

# CCBHC-E National Training and Technical Assistance Center

*Session 1: Setting the Vision for Transformational Change*

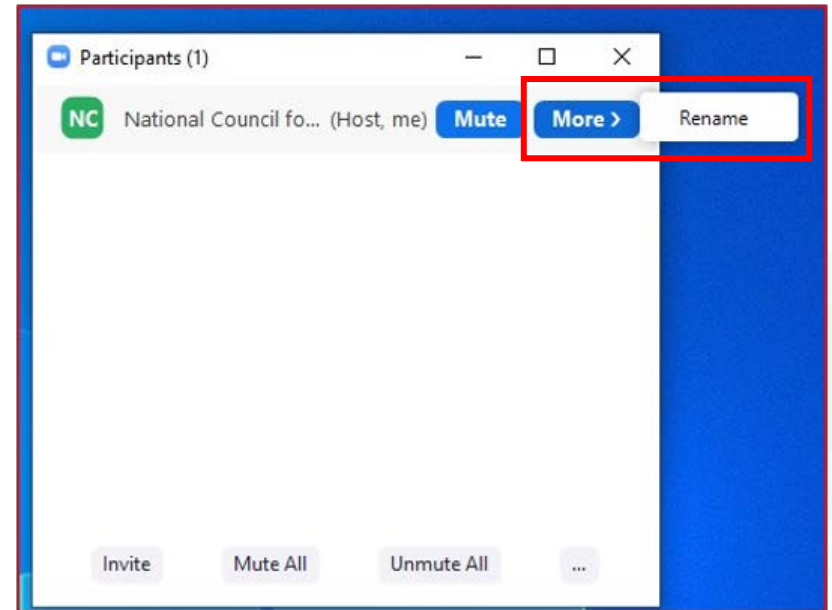
February 11, 2025

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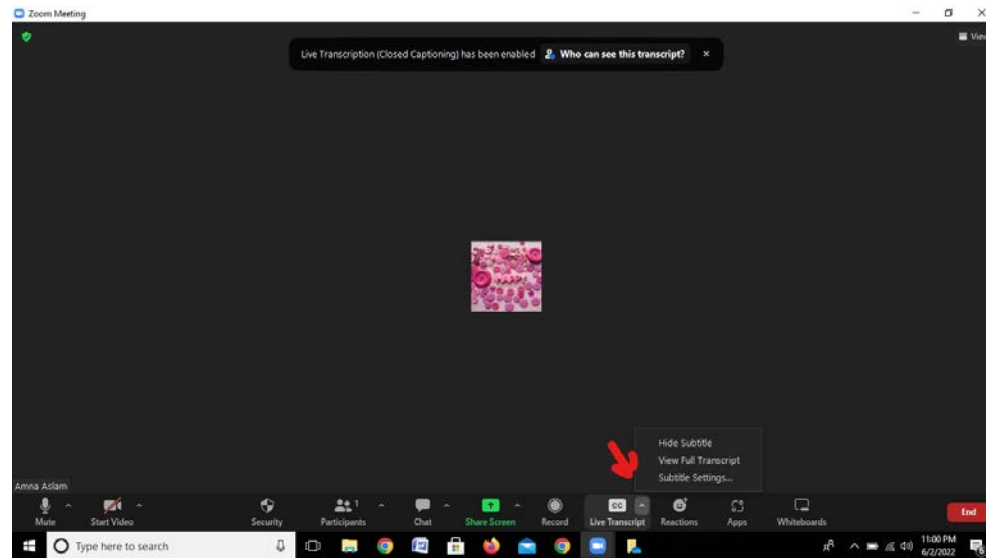
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  - **Patricia Gayle, National Council**
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  - Click on the **Participants** icon at the bottom of the screen
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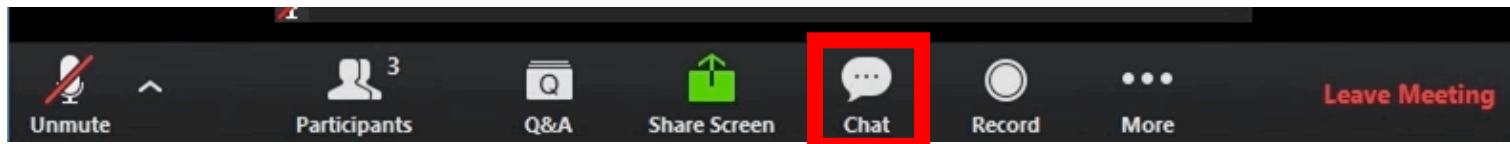
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# How to Enable Closed Captions (Live Transcript)

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# How to Ask a Question



Please share questions throughout today's session using the **Chat Feature** on your Zoom toolbar. **We'll answer as many questions as we can throughout today's session.**

# NTTAC Learning & Action Series Team



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# The Learning & Action Sessions

Date	Topic
February 11	<b>Session 1: Setting the Vision for Transformational Change</b>
March 11	<a href="#"><u>Session 2: Leveraging Leadership to Develop and Deliver a Plan for Transformative Care Design and Delivery</u></a>
April 8	<a href="#"><u>Session 3: Measure Twice, Cut Once – Using Data to Support Transformational Change</u></a>
May 13	<a href="#"><u>Session 4: Confronting fear as an Impediment to Transformational Change: Embracing the Challenges of Effective Change</u></a>

# Today's Agenda

1

• CCBHC as a Means to Organizational Transformation

2

• Leading Through Change

3

• Engagement Around the Vision

4

• Gathering the Team

5

• Implementation & Change Management

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# Learning Objectives

Participants will learn:

1. How the CCBHC model can advance in transformative ways the values, mission and vision of the organization.
2. Review seminal research-supported change management models.
3. Identify the core transformation strategies for addressing common impediments to change.
4. The importance of charters and communication plans to facilitate transformation.



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# Today's Presenters



**Kerry King, PsyD, MBA, CCTP**  
Principal, Bowling Business  
Strategies



**Tom Petrizzo**  
CEO, Beacon Mental  
Health



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# CCBHC as a Means to Organizational Transformation

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# Common Norms in the Current System

State oversight based on single service provided

Rates based on funding allocations and resources

Access and treatment dose do not always match needs of the community and individuals

Varied priorities may drive care delivery

Varied data collection and utilization practices

Varying level of referral agreements and collaborative relationship may exist with treatment and community partners

Workforce salaries may be low as compared with the market, contributing to high turnover

Varied availability and quality of staff training & development

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# Highlighting the Transformational Intent of the CCBHC Model

- CCBHCs are designed to provide **comprehensive behavioral health services**, including 24/7 crisis care, **to vulnerable populations regardless of their ability to pay.**
- Supports the values of **accessibility, inclusivity, and holistic care** by ensuring that **services are available when and where people need them.**
- By integrating a wide range of services and focusing on community-specific needs, CCBHCs can transform the way organizations deliver care, making them more **responsive and effective in reducing barriers to care and improving community health outcomes.**

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# Transforming Norms

Federal model, standardized across states through state certification

Rates based on clinic's true cost of providing required care

Timely access to services established using data derived from analysis of community's needs

Specific quality outcomes drive care delivery

Data is collected and used to gauge outcomes, needs & guide care design

Clear guidelines for establishing partnerships with Designated Collaborating Organizations (DCO), care coordination agreements through formalized agreements

More competitive salaries achievable through reimbursement model

Due to criteria and reimbursement structure, more consistent training, skill building support are available

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# Myth Busting

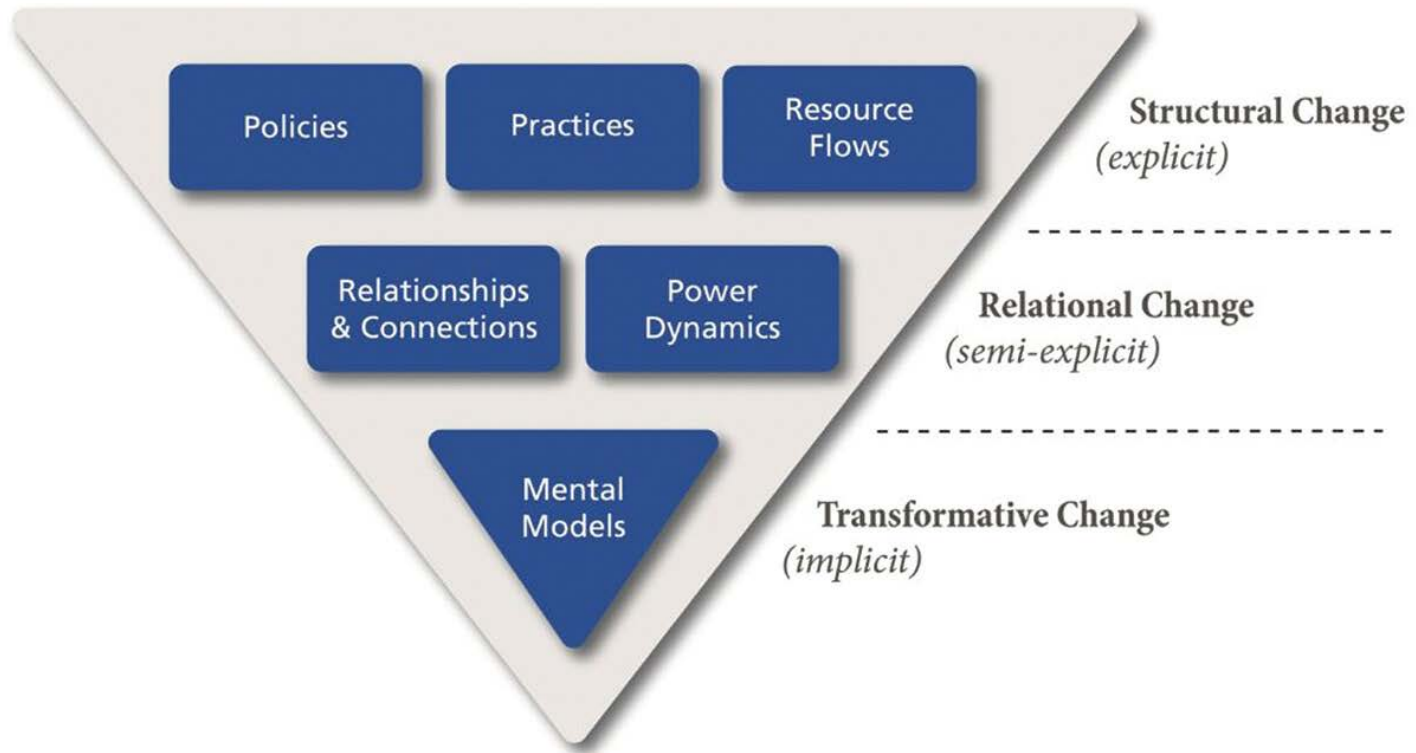
What a CCBHC IS	What a CCBHC IS NOT
A new way of designing services with quality-of-care outcomes at the core	Maintaining current services with a few tweaks
Directly providing or overseeing core services for the entire identified population across the lifespan	A repackaging of current services
Participation in a national model with shared criteria and opportunities for learning & solutioning	An easy shift from FFS to PPS
A model that emphasizes knowledge of community needs and changes the way services are delivered	The newest form of compliance
A change in the way clinics are paid to allow for more flexibility in how services can be delivered	Solving all the problems of the system of care

# Leading through Change

## Change Management Considerations



## Six Conditions of Systems Change



Source: John Kania, Mark Framer, and Peter Senge, [2018](#). The Waters of Systems Change. FSG.org.

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# The Realities of Change

*“Transformation occurs, not at a steady & predictable pace, but in fits & starts. After the strenuous task of implementing a particular PCMH 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 & often result in staff burnout, turnover, & financial distress.”*

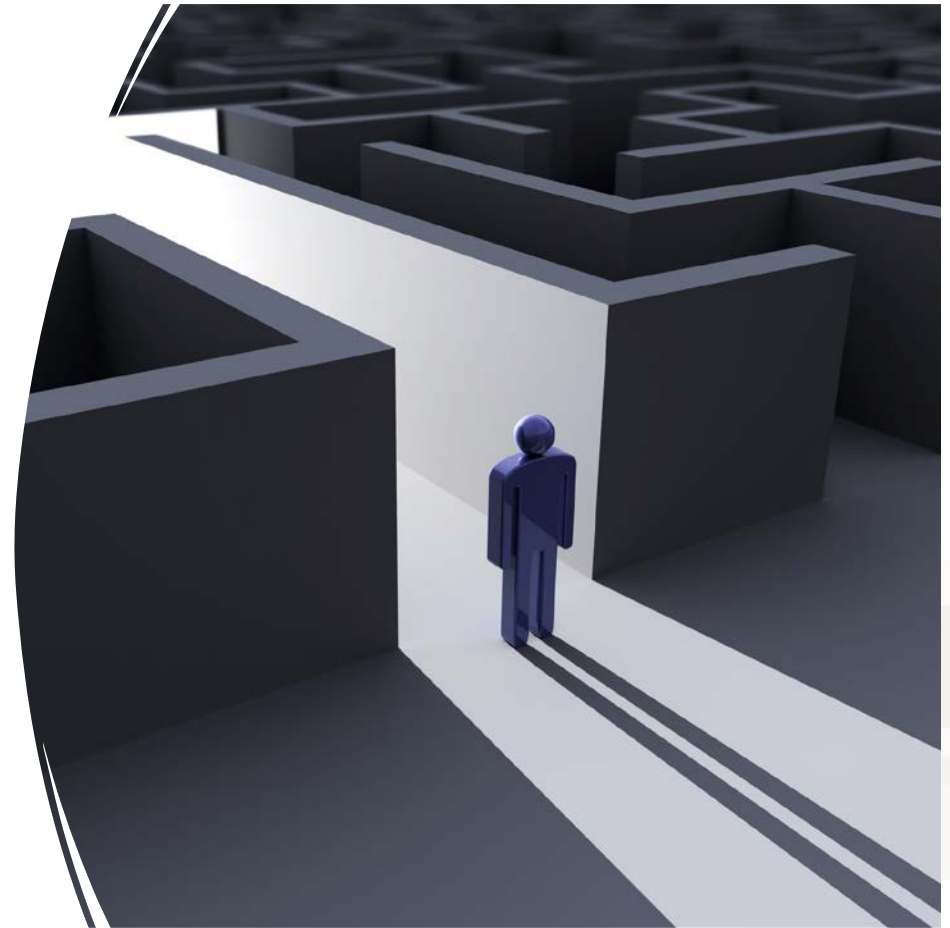
Source: Nutting, Miller, Crabtree, et al. (2010) Effect of Facilitation on Practice Outcomes in the National Demonstration Project Model of the Patient-Centered Medical Home. *Annals of Fam. Med.*, Vol. 8 (1). 533-544.

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# Transformation Efforts Are Challenging

Large system change is hard.  
You will face obstacles.

- What can you and your team do to manage those challenges?
- Who else is in a leadership position that can help?
- How do you avoid burnout?
- How do you ensure vision clarity across stakeholders?



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# Tackling Transformation

Establish a clear  
“WHY”

Summarize the  
vision

Identify natural  
champions

Form your change  
team

Create buzz around  
the vision-values  
linkage

Highlight the  
change in the way  
business is done

Develop clear  
action plans

Share & celebrate  
progress

Reevaluate

Adopt flexibility

Reinforce that  
change and  
sustainability are  
everyone’s job

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# Engagement Around the Vision

It can't matter unless it matters!

# What's in the B-A-G?



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# The Executive Charter

1. Defines & Prioritizes Goals
2. Clearly states the Dates Goals will be Completed
3. Provides an Executive Communication Plan to Ensure Continuity of Messaging
4. Assigns Executive Staff Sponsors to the Workgroups
5. Assigns Workgroup Leads & Members
6. Details Resources Available to the Workgroup & How to Access More or Different Resources if Needed
7. Identifies Expected Risks & Associated Contingencies
8. Provides Procedures for Conflict Resolution

# Big Ideas Become Big Successes



- Set a clear vision, including objectives and the outcomes to be achieved
- Ensure staff know the direction this is going, and that change is not straight forward but definitely possible
- Engage stakeholders internally and externally to support the message
- Establish an understanding of the readiness of each aspect of change and develop solutions to address
- Implement a *flexible* change management plan with clear points of review and evaluation of the change process
- Proactively acknowledge thwarted past attempts at change and address implications for the current initiative
- Understand setbacks will happen and don't be afraid of them
- Celebrate successes, even small ones!

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# Consider starting with the following questions...

How would your agency identify CCBHC goals that can involve everyone?

How would your agency empower your change team with your messaging?

How does the CCBHC fit into the agency wide mission and plan?

Communication for Target Audiences:  
Board/Community  
All Staff  
Clinical Staff  
Clients/Peers

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# CCBHC Service Goals - Examples

- Partner w/local Federally Qualified Health Center (FQHC) or primary care for service integration and primary care screening and monitoring.
- Implement an evidence-based practice like Zero Suicide or Assertive Community Treatment Team to address an identified community need.
- Expand Medication Assisted Treatment services to address opioid use as well as a prevention or harm reduction initiative utilizing recovery peers.
- Partner with local Veterans Admin. or TriCare providers for enhanced mental health services for active military and veterans.

Utilize the Needs Assessment to identify service gaps and goals.

Involve Peers and Persons w/Lived Experience in developing goals.

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# For Board/Community, What Does Becoming a CCBHC Mean?

- We are on the cutting edge of a national trend in community mental health.
- Creates new or builds upon an existing community partnership that we have long wanted to create or bolster (e.g., hospitals, primary care/FQHC, schools, health departments, law enforcement).
- Post-pandemic and explosion of need for mental health and substance use treatment.
- Crippling staffing challenges industry-wide; addressing the need to attract and retain top talent.

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# For All Staff, What Does Becoming a CCBHC Mean?

- We are growing in concert with our mission.
- We are living/growing the BAG of serving our community in a greater way.
- We are all in this together – the grant means more/better services but also support (e.g., data analyst, billing, management)
- Creating opportunities for staff growth (recruitment, retention and promotion).



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# For Clinical Staff, What Does Becoming a CCBHC Mean?

- Improving our clinical expertise through training and service growth.
- Implementing evidence-based practices, e.g., DBT, MAT, Zero Suicide
- Screening & resource support for social determinants of health, e.g., housing, employment.
- Fills a significant service gap we know exists based on internal data and/or community needs assessment data.
- Improvement of clinical quality outcomes through measures, e.g., engagement, follow-up after hospitalization, suicide risk assessment and intervention.

# For Clients/Peers, What Does Becoming a CCBHC Mean?

- Better access – ability to receive services more quickly; more flexibility in where and how you receive supports in the community, at home, virtually
- More seamless support – More services being offered in a more integrated manner; Care coordination to assist in connections and transitions with non-health related services or other healthcare providers and navigation support
- Putting you and lived experience at the center – Greater focus on working collaboratively to determine treatment approaches; expanded peer support and connection; involvement of people with lived experience in organizational governance and strategy

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# Gathering the Team

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# Champions: Leveraging Natural Leaders

- Make a short list: Who are the individuals with relational or legitimate influence?
- Does this group represent a variety of roles & responsibilities within the organization?
- Does it include individuals with lived experience?
- Are there specific aspects of the implementation that may be led by one or more of these potential champions?
- Which champions are best suited to be ambassadors of messaging around the cultural, practice and business transformation?
- Champions need time in their workday to focus on their role to support transformation



# CCBHC Implementation Team

- Members – Departments Represented (clinical and non-clinical)
  - Clinical Leaders
  - Access/Crisis
  - Medical
  - Peers
  - QI/Compliance
  - IT/Business Intelligence
  - Finance/Billing
  - Human Resources/Staffing
- Team Leads for Clinical, Finance, IT/Business Intelligence, HR/Staffing

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# CCBHC Implementation Team

- Establish Decision-making method (e.g. voting, consensus)
- Take Minutes and document decisions
- Employ Regular Reporting to Board, CEO, Leadership, All Staff
- Establish Operational Goals and Note Achieving Milestones



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# CCBHC Implementation Team – Notes Example

CCBHC Topic	Action Item	Person Resp.	Status	Reporting
Clinical – MAT	Complete Provider Training	Medical and Clinical Dir.	Training scheduled for May	To Medical Director
Staffing	Complete Staffing Plan	HR Director & Clin. Dir	Plan Complete	To CEO, DMH, and
Billing	Complete Codes Crosswalk	Billing Manager & QI Director	In Process – Target 6/1/17	To CFO, CEO
Outcome Measures	Complete Measures Chart	QI Director Data Analyst	In Process – Target 5/15/17	To QI, CEO, Clin Dir, and DMH



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# Implementation and Change Management

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# Implementation & Follow-Through

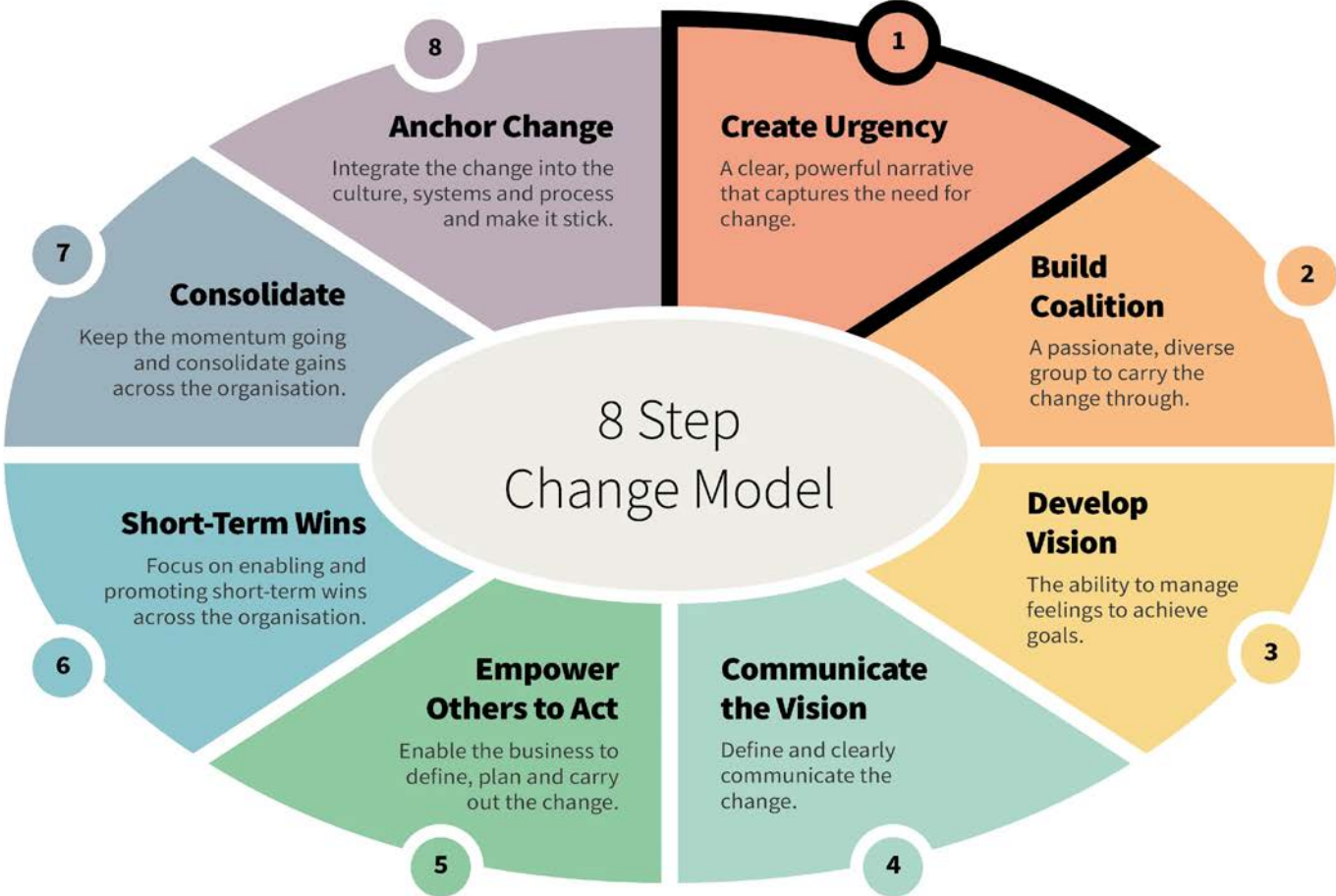
## As planning begins...

- It's natural to identify successful strategies to address federal & state requirements (checklist, NOMs), staffing, budgets, reporting, etc.
- Strategic principles must always be there as a baseline or reminder – why did we do this?

## The long view...

- CCBHC initiation is a foundational step toward comprehensive, permanent services delivery change and to future, permanent CCBHC status.
- Establish the foundations to address community gaps and needs, expand access to care, delivering services that improve outcomes, and the lives of people served.
- Transformed care focused on integrated, coordinated and person-center care.

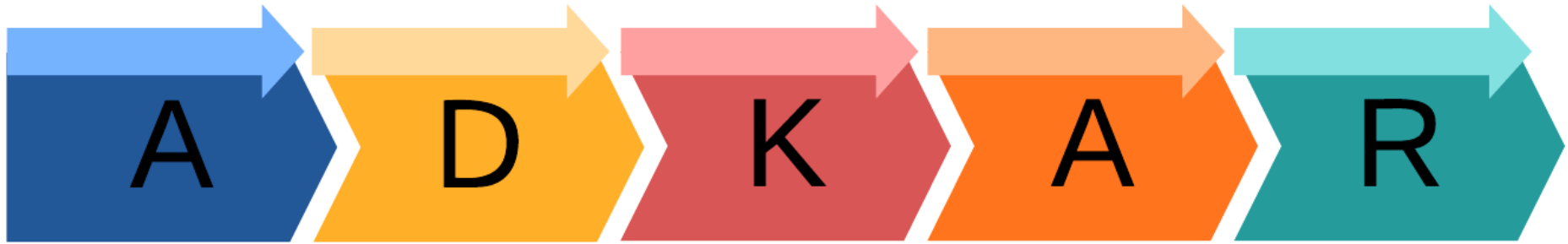
# Kotter's 8 Step Change Model



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More tools, guides and support at [mutomorro.com](https://mutomorro.com), change for good.





### Awareness

- Announce the change to employees well ahead of time.
- Explain your reasoning behind the change, including current pain points and potential ROI of the new solution.
- Give employees an opportunity to ask questions and make suggestions.

### Desire

- Gauge employees' reactions to the change.
- Identify champions.
- If employees are resistant or indifferent, address their concerns or show them how the change benefits them personally.

### Knowledge

- Provide training or coaching to show what employees need to do after the change takes place.
- Address any skill gaps.
- Offer resources, such as process flowcharts, that employees can reference later on.

### Ability

- Schedule practice runs before the change is fully implemented.
- Monitor performance immediately following the change and provide constructive feedback.
- Set reasonable goals and metrics at the start.
- Adjust processes as necessary.

### Reinforcement

- Monitor the change over time to ensure it fulfills your desired outcome.
- Use positive feedback, rewards, and recognition to encourage employees to keep following the new process.



Retrieved from: [www.lucidchart.com](http://www.lucidchart.com)

# Accelerating Diffusion of Innovation: Maloney's 16% Rule<sup>©</sup>

Psychology of Influence<sup>^</sup>

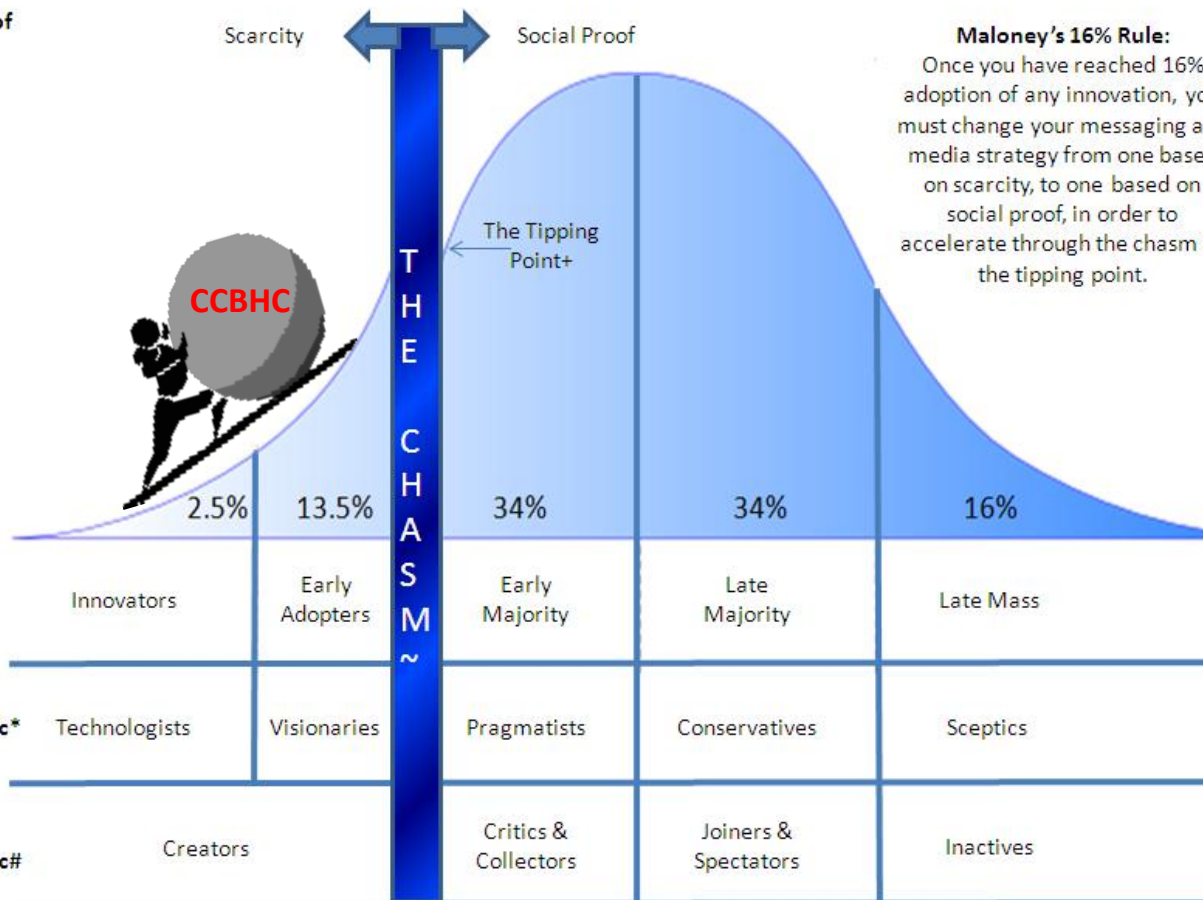
Scarcity



Social Proof

**Maloney's 16% Rule:**

Once you have reached 16% adoption of any innovation, you must change your messaging and media strategy from one based on scarcity, to one based on social proof, in order to accelerate through the chasm to the tipping point.



<sup>^</sup> Robert Cialdini <sup>\*</sup> Everett Rogers <sup>#</sup> Forresters <sup>~</sup> Geoffrey Moore + Malcolm Gladwell

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## Communicating for Buy-in



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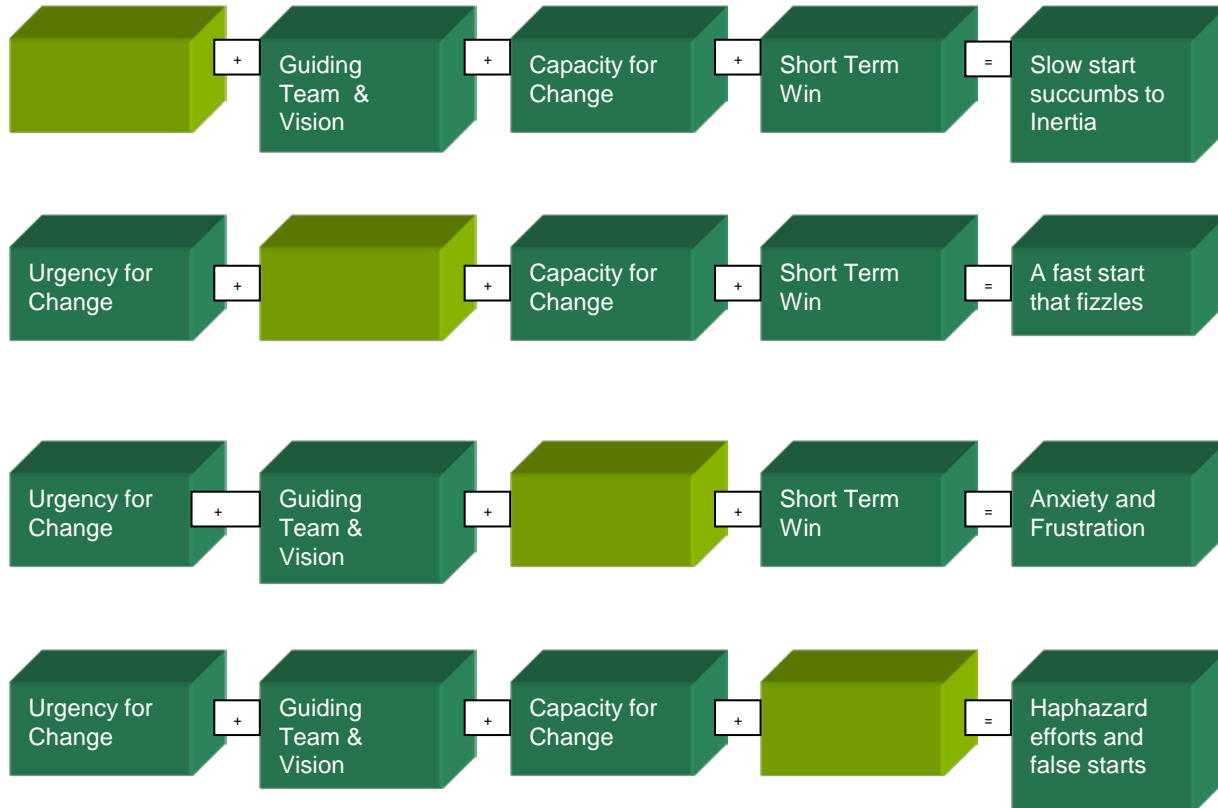
# Bridging the Chasm

- The timing matters
- Adopters & Innovators are driven by scarcity:
  - First to know/participate
  - Leading Innovation
  - More intimate communication
- Those coming on board later require social proof
  - Need evidence of effectiveness
  - Proof of sustainability potential
- Implications
  - Stakeholder communication (timing & content)
  - Implementation sequencing



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# REMEMBER: When leading change every step matters...



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In which part of your implementation have you experienced (or anticipating) the greatest challenges to change?

Q & A

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# Thank You

Please take a moment to share your feedback in the  
**Post-Webinar Survey.**

It will pop up once the Zoom session is closed.

# CCBHC-Expansion Grantee National Training and Technical Assistance Center

*We offer CCBHC grantees...*



## **Virtual Learning Communities, Webinars and Office Hours**

Regular monthly offerings that are determined based on grantees expressed needs.



## **Opportunities for Collaboration with Other Grantees**

Monthly Peer Cohort Calls for CCBHC Program Directors, Executives, Evaluators and Medical Directors.



## **Direct Consultation**

Request individual support through our website requesting system and receive 1:1 consultation.



## **On-demand Resource Library**


Includes toolkits, guidance documents, and on-demand learning modules.

➔ Access our website to register for upcoming events, submit a consultation request or scan our on-demand resource library:  
<https://www.thenationalcouncil.org/program/ccbhc-e-national-training-and-technical-assistance-center/>

# Questions or Looking for Support?



Visit our website  
and complete the [CCBHC-E NTTAC  
Request Form](#)

 <http://www.thenationalcouncil.org/program/ccbhc-e-national-training-and-technical-assistance-center/request-training-assistance/>



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