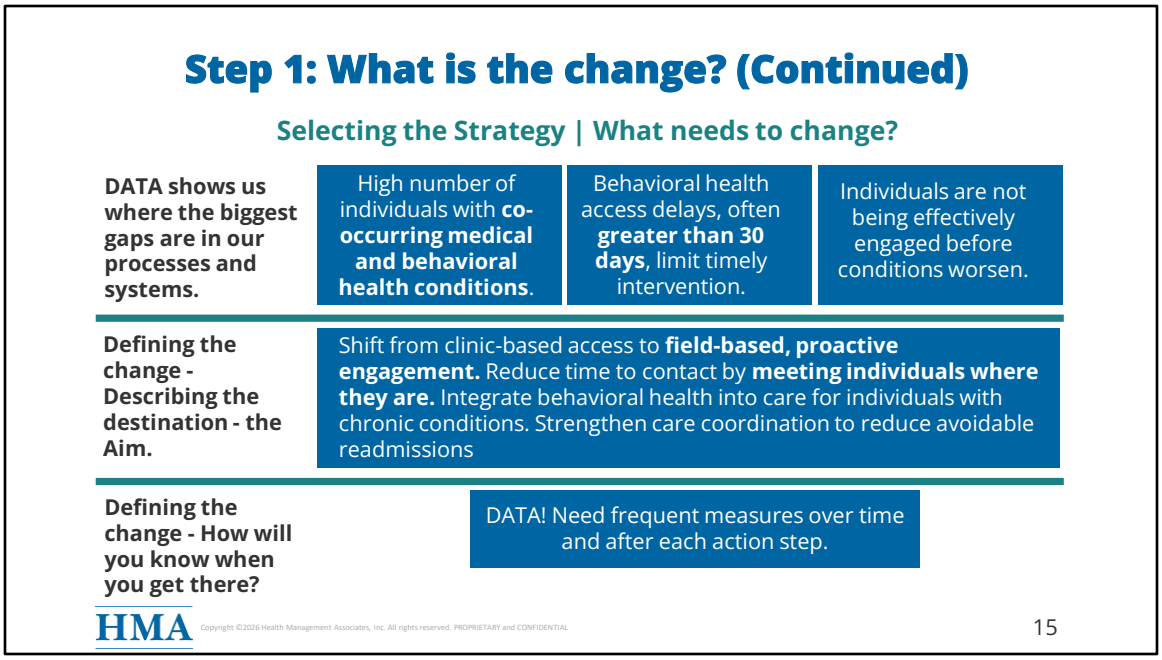
[Slide Image Description: This slide shows what is the change? With three colorful boxes, with an image of a women climbing a mountain.]

Change starts with getting clear on what needs to be different and what you are trying to accomplish, or your goal or aim. At Hope Community Services, that is the shift to mobile, field-based care

It's not just a big idea, it's a strategy; what are we choosing to do differently to better meet patient needs?

Then define the destination. Where are we going and why, expanding access and engagement beyond the clinic. Make it concrete. What will be different for staff and patients day to day?

Define how we will know it is working. What will we see that signals progress? At its core, change is moving from the current state to a clear, shared, and measurable future state.



[Slide Image Description: This slide shows step 1: what is the change list in colorful blue boxes.]

Selecting the strategy – what needs to change?

- DATA shows us where the biggest gaps are in our processes and systems.
    - High number of patients in our population with diabetes and depression and outcomes are below benchmarks.
    - Access to behavioral health needs are greater than 30 days out.
    - Readmission rates for our patients with behavioral health needs are steadily increasing.
- Defining the change - Describing the destination - the Aim (where your want to get and why).
    - An aim/goal is based on the data showing the gap in care. Set the aim/goal to be a stretch goal but not unrealistic.
- Defining the change - How will you know when you get there? Measures of success.
    - DATA! Need frequent measures over time and after each action step.

Step 2: Who and how do we organize to manage, lead, and support this change?

- Establishing key change roles and change management infrastructure.
- Assessing readiness for change.

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[Slide Image Description: This slide list step 2: who and how do we organize to manage, lead, and support this change? With an image of a woman leaning up against the wall.]

Step 2: Who and how do we organize to manage, lead, and support this change?

Once we know what the change is and what we are trying to accomplish, we now turn to how we organize to actually make this happen, who leads, who supports, and what structure we put in place to manage the change, along with taking a real look at how ready we are to move forward.

Step 2: Who do we identify to manage, lead, and support this change?

» Key Roles to Identify for Change

- Team Leader: Who will sponsor and lead the change?
- Change Agents: Who are the folks directly in the change that are ready for the change and can help to lead others?
- Change Participants: Who will be affected by these changes?

HMA

[Slide Image Description: This slide shows step 2: who do we identify to manage, lead, and support this change? With an image of a person holding keys.]

Start by identifying who will lead and support the change:

- Team Leader: The team leader sponsors the work, sets direction, and keeps momentum going.
- Change Agents: Change agents are the early adopters, they are in the work, believe in it, and help bring others along.
- Change Participants: Change participants are the people most affected, they will be doing the work differently day to day.

Being clear on these roles helps ensure the change is supported at every level.

Step 2: How to assess your organization's readiness?

- Compelling purpose and vision
- Customer focus
- Flexible and responsive culture
- Prior change experience
- Positive climate
- Aligned incentives
- Capacity to undertake the change

HMA

[Slide Image Description: This slide shows step 2: how to assess your organization's readiness? With an image of people attending a conference.]

Next, take an honest look at your organization's readiness. Consider: Is the organization truly set up to do this?

- Start with purpose and vision. Is there a clear and compelling why?
- Stay grounded in customer focus. Are we centered on what patients need?
- Consider culture. Are we flexible and able to respond to change?
- Look at prior experience. Have we successfully navigated change before?
- Pay attention to climate. Is there trust, energy, and openness?
- Check incentives. Are they aligned with the change we are asking for?
- And finally, do we have the capacity, time, staffing, and resources to take this on?

Step 3: Who and what will be affected by the change and what is the impact?

» Determine the impact of the change:

- On the work
- On the people
- On the formal and informal organizational structures

» This includes:

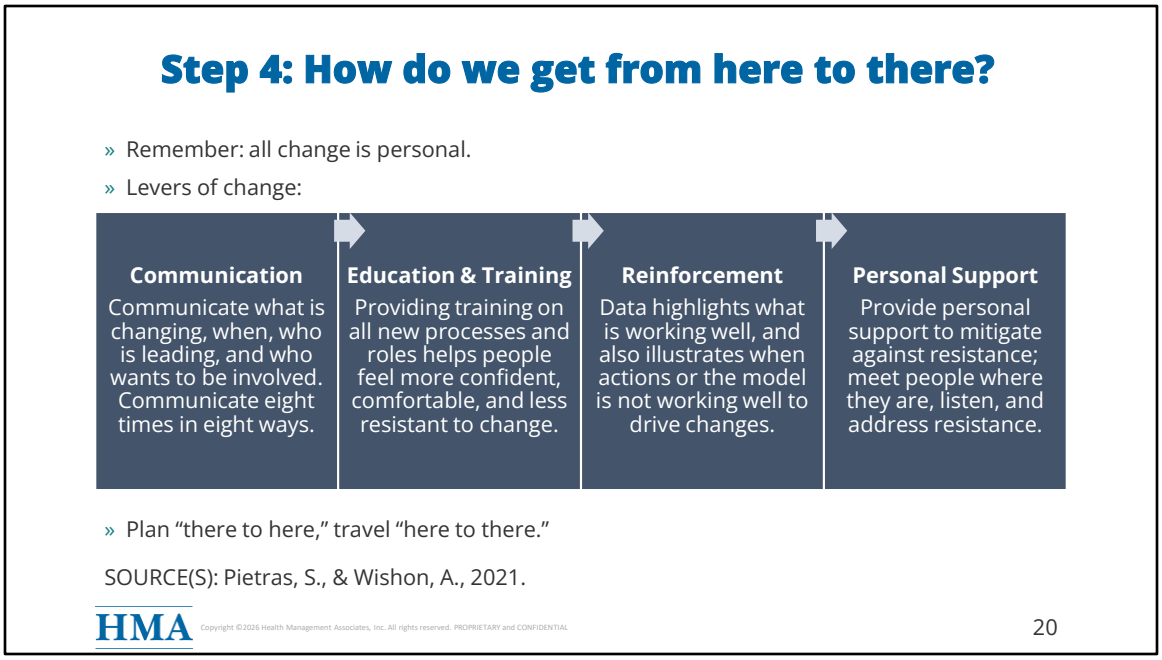
- **What** is affected
- **Who** is affected
- **How** much

[Slide Image Description: This slide shows step 3: who and what will be affected by the change and what is the impact? With an image of a woman writing on sticky notes.]

Step 3 is looking at impact, who and what will actually feel this change.

- Start with the work, what tasks, workflows, or responsibilities are changing.
- Then the people, who is affected and how their day-to-day experience shifts.
- Consider structures, both formal and informal, how teams, roles, and relationships may change.
- Get specific, what is affected, who is affected, and how much.

The more clearly we understand impact, the better we can support people through it. We can understand and predict resistance and get ahead of it.



[Slide Image Description: This slide shows step 4: How do we get from here to there? In colorful boxes.]

This is where we focus on how we actually move from here to there. We have created the plan, and now we need to work that plan.

Remember: all change is personal.

We use four key levers to make change stick:

1. Communication: Be clear, consistent, and frequent about what is changing, when, and who is involved. Communicate eight times in eight ways.
2. Education and Training: Give people the skills and confidence they need to do the work differently.
3. Reinforcement (recognition and rewards): Use data, recognition, and feedback to highlight what is working well and illustrate where to adjust.
4. Personal Support: Meet people where they are, listen, and address resistance directly.

Plan from the destination back, but execute step by step from where you are today.

SOURCE(S): Pietras, S., & Wishon, A., 2021.

Step 5: How do we align change strategies with behaviors?

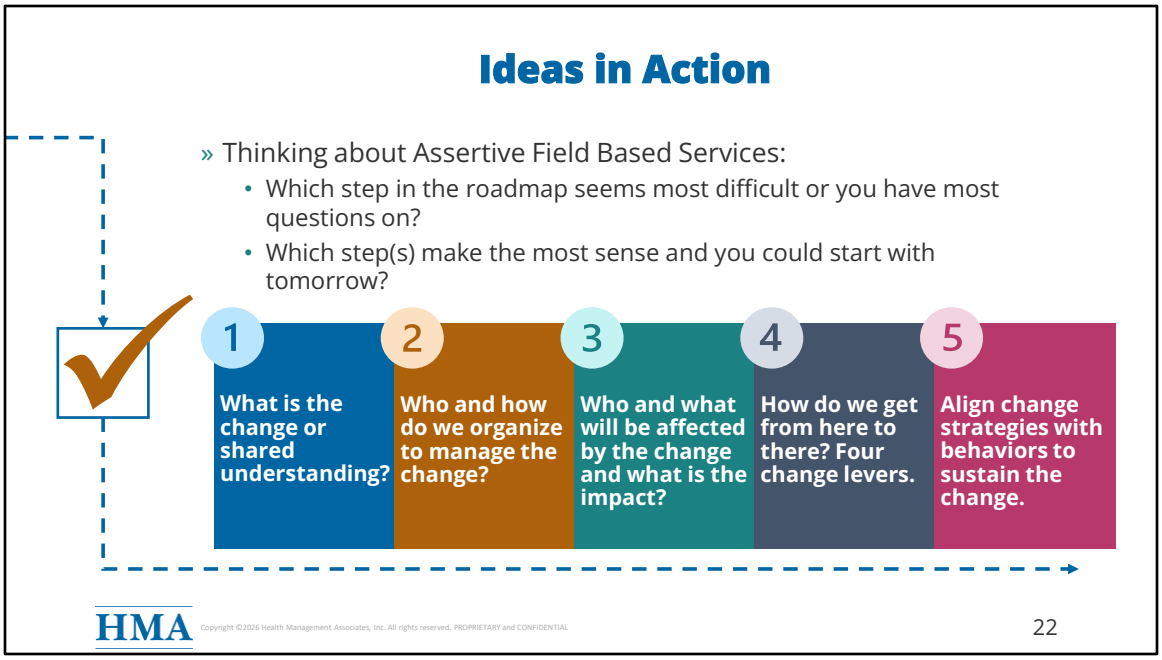
- After planning the work, it is now time to work the plan.
- Use the structures, roles, and processes you have put in place to manage the change.
- On-going alignment questions:
  - Are we on course? If not, what do we need to do to get back?
  - What are we learning from our experiences?
- Repeat all change levers as needed.

HMA

[Slide Image Description: This slide shows step 5: how do we align change strategies with behaviors? With an image of people raising their hands.]

Now, we move to working the plan and sustaining.

- Use the structures, roles, and processes you have already put in place to guide the work.
- Stay in alignment by continuously asking, are we on course, and if not, what needs to shift.
- Pay attention to learnings. What are we seeing, what is working, and what needs to be adjusted?
- This is not one and done, we repeat the change levers as needed to keep things moving.
- The goal is to keep actions aligned with the behaviors we are trying to build, every step of the way.



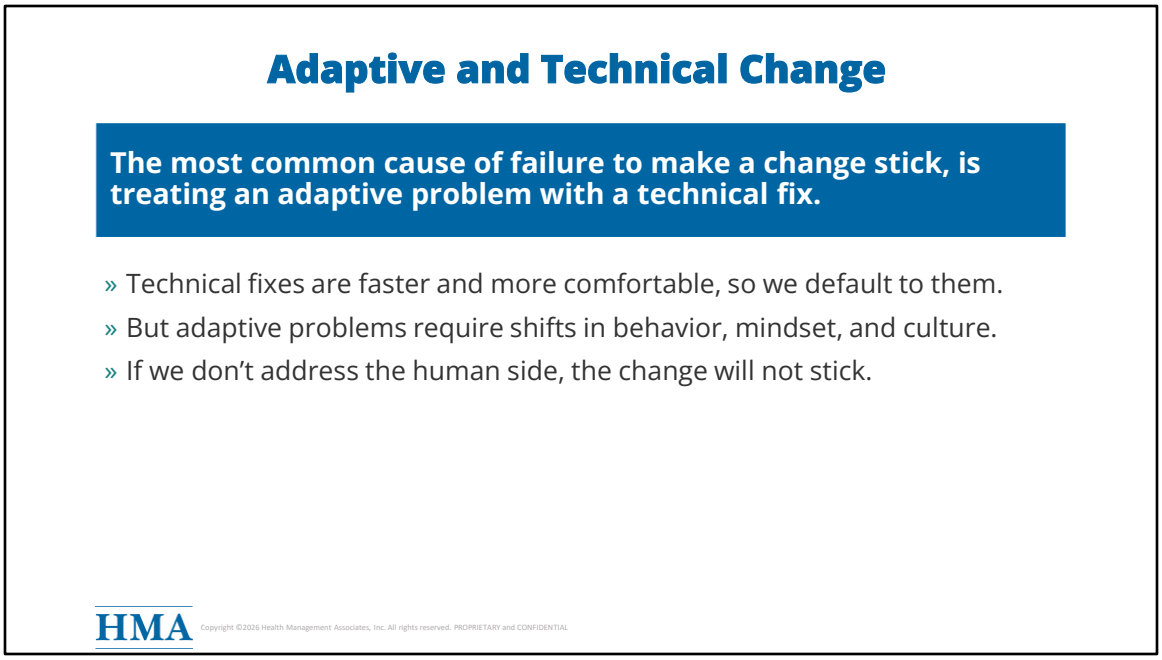
[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

Thinking about Assertive Field Based Services:

- Which step in the roadmap seems most difficult or you have most questions on?
- Which step(s) make the most sense and you could start with tomorrow?

[Slide Image Description: This is a section divider slide to indicate a major section of this webinar.]

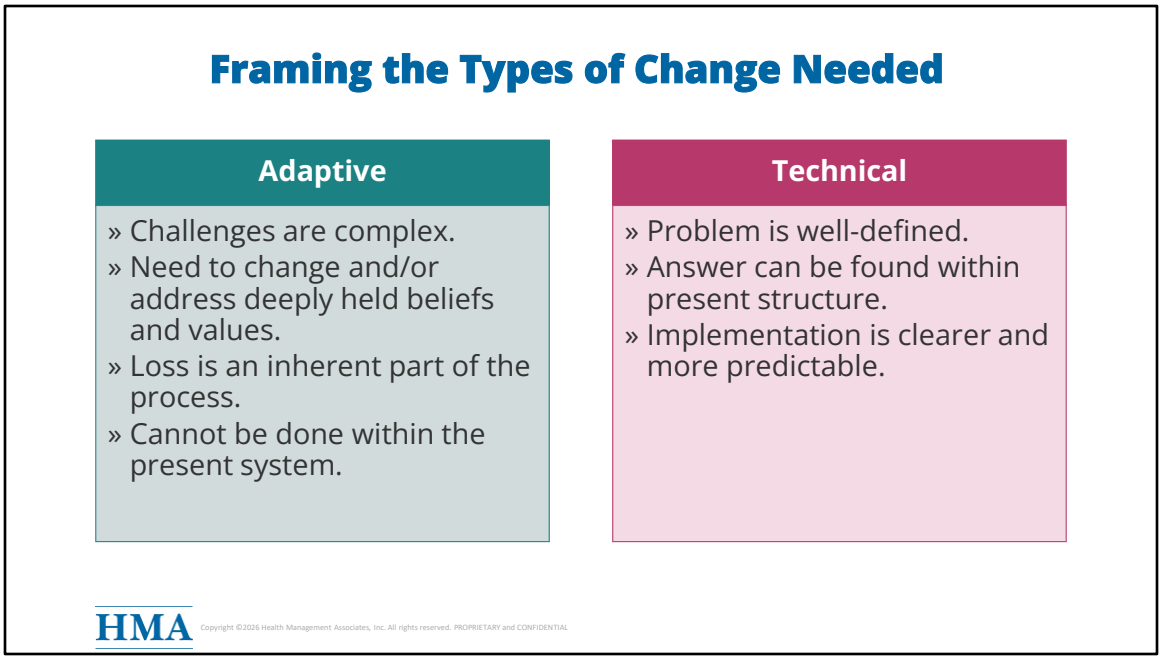
This third section overviews adaptive and technical change.



[Slide Image Description: This slide list the adaptive and technical change.]

One of the biggest reasons change fails is using the wrong approach. We often try to solve adaptive challenges with technical fixes, because we do not know the difference and our human nature relies on technical change first as the solution.

Technical fixes are faster and more comfortable, so we default to them. But adaptive problems require shifts in behavior, mindset, and culture. If we don't address the human side, the change will not stick. Getting this distinction right is critical to successful implementation.



[Slide Image Description: This slide shows framing the types of change needed in colorful boxes.]

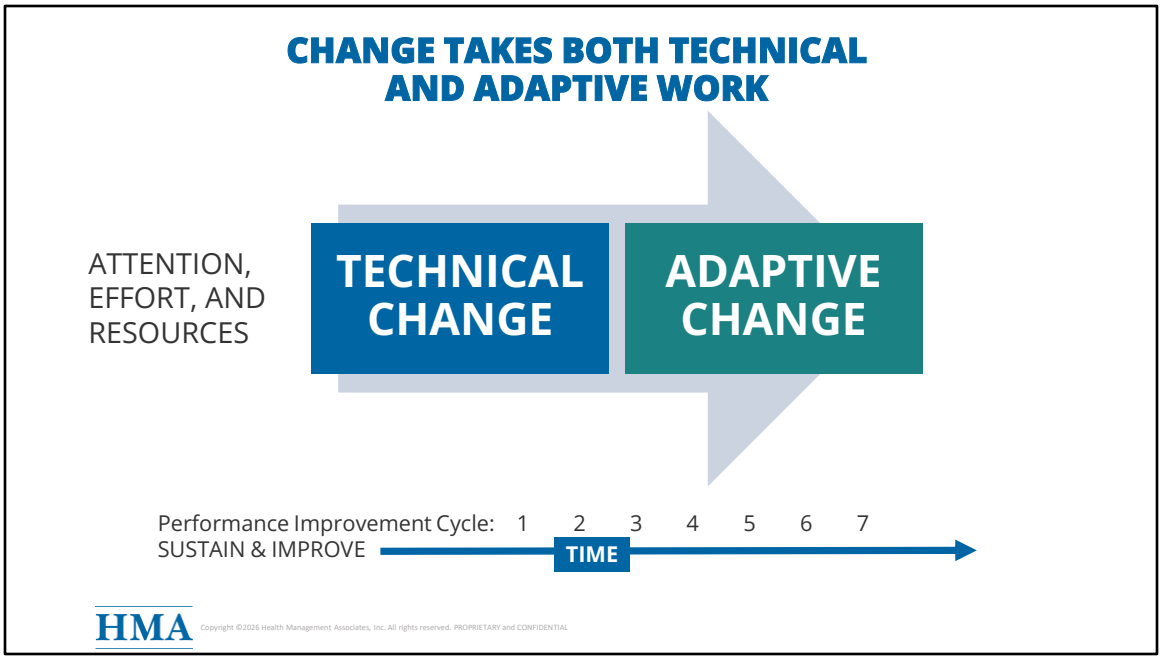
Adaptive challenges:

- Adaptive challenges are complex and don't have clear, straightforward answers.
- They often require shifts in beliefs, values, and how people see their work.
- There is usually some sense of loss, letting go of familiar ways of doing things.
- And they often push beyond the limits of the current system.

Technical challenges:

- In contrast, technical problems are more defined and easier to diagnose.
- The solution can usually be found within existing structures and processes.
- And the path to implementation is clearer and more predictable.

The key is recognizing which type of challenge you are dealing with, because the approach needs to match.

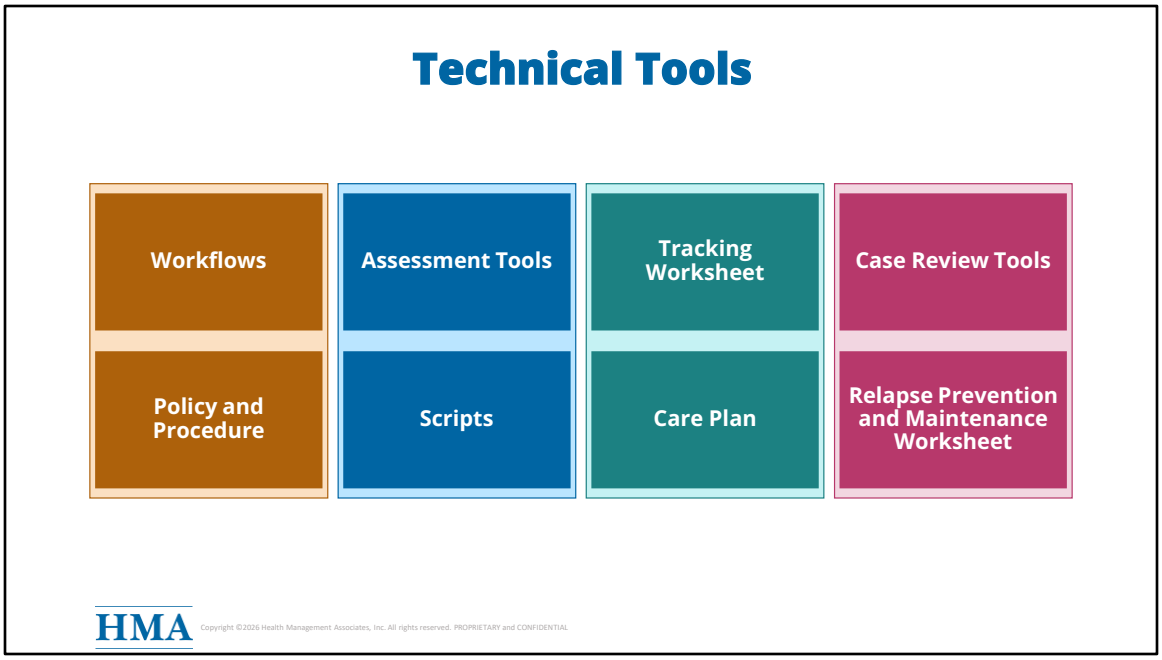


[Slide Image Description: This slide shows change takes both technical and adaptive work with a colorful arrow and two colorful boxes.]

This shows a typical Performance Improvement project or change. When a project starts, we tend to put all our attention, effort, and resources into the technical change. For example, a new piece of equipment, a new workflow, etc.

But overtime, we hit resistance, and people resorting back to the old ways of doing something. That is when we need to add adaptive change principles into action.

Technical and adaptive change should be present throughout the project lifespan as a way to get ahead of the change resistance and manage more successfully.

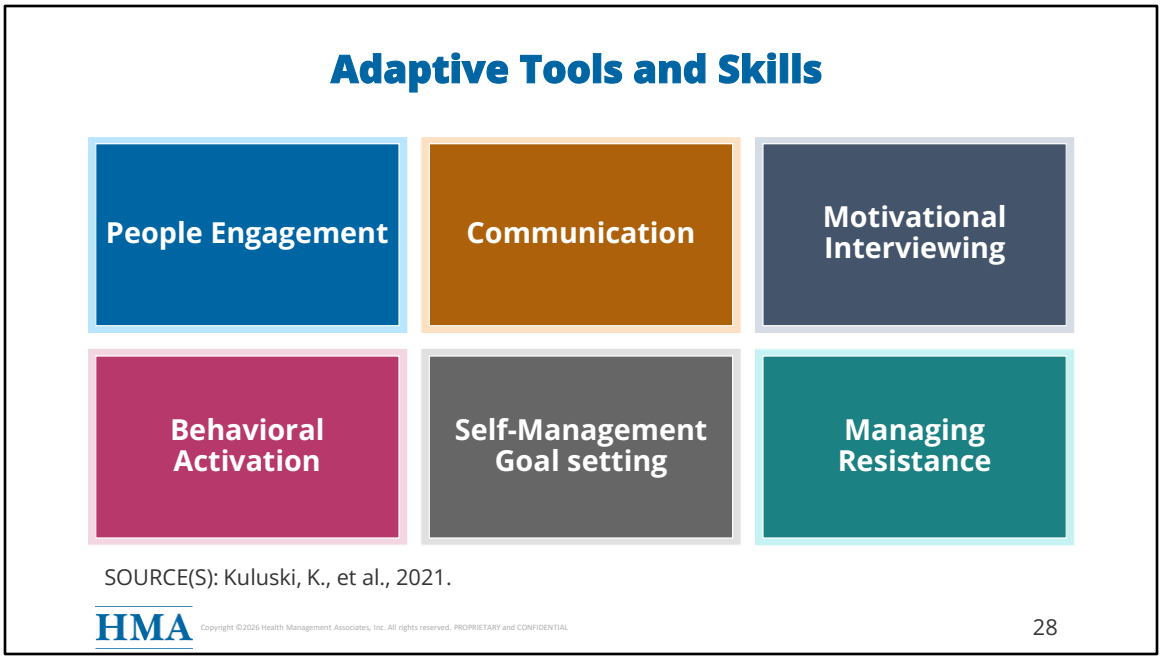


[Slide Image Description: This slide shows technical tools in colorful boxes.]

These are examples of technical tools to operationalize the work:

- Workflows, policies, and procedures bring structure and clarity to what needs to happen.
- Assessment tools and scripts support consistency and quality in how care is delivered.
- Tracking tools and care plans help us organize, monitor, and follow through.
- Case review tools and relapse prevention plans support clinical decision-making.

These tools are essential, but on their own, they are not enough for adaptive change.



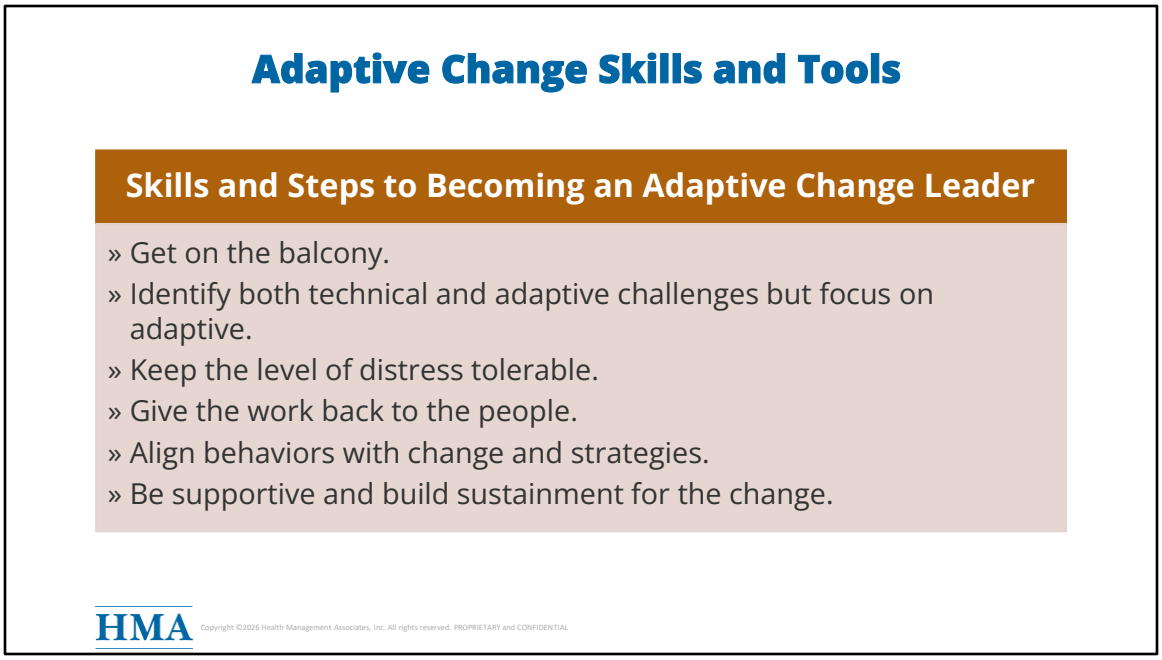
[Slide Image Description: This slide shows adaptive tools and skills in colorful boxes.]

These are adaptive tools that focus on the human side of change. Thinking back to Hope Community Services, this is especially important as staff shift to mobile, field-based care. Consider the following:

- People engagement is key, bringing staff into the change and helping them feel part of it, not just impacted by it.
- Communication needs to be ongoing and clear, helping teams understand what is changing and why it matters.
- Motivational Interviewing is not just for patients; it can also support staff as they navigate change.
- Behavioral Activation and goal setting help teams take small, manageable steps into new ways of working.
- Managing Resistance is part of the process, especially as staff adjust to new roles, environments, and expectations.

These tools can help Hope Community Services support real behavior change, which is what will make this shift sustainable.

SOURCE(S): Kuluski, K., et al., 2021.



[Slide Image Description: This slide shows the adaptive change skills and tools in a colorful box.]

Consider the following skills and steps to becoming an adaptive change leader:

- Becoming an adaptive leader starts with stepping back and seeing the bigger picture, getting on the balcony.
- Be intentional about identifying both technical and adaptive challenges, but keep your focus on the adaptive work.
- Pay attention to the level of stress in the system, too much and people shut down, too little and nothing changes.
- Give the work back to the people, don't solve everything for them, create space for ownership and problem-solving.
- Keep behaviors aligned with the change, not just the plan on paper.
- Stay supportive, helping people through the process and reinforcing the change over time so it sticks.

[Slide Image Description: This slide shows the AFBSS email address.]

We are here to support you and provide you with those opportunities to connect and hear about implementing AFBSS. Our email address is **info@afbsstraining.org**.

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