



Change Management for Implementation: Part 2

AFBSS Webinar Series: June 3, 2026

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

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- 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
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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.

Agenda

- » Review Change Roadmap and Each Step
- » Managing Resistance and Readiness for Change
- » Question & Answer

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

Agenda:

- Review Change Roadmap and Each Step
- Managing Resistance and Readiness for Change
- Question & Answer

Learning Objectives

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

- » Describe the change roadmap and tools needed to lead others through change.
- » Explain how managing resistance and gaining conviction and confidence impact successful personal change.
- » Describe how you would guide yourself and others from compliance to commitment in adopting the new vision.

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

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- Discuss how managing resistance and gaining conviction and confidence impact successful personal change.
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[Slide Image Description: This is a section divider slide to indicate a major section of this webinar.]

This is Part Two of the Two-Part Change Management Series. This section reviews the roadmap at a deeper level.

- » As we walk through the change roadmap steps today in more detail, we want you to think about the change occurring for you/your team and walk through each of the steps along with us.
- » We will guide you and provide you tools at the end of the session that support each of the steps in the change roadmap.



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Today: You are the case!



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

[Slide Image Description: This slide indicates a case study with a map of California.]

Today, we want you to be the case. We will guide you and have you apply each step of learning to your own change you are leading.

The Change Roadmap



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

Level setting – we want to review the 5 steps in the Change Roadmap:

1. What is the change or shared understanding?
2. Who and how do we organize to manage the change?
3. Who and what will be affected by the change and what is the impact?
4. How do we get from here to there? Four change levers.
5. Align change strategies with behaviors to sustain the change.

Step 1: What is the change?

- » Define your AFBSS aim/goal.
 - » Define your strategy.
 - » Define your measures of success (how will you know you have gotten there).
-
- » Have you thought about these questions in terms of the change you are currently undertaking?
 - » Write down your aim/goal, or just what the change is you're making and a few of your measures of success.
 - Feel free to share in the chat if you are comfortable.

[Slide Image Description: This slide shows a list to define change with a colorful box.]

Let's walk through Step 1, which is defining the change.

Take some time now and think about the change you are currently undertaking and if there is a defined aim or goal you are trying to achieve? Write down your goal, and how you are approaching it, or your strategy.

Lastly, think about how you will know this change is successful. What are the measures that will tell you whether this change is in place and working the way it should? Think about that now and write down some ideas.

Step 1: What is the Change? (Continued)

- » Using a confidence ruler, how important is this change to you?
- » Please select the best answer and put in the chat:
 - **1 = Not important** – I don't really know anything about this.
 - **2 = Somewhat important** – I have heard about this change but don't know how it will involve me.
 - **3 = On a List** – This change is one on the list of changes to get done.
 - **4 = Important** – This change is on the strategic plan and has resources put to it.
 - **5 = Very Important** - Leadership has this change at the top of the list and is asking for routine progress updates.



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[Slide Image Description: This slide describes the confidence ruler with an image of leaves.]

This is a simple tool you can use yourself and use easily with your other team members. Using the confidence ruler, rate how important this change is to you:

- 1 = Not important – I don't really know anything about this.
- 2 = Somewhat important – I have heard about this change but don't know how it will involve me.
- 3 = On a List – This change is one on the list of changes to get done.
- 4 = Important – This change is on the strategic plan and has resources put to it.
- 5 = Very Important - Leadership has this change at the top of the list and is asking for routine progress updates.

By using this type of quick assessment with your team, you can get a feel for where folks are at in their change process, as well as how successful you and other leaders are in defining and describing the need for the change and the goal to accomplish.

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

- » Establishing key change roles and change management infrastructure.
- » All change, whether small process change or large system/transformational change, needs adaptive leaders.
- » Informal and formal leaders—all need to understand technical and adaptive change.
- » Consider the three key roles:
 - **Change Leader:** This role promotes a vision and is dedicated to communicate and legitimize the change to be implemented.
 - **Change Agent:** This role ensures the change is implemented (believes in the vision/aim).
 - **Change Subject:** This role carries out actions (and is most affected day by day by the changes).

See the Appendix for additional information on the qualities of Effective Leaders Of Change And Change Agents.



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[Slide Image Description: This slide shows key change roles and infrastructure with a colorful box.]

Step 2 is really about management and setting up the structure and the right people to manage and lead the change efforts.

Defining the three key roles:

- Change leaders – visionary, communicator.
- Change agent – leads the change through adaptive and technical processes.
- Change subject – carries out the actions day to day – needs to feel supported by the change agent and leaders.

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

» People and Innovation: Build your change agent

- People differ in reactions and receptivity to change.
- People can resist one change but be very interested in another.
- Different changes may elicit different patterns of response.



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[Slide Image Description: This slide shows a list for building a change agent, with a colorful box and an image of a man standing in front of a building.]

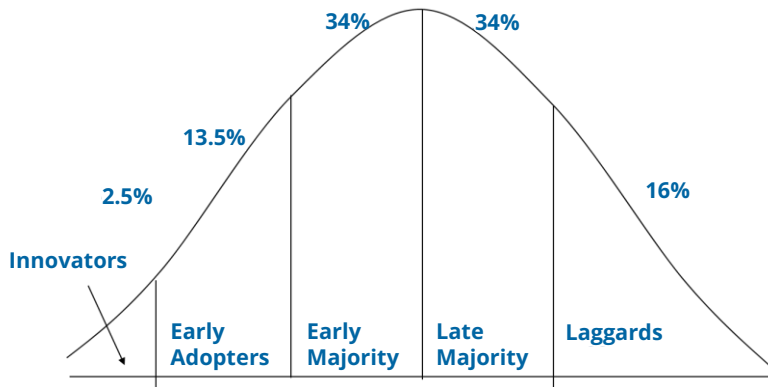
It is very important to have the right people in these three roles.

- Change agents need to know the people on their team and where they are at with accepting or resisting the change.
- People react differently to different change projects. Some are more “bought in” to one than another and will show that in their actions and reactions.
- Different changes may elicit different patterns of the response and change agents need to have a good understanding of that.

See appendix for more details and tips on change leaders and change agent attributes.

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

The Adoption of Change – Curve of Diffusion



SOURCE(S): Frei-Landau, R., et al., 2022.

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[Slide Image Description: This slide shows the adoption of change – curve of diffusion, with innovators at 2.5%, early adopters at 13.5%, early majority at 34%, late majority at 34%, and laggards at 16%.]

This graphic, the diffusion of innovation, is a great way to think about and assess where each of your team members are at in terms of adopting the change. Change agents and leaders need innovators to be successful.

Change participants (those the change will affect day to day) are ideally toward the left side of the curve, but they will not all be there. Change agents and leaders need to work with folks in the late majority or laggards category, and help to partner them with someone on the team that is an early majority or early adopter.

The first step is understanding where each person is at; then action and change levers can be used appropriately.

SOURCE(S): Frei-Landau, R., et al., 2022.

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

- » List your leaders of change (may be yourself or others).
- » List your change agents in your organization—those you want on this team or to engage in making this change a success (again, may be yourself and identify others).



[Slide Image Description: This slide shows recommendations for listing leaders of change and change agents, with an image of a person writing on paper.]

Take some time now to jot down who your leaders for this change are (and it can include yourself).

List your changes agents—those you want to engage, and where you think they are at within the bell curve of diffusion.

Step 2: Managing the Change – Assessing Organizational Readiness

» **Change Readiness:** The process of preparing for, planning, executing, and sustaining organizational change.

- » Change support includes the entire organizational system with a focus on people.
- » It is not something we do to people; it is something we do with them.



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[Slide Image Description: This slide shows a list step 2: managing the change – assessing organizational readiness in a colorful box.]

A second component of Step 2—managing the change—is overall organizational readiness. The organization’s experience with change is important. And the culture of working with people for the change, not demanding or requiring they do the change without their involvement.

Step 2: Managing the Change – Assessing Organizational Readiness (Continued)

» Organizational Readiness checklist:

- Is there a compelling purpose or vision?
- Does your organization have a flexible and/or responsive culture with changes in the past?
- What has been the prior change experience?
- Are there aligned incentives to bring people along the journey towards the vision?
- What other big changes are going on simultaneously? Does the organization have capacity to undertake the change (people resources, funds, technology, etc.)?



[Slide Image Description: This slide shows an organizational readiness checklist in a colorful box, with an image of a pen checking off to-dos.]

Consider the Organizational Readiness checklist to think through for your organization's readiness, including what you think you have and where there may be gaps:

- Is there a compelling purpose or vision?
- Does your organization have a flexible and/or responsive culture with changes in the past?
- What has been the prior change experience?
- Are there aligned incentives to bring people along the journey towards the vision?
- What other big changes are going on simultaneously? Does the organization have capacity to undertake the change (people resources, funds, technology, etc.)?



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 information to determine the impact of change, with colorful boxes and an image of a women writing on sticky notes.]

Step 3 is a deep dive into how the change(s) will affect the organization; teasing out impact on work processes, people, structure, technology, etc. For each of those areas of impact, to what degree is that happening? Again, this helps you as a change agent to know where to focus the most change efforts, personal time, communications, etc.

Ideas in Action

» List a few of the AFBSS changes you think will have an impact on any of the following:

- Work processes
- Technologies
- People
- Resources



» On a scale of 1 – 5, 5 being the toughest, what is the degree of impact this change will have on the work processes and people?

» Doing this exercise for each area of change will guide you on the gaps between current and future and how much technical and adaptive change may be needed.



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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.]

Let's take some time and think about the impact of some of the changes you are going through or going to go through. List a few of the AFBSS changes you think will have an impact on any of the following:

- Work processes
- Technologies
- People
- Resources

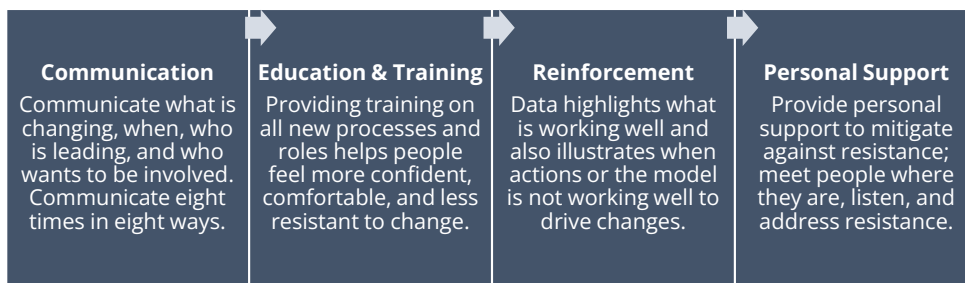
Then for each you listed, think about the impact of the change on a 1 – 5 scale, with 1 being easiest and 5 being toughest degree of impact on people, work processes, etc.

Doing this exercise for each area of change will guide you on the gaps between current and future and how much technical and adaptive change may be needed.

Step 4: How do we get from here to there?

» Remember: ***all change is personal.***

» Levers of change:



» Plan “there to here,” travel “here to there.”

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



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

Once you have established goals and measures of success, organized to manage the change with the right people in the right roles, and know all the change efforts needed and to what degree and where, you move to the actual plan—and the four levers of change to help get there.

You have planned the work, now you need to work the plan.

In each change project, you need to use all four change levers, as they are necessary to help with successful and sustainable change:

1. **Communication:** Communication is a key driver. 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):** Without direct feedback we do not know where we stand. Use data, recognition, and feedback to

highlight what is working well and illustrate where to adjust.

4. Personal Support: Resistance is as an inherent part of change; we need to identify and address it head on. Meet people where they are, listen, and address resistance directly.

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

Step 4: How do we get from here to there? (Continued)

- » All change is personal – What is your WIIFM?
 - What's In It For Me (WIIFM)?
- » For things to change, somebody has to start acting differently.
- » As a change agent:
 - Create a list of your stakeholders and the WIIFM for each.
 - If you cannot identify a WIIFM, you need to find one.
 - There has to be an incentive for all.



[Slide Image Description: This slide shows activities for change agents, with a colorful box and an image of people's hands.]

All change is personal. Consider your WIIFM or “What’s in it for me.”

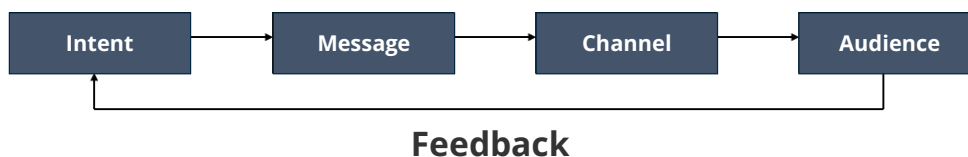
Find a WIIFM for each person or stakeholder group affected by the change. As a leader of change or a change agent, you need to find the WIIFMs for everyone.

Step 4: Change Levers – Communication

» **Purpose:** Provide change participants with information they need:

- Awareness
- Knowledge
- Action

» **Process:**



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[Slide Image Description: This slide shows the communication change lever with a feedback loop with colorful boxes.]

Communication is a key change lever—maybe even the most important. If people do not have enough information to understand what is going on, they are less likely to buy in, they will make up their own story about what is happening and why, and it typically is incorrect and aids in resistance.

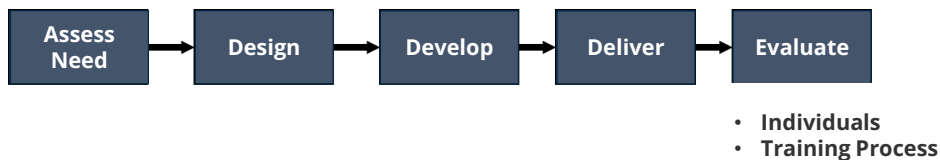
Communication needs to happen eight times and eight ways in order to get through to all folks needing that information. It is also important to check in on your communications, get feedback on what you intended with the communication is how it was received and understood.

Understanding your audience and what level and type of communications work best will make for a more successful change.

Step 4: Change Levers – Education and Training

» **Purpose:** Provide change participants with the knowledge and skills they need to succeed in the change.

» **Process:**



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[Slide Image Description: This slide shows the education and training change lever with colorful boxes.]

Education and training is another key change lever. If people don't know what their new role is, they will not feel comfortable or confident in the new work or different work expected of them.

This is where training and retraining and competency building is critical. When someone feels confident in what they are doing, they are less likely to resist.

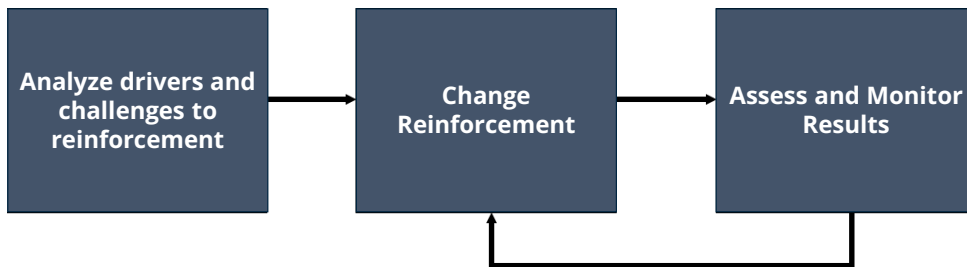
Training needs to be designed with that in mind; tailored to the specific audience and need, and evaluated for effectiveness.

One time does not make for competence—retraining and checking in on process and impact is critical to success.

Step 4: Change Levers – Reinforcement

» **Purpose:** To make it easy (or easier) to do the “right” things and hard (or harder) to do the “wrong” things.

» **Process:**



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[Slide Image Description: This slide shows the reinforcement change lever with colorful boxes.]

Reinforcement is an important lever that people don't often think of within a change project.

We want to make processes and new changes easy to do, as well as make it harder to go back to the old way.

The way we do that is thinking about the contributing factors and ways to reinforce doing the new things the right way, including:

- Technology
- Forcing functions
- Training and competency testing
- Regular data feedback

Continuous assessment, performance improvement, and measurements (e.g., process and outcome) are necessary for this change lever to take its full effect.

Step 4: Change Levers – Personal Support

- » **Purpose:** Help people through:
 - 1. The stages of transition, and
 - 2. Their resistance (next section guidance).
- » **Process:** There is no simple formula to follow for personal support. Provide one to one support to folks experiencing resistance or who are on the right side of the diffusion of innovation curve.



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[Slide Image Description: This slide shows the personal support change lever.]

This change lever is the hardest for many leaders. It takes time and personal effort.

The focus of this change lever is that some folks will just not be at readiness for this change no matter how much training, reinforcement, communication, etc. they receive.

For those folks, one to one support will be needed. Help them through the stages of a transition and give them respect for where they are at, but also tools and advisement on how to keep moving forward.

Top role for this change lever is to sit back and listen to where the person is at, and when there is readiness to move forward.

Step 5: Align Strategies and Behaviors to Sustain Change

» How do we align change strategies with behaviors?

- In other words, after planning the work it is now time to work the plan.
- Use the previous steps on structures, roles, and processes you have put in place to manage the change.
- Repeat 4 change levers as needed – communication, reinforcement, training, and personal support.
- 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?



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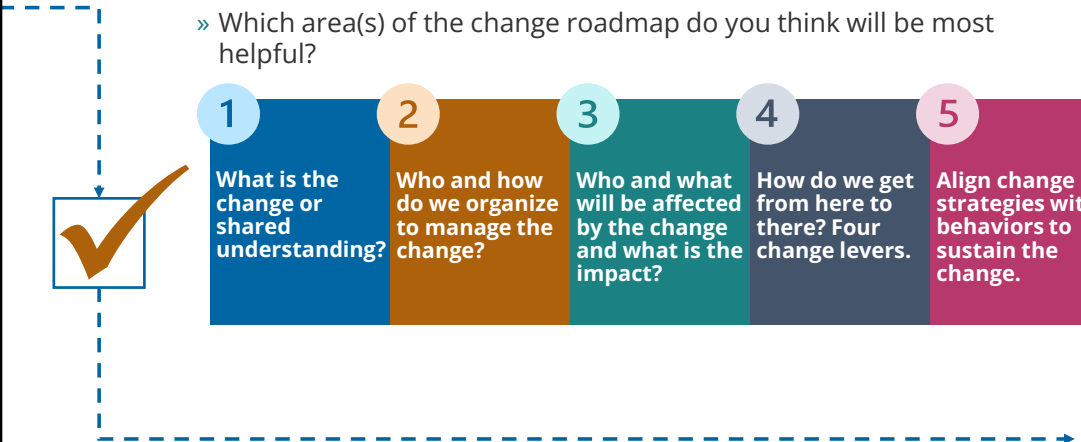
[Slide Image Description: This slide shows aligning change strategies with behaviors, with a colorful box.]

Step 5 is vitally important because without the ongoing monitoring and thought process and repeat of the change levers as needed, the work will not take hold, sustain and fully be transitioned.

Continual emphasis on the change roles, the structure and processes, and then using those levers of communication, training, reinforcement and personal support over and over again.

Ideas in Action

» Which area(s) of the change roadmap do you think will be most helpful?





1

What is the change or shared understanding?

2

Who and how do we organize to manage the change?

3

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

4

How do we get from here to there? Four change levers.

5

Align change strategies with behaviors to sustain the 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.]

Which areas of the change roadmap seem to be most helpful moving forward?



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

Resistance is an inherent part of every change. Knowing, accepting, and managing that is what we need to do to be successful.

What is Resistance?

Resistance Is:

- Inevitable and emotional response.
- A natural function of disruption.
- Manageable.
- An attempt to protect or defend the individual for and protect them from harm.
- A sign that the potential for change exists.
- An indirect expression of underlying concern.
- A sign of controlling the change process.
- A learning process.

Resistance Is Not:

- Necessarily logical.
- A sign of disloyalty.
- Something to overcome or combat.
- Aimed at you or to be taken personally.
- Designed to discredit your competence, despite the words being used.
- Indicative of poor performance.
- A sign that the change process is out of control.



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[Slide Image Description: This slide shows what is resistance listed in two colorful boxes.]

As noted, resistance is inherent in every change process. We should understand what it is and what it is not first, so that we can then manage it.

Consider what resistance is:

- Inevitable and emotional response.
- A natural function of disruption.
- Manageable.
- An attempt to protect or defend the individual for and protect them from harm.
- A sign that the potential for change exists.
- An indirect expression of underlying concern.
- A sign of controlling the change process.
- A learning process.

Consider what resistance is not:

- Necessarily logical.
- A sign of disloyalty.
- Something to overcome or combat.
- Aimed at you or to be taken personally.
- Designed to discredit your competence, despite the words being used.
- Indicative of poor performance.
- A sign that the change process is out of control.

Most Common Mistakes in Managing Resistance

- » Attempting to change the end user's view with "logical" arguments about why they should change.
- » Dealing with the person, not the issue.
- » Ignoring the end user's emotions and behaviors concerning the change.
- » Assuming what is "logical" to you is logical to the end user.
- » Giving up or not repeating the process.



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[Slide Image Description: This slide shows a list of most common mistakes in managing resistance, with an image of a woman sitting in a chair.]

We as humans also do not like to deal with resistance, so it typically gets ignored or excused away. We like to first try to change peoples' mind with logic and persuasion, when in fact we need to appreciate and respect their resistance and let them get to a place of readiness.

We should "embrace resistance" because it is telling us something. Ask people that are displaying resistance to tell us why. We may learn something needs to improve the change process.

Effective Behaviors in Managing Resistance

- » Creating rapport and building strong working relationships.
- » Establishing expectations and providing context.
- » Explaining the change in terms of the stakeholder's WIIFM.
- » Establishing the source of resistance from the stakeholder's point of view.
- » Asking open-ended questions—supporting and inviting open expression.
- » Occupying less than 25% of the airtime—being quiet and listening.
- » Utilizing the stakeholder's energy to help manage the situation.
- » Creating WIN-WIN situations.
- » Repeating the resistance management process.



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[Slide Image Description: This slide shows a list of effective behaviors in managing resistance in a colorful box.]

This is a list of behaviors to adopt when managing resistance:

- Relationships and trust and rapport are always key – “social cred.”
- Communicating clearly and transparently.
- Ask questions then be quiet and let them talk and be okay with silence as they think.
- Have empathy and understanding to their resistance, not defensiveness or trying to win them over.

Ideas in Action

Using a confidence ruler, how confident are you in helping your organization achieve this change?

1 = Not very confident

2 = Somewhat confident

3 = Confident some parts of this change will happen

4 = Quite confident majority of the change will happen

5 = Very confident the change will happen and will stick



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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.]

Bringing back our confidence ruler, select the level of confidence you have in your organization achieving the change you all are undertaking:

- 1 = Not very confident
- 2 = Somewhat confident
- 3 = Confident some parts of this change will happen
- 4 = Quite confident majority of the change will happen
- 5 = Very confident the change will happen and will stick

If your number is a 1 or 2, think about the tools and steps we went through today to see if you have ideas to help you move forward more successfully and move this number up.

Questions?

info@afbsstraining.org

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[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**](mailto:info@afbsstraining.org).

References

- » Frei-Landau, R., Muchnik-Rozanov, Y., & Avidov-Ungar, O. (2022). Using Rogers' diffusion of innovation theory to conceptualize the mobile-learning adoption process in teacher education in the COVID-19 era. *Education and Information Technologies*, 27(9), 12811–12838. <https://doi.org/10.1007/s10639-022-11148-8>
- » Pietras, S., & Wishon, A. (2021). *Workforce implications of behavioral health care models: Final report*. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. <https://aspe.hhs.gov/reports/workforce-implications-behavioral-health-care-models-final-report>
- » William Bridges Associates. (n.d.). *What is transition?* <https://wmbridges.com/about/what-is-transition/>

References:

- Frei-Landau, R., Muchnik-Rozanov, Y., & Avidov-Ungar, O. (2022). Using Rogers' diffusion of innovation theory to conceptualize the mobile-learning adoption process in teacher education in the COVID-19 era. *Education and Information Technologies*, 27(9), 12811–12838. <https://doi.org/10.1007/s10639-022-11148-8>
- Pietras, S., & Wishon, A. (2021). *Workforce implications of behavioral health care models: Final report*. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. <https://aspe.hhs.gov/reports/workforce-implications-behavioral-health-care-models-final-report>
- William Bridges Associates. (n.d.). *What is transition?* <https://wmbridges.com/about/what-is-transition/>

Effective Leaders of Change

- » **Legitimize change.**
- » **Lack acceptance** of the status quo.
- » Clearly communicate the **vision**.
- » Understand **resource** requirements and have the commitment to provide needed resources.
- » Understand the **organizational impact** of the change.
- » Recognize and have empathy for the **human impact** of the change.
- » **Publicly support** the change.
- » Ensure **private communication** is consistent with public communication.
- » **Use rewards and consequences** for those struggling with change.
- » **Monitor actions** to ensure the change process is moving forward.
- » **Sustain support** throughout the duration of the change.



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[Slide Image Description: This slide lists activities for effective leaders of change.]

Effective Leaders of Change:

- Legitimize change.
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- Clearly communicate the vision.
- Understand resource requirements and have the commitment to provide needed resources.
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- Publicly support the change.
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- Use rewards and consequences for those struggling with change.
- Monitor actions to ensure the change process is moving forward.
- Sustain support throughout the duration of the change.

Effective Change Agents

- » Work within the **parameters of the sponsor**.
- » Understand **dynamics of change**.
- » Design and carry out **action plans**.
- » Build and sustain synergistic **relationships**.
- » **Empower** change subjects.
- » **Communicate** and solicit and provide feedback.
- » Assess the level of commitment and **recognize and manage resistance**.
- » **Influence and reframe**.
- » Demonstrate **professional** behavior.



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[Slide Image Description: This slide shows activities for effective change agents.]

Effective Change Agents:

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Change vs. Transitions

Change

- » External
- » Can be planned and “engineered”
- » Happens to us

Transition

- » Internal
- » Must be experienced
- » Needs to be handled personally

William Bridges – Transition Model

- Transitions start with the end; the end of the status quo or a past way you were doing something.
- Individuals then go into a neutral zone where they are part way to the new way, but still mourn and miss some of the past.
- New Beginnings ends with the beginning of the new change and an understanding and internal acceptance of the new way.

SOURCE(S): William Bridges Associates, n.d.



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[Slide Image Description: This slide shows a list of change and transitions with a colorful box.]

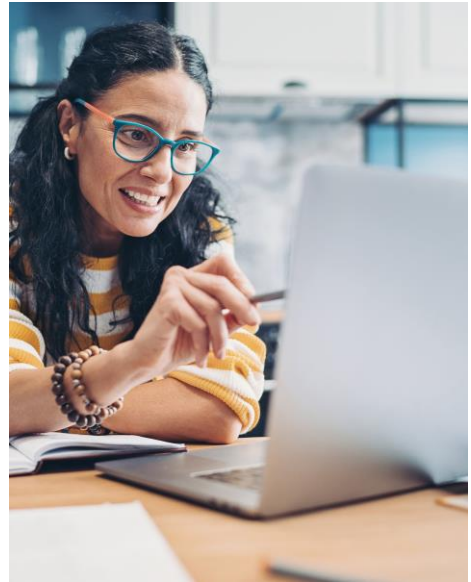
William Bridges authored a book called *Managing Transitions*. In his model, he talks about three conceptually simple transitions a person goes through in each change.

1. The first is the “end” – what’s ending for you and mourn the loss and celebrate what worked.
2. The next is the neutral zone – this is the area where one is moving from the old to the new – still with some ambivalence, but moving in the right direction.
3. The last phase is the new beginnings – or truly transitioned to the new change – internal transition and acceptance of the new way

Conviction and Confidence

» A person's commitment to action and embracing changes comes from strong conviction and strong confidence.

- How sure are you that you can make and/or be a part of this change?
- How easy or hard do you think it will be to make this change?



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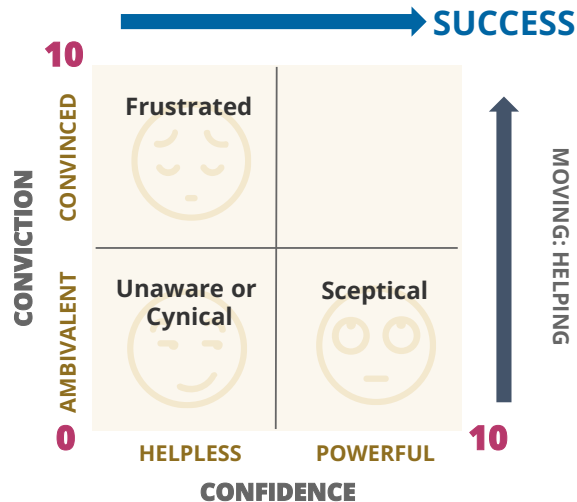
[Slide Image Description: This slide shows a list of conviction and confidence, with an image of a woman on a computer.]

Alongside resistance and readiness for change is conviction and confidence. They are different and both important.

Consider:

- How sure are you that you can make and/or be a part of this change?
- How easy or hard do you think it will be to make this change?

Conviction and Confidence Grid



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[Slide Image Description: This slide shows conviction and confidence grid in a yellow colorful box.]

This grid shows how conviction and confidence interact to reflect the likelihood of taking action and changing behavior.

Both high conviction and confidence are needed before anyone can finally make that transition to acceptance.

Let's say both conviction and confidence are low, a very common situation. It's a good idea to start to focus on increasing conviction first. Remember, conviction is how important someone thinks something is, if they even belief it is a problem. If someone's conviction is low, it doesn't matter what their confidence is.

Enhancing confidence can happen through training, competency, and personal support.

Interventions for Increasing Conviction

» Increasing Conviction:

- Strengthening the relationship.
- Exploring ambivalence.
- Rolling with resistance.
- Providing information (Ask, Ask, Tell, Ask).



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[Slide Image Description: This slide shows interventions for increasing convictions in a colorful box, with an image of a man sitting on a desk.]

We intervene differently with low confidence versus low conviction. These are interventions to increase conviction:

- Strengthening the relationship.
- Exploring ambivalence.
- Rolling with resistance.
- Providing information (Ask, Ask, Tell, Ask).

Interventions for Increasing Confidence

» Increasing Confidence:

- Training and retraining.
- Reflect on past successes.
- Discuss barriers and elicit solutions to barriers.



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[Slide Image Description: This slide shows interventions for increasing confidence in a colorful box, with an image of a man leaning on a desk.]

And these reiterate the interventions for increasing confidence:

- Training and retraining.
- Reflect on past successes.
- Discuss barriers and elicit solutions to barriers.