GAUDENZIA

WHITE PAPER

STABILIZING TODAY, PREPARING FOR TOMORROW: A CEO'S FRAMEWORK FOR STRATEGIC PLANNING IN CRISIS-ERA BEHAVIORAL HEALTH

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EXECUTIVE SUMMARY

I'm going to be direct: the behavioral health sector is in structural collapse. Not the slow, manageable decline that gives leaders time to respond, but a rapid unraveling: 18 facility closures in 2025 that I have seen, seven more in the first four months of 2026, a $280 million debt default by one of the nation's largest platforms, and providers in multiple states going months without reimbursement from major payers (Wilson, 2025; Ruder, 2026; Webb, 2026; Hollowell, 2026). The trajectory is accelerating: 18 closures in all of 2025, 15 more in just the first half of 2026. Meanwhile, HRSA projects shortages of 88,000 mental health counselors and 114,000 addiction counselors by 2037, and 122 million Americans already live in designated Mental Health Professional Shortage Areas (National Council for Mental Wellbeing, 2025; HRSA, 2025).

Against this backdrop, the sector's dominant response has been strategic plans that attempt to address everything at once: workforce, infrastructure, growth, technology, partnerships, culture. Research tells us 60–90% of these plans never fully launch (Giddings Consulting, 2026). This paper argues that the failure is not one of ambition but of architecture. The evidence points to a single, counterintuitive discipline as the differentiator between organizations that will survive and those that will join the growing list of closures: **sequencing.**

Not doing less. Doing the right things in the right order.

This paper is my attempt to share the framework we built at Gaudenzia, not because we have all the answers, but because when I was looking for a model, I couldn't find one. So I'm writing the paper I wish someone had written for me years ago.

A SECTOR AT THE BREAKING POINT

Let me lay out what we're all looking at.

In April 2025, the American Society of Addiction Medicine took the extraordinary step of issuing a formal policy statement calling for urgent national action to ensure the financial sustainability of addiction treatment services, warning that without intervention, treatment programs will be unable to meet demand or survive (ASAM, 2025). This was not an advocacy talking point. It was a clinical society sounding an alarm that the infrastructure of care is disintegrating.

The evidence supports the alarm.

Financial collapse is accelerating. Discovery Behavioral Health, one of the country's largest behavioral health platforms backed by Webster Equity Partners, defaulted on $280 million in debt in late 2025 after a dispute over how shuttered-facility costs distorted earnings calculations (Webb, 2026). In Ohio, CareSource, the state's largest Medicaid managed care provider, began retroactively recouping payments from behavioral health providers in early 2026 (Behavioral Healthcare Network, 2026). In the Washington, D.C. region, multiple providers reported receiving zero reimbursement from CareFirst and Cigna for the entirety of early 2026, forcing emergency loans, layoffs, and service suspensions (Hollowell, 2026). Lawrence Evans & Co.'s Q1 2026 market report described the period as "a pivotal inflection point defined by sharp contradictions between robust private market activity and intensifying pressure on safety-net providers" (Kadake, 2026). The consequences are already measured in closures: 18 behavioral health facilities shuttered in 2025, and 15 more closures or service eliminations documented in the first seven months of 2026, a pace that is accelerating rather than stabilizing (Wilson, 2025; Ruder, 2026).

The workforce crisis is structural, not cyclical. HRSA's December 2025 State of the Behavioral Health Workforce report identifies substantial national shortages across every behavioral health discipline, driven not merely by insufficient supply but by reimbursement challenges and clinician burnout that actively push providers out of the field (HRSA, 2025). By 2037, HRSA projects shortages of approximately 88,000 mental health counselors and 114,000 addiction counselors, while 122 million Americans already live in designated Mental Health Professional Shortage Areas (National Council for Mental Wellbeing, 2025; HRSA, 2025). Turnover rates in residential treatment consistently run 40–60% annually, three to six times the 10% benchmark needed for organizational stability, and 93% of behavioral health workers report burnout (Wilkinson Firm, 2026; National Wraparound Initiative, 2024). Organizations cannot grow programs they cannot staff, and they cannot retain staff they cannot pay competitively on margins that continue to compress.

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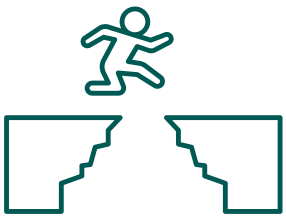
Reimbursement does not cover the cost of care. Multiple states are only now conducting their first rate-rebasing exercises in years. Oregon's residential behavioral health rates had not been rebased since pre-COVID before 2025 adjustments (Oregon Health Authority, 2025). Vermont's legislature commissioned a formal study specifically because its Medicaid payment model for residential SUD treatment was acknowledged as structurally inadequate (Vermont DVHA, 2025). Minnesota's largest treatment providers publicly warned in 2025 that without rate increases, they would close programs entirely (Minnpost, 2025). In Colorado, Aurora Mental Health & Recovery cut 111 positions, 14% of its workforce, directly citing the state's funding model overhaul and Medicaid eligibility reductions (Brown, 2026). As Behavioral Health Business reported in June 2026, "the real battlefront has moved to the state level, where unpredictable reimbursement rates and looming coverage disruptions now threaten stability" (Hollowell, 2026).



The treatment gap remains staggering. In 2023, nearly 50 million Americans met criteria for a substance use disorder, yet only one in four received any treatment (SAMHSA, 2025). Overdose deaths have declined for three consecutive years through 2025, a hopeful sign, but the underlying demand for treatment infrastructure has not diminished (CDC/NCHS, 2026).

The organizations serving the most vulnerable populations, nonprofit safety-net providers operating residential and intensive outpatient programs on Medicaid margins, face the sharpest convergence of these pressures. We cannot outspend the crisis. We cannot outwait it. We can only out-think it.

THE FALSE PROMISE OF PARALLEL TRANSFORMATION

The instinct of most leadership teams, faced with simultaneous crises, is to build a plan that addresses all of them at once. This instinct is validated by boards that want to see comprehensive thinking, by funders who want to see broad ambition, and by staff who want assurance that their concerns have been heard.

It is also, empirically, the primary driver of plan failure.

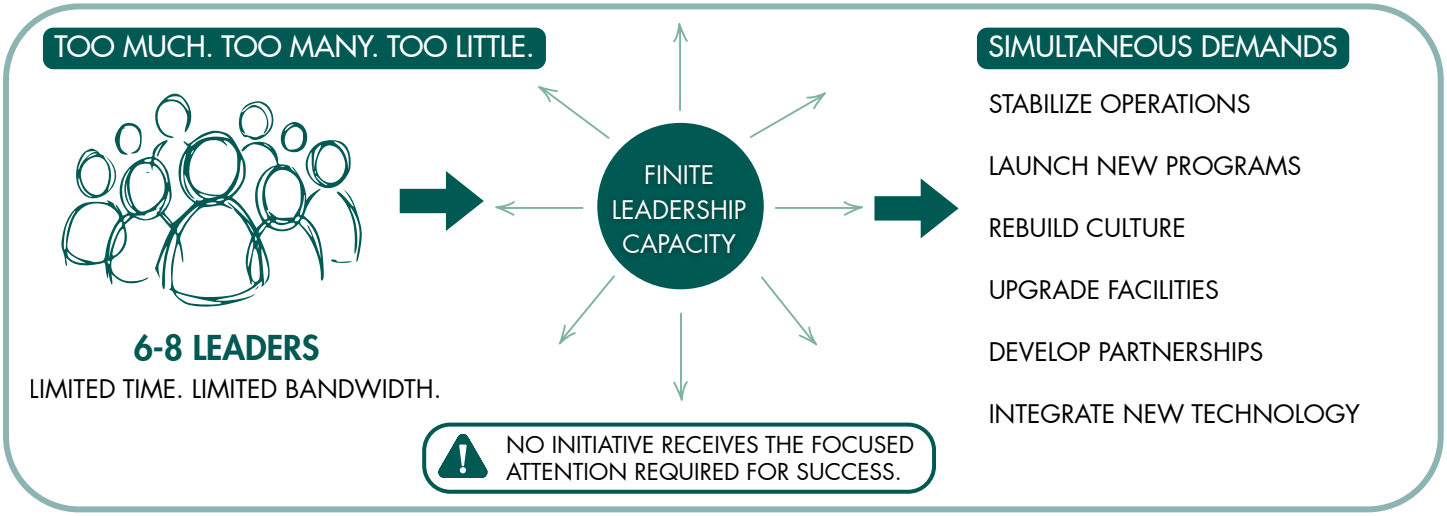
The data is unambiguous. ClearPoint Strategy's 2026 analysis found that nonprofits face the widest gap between strategy and execution of any sector examined, attributing this primarily to structural factors: mission-driven leaders managing competing priorities without the operational infrastructure to execute in parallel (ClearPoint Strategy, 2026). Giddings Consulting's 2026 field study of over 100 social impact organizations found that 60–90% of strategic plans never fully launch, with the conventional approach "structurally broken" (Giddings, 2026). Mission Metrics' 2025 analysis found fewer than 25% of nonprofit strategic plans achieve more than half their stated goals (Mission Metrics, 2025). Cândido and Santos' systematic review of strategy implementation research found failure rates consistently between 50% and 90% across industries, with execution complexity identified as the primary variable (Cândido & Santos, 2015).

This isn't new insight. We just keep ignoring it. Kotter studied more than 100 organizations attempting major change and landed on a deceptively simple conclusion: successful leaders "do eight things right, and they do them in the right order" (Kotter, 1995). The order wasn't a suggestion. It was the whole point. When organizations skip steps or try to run them in parallel, the failures cascade: you can't sustain urgency if you never built the coalition to carry it; you can't get culture change to stick if you tried it before the organization was ready to absorb it; you never get short-term wins because you never stabilized enough to produce them. I've watched this play out in real time. Sequence isn't a leadership preference. It's the mechanism that determines whether transformation actually happens or just gets announced.

Clack, Smith, and Charns' 2026 systematic review of organizational transformation in health care, published in Medical Care Research and Review, found that the field "lacks a cohesive body of empirical literature" on whole-organization transformation, with most studies employing "weak research designs" and few providing even basic definitions of what transformation means (Clack et al., 2026). The implication is stark: healthcare organizations keep attempting total transformations without an evidence base for how to succeed. Lee et al.'s earlier systematic review in the same journal found that successful health care transformations consistently shared phased implementation approaches where early wins built organizational capacity for subsequent, larger changes (Lee et al., 2013).

THE FALSE PROMISE OF PARALLEL TRANSFORMATION

The mechanism of failure is resource saturation. When a lean executive team of six to eight leaders is asked to simultaneously stabilize operations, launch new programs, rebuild culture, upgrade facilities, develop partnerships, and integrate new technology, no initiative receives the focused attention required for success. The result is not gradual progress on all fronts. It is gradual failure on all fronts, masked for 12–18 months by activity metrics before the absence of actual outcomes becomes undeniable.



This is not abstract. Discovery Behavioral Health's $280 million default was the endpoint of growth that outpaced operational stability, expansion funded by leverage rather than earned margin, and a portfolio that became too complex to manage through disruption (Webb, 2026). OneFifteen, despite Google/Verily backing and more than $100 million in investment, closed its doors in 2025. Capital without sequence is just expensive failure.

THE CASE FOR SEQUENCING: EVIDENCE AND LOGIC

If parallel transformation reliably fails, what does work?

The organizational turnaround literature offers a consistent answer across sectors: phased approaches where stabilization precedes growth, and growth precedes transformation, produce sustainable results because each phase generates the resources, credibility, and organizational capacity required for the next (Kotter, 1995; Appelbaum et al., 2012; Lee et al., 2013).

The logic is compounding:

Stabilization generates margin. When an organization rationalizes its portfolio, exits programs operating below the cost of care, consolidates operations to appropriate scale, and invests in workforce retention, the result is improved financial performance. Not because revenue grew, but because losses stopped being subsidized. That recovered margin funds everything that follows.

Margin generates credibility. Boards trust leadership teams that deliver financial stability. Payers contract preferentially with providers that demonstrate operational reliability. Staff remain at organizations where they see evidence of competent management. Credibility is earned through demonstration, not declaration.

Credibility enables selective growth. With a stable base, clean financials, and retained talent, an organization can pursue expansion from a position of strength rather than desperation. Growth becomes a choice rather than a survival strategy, and organizations that grow by choice can afford to be disciplined about which opportunities they pursue.

Disciplined growth creates the platform for transformation. Advanced data infrastructure, research partnerships, technology adoption, and strategic positioning all require organizational capacity that does not exist in crisis-mode operations. Transformation is not a first-year activity. It is a capability earned by organizations that have demonstrated the discipline to stabilize and grow first.

THE CASE FOR SEQUENCING: EVIDENCE AND LOGIC

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At Gaudenzia, where I serve as CEO (50+ programs, 15,000+ individuals served annually across four states), we spent all of FY2026 in evaluation mode: auditing every program, making the hard portfolio decisions, building the leadership team and infrastructure to execute. Now, as FY2027 begins, we're entering execution on a three-year framework: **Stabilize first (FY2027), Grow selectively (FY2028), Transform deliberately (FY2029).** We're early. The framework is being tested in real time. But the principle it enforces is already shaping every decision we make: no phase begins until the prior phase has demonstrated results. Growth is not assumed; it is earned through demonstrated stability. Transformation is not scheduled; it is enabled by demonstrated growth capacity.

> "The evaluation year was one of the hardest things I've done operationally in two decades," notes Michael Willette, Gaudenzia's Chief Operating Officer, who led the operational planning for our consolidation. "We analyzed every program against real numbers, not hopes. We made decisions to sunset programs that had served communities for years, to consolidate operations that people had built their careers around. None of those conversations were easy. But every one of them was honest. Now we move into execution, and the organization entering that phase is clearer about what it is and what it isn't than at any point I've been here."

The critical insight from that experience: stabilization is not the absence of action. It is the most consequential action an organization can take. The decisions made during a stabilization phase, which programs to sustain, which to sunset, where to invest and where to let go, are higher-stakes and more operationally demanding than growth decisions. They just generate fewer press releases.

THE ARCHITECTURE: FIVE PILLARS, NOT FIVE SILOS

*Sequencing answers the question of when. But it doesn't answer the question of **what**. For that, you need architecture.*

At Gaudenzia, we organize our strategic plan around five interconnected pillars: **Clients, People, Footprint, Future, and Partners.** Each pillar has its own objectives, metrics, and named owner. But the pillars are deliberately designed to be interdependent, not siloed:

Clients: Who are we serving, at what levels of care, and are we meeting them where they actually are? This pillar forces honest answers about clinical appropriateness, census viability, and whether our programs match today's referral patterns or yesterday's.

People: Can we staff what we're building? Workforce retention, leadership development, compensation competitiveness, and culture. Nothing else in the plan works if this pillar is red.

Footprint: Which facilities stay, which consolidate, which grow? The physical and operational infrastructure decisions that determine what's possible in years two and three.

Future: Technology, data infrastructure, research partnerships, and the capabilities we're building toward but not yet ready to execute. This pillar is deliberately last in the sequence during FY2027, because investing in transformation before stabilization is how organizations waste capital.

Partners: Payers, referral sources, policy relationships, and community presence. Who are we aligned with, and where do we need to rebuild trust or expand relationships?

The reason this architecture matters: it gives every leader in the organization a clear answer to "what is my job this year?" without creating the fragmentation that kills most strategic plans. A regional director can look at these five pillars and know exactly which ones are in play for their geography this quarter. A board member can evaluate progress across five dimensions without needing to understand the operational details of 50 programs.

The pillars also enforce a discipline most plans lack: when something doesn't fit in a pillar, it doesn't get done. Not because it's a bad idea, but because the architecture doesn't support it yet.

THE COUNTER-ARGUMENT: "ISN'T SEQUENCING TOO SLOW?"

The most common objection to deliberate sequencing is that it represents unacceptable delay in the face of urgent need. Communities need services now. Staff need investment now. Infrastructure is failing now. How can an organization justify a stabilization year when people are waiting for treatment?

This objection confuses speed with velocity. Speed is motion in any direction. Velocity is motion toward a specific destination. An organization pursuing five simultaneous transformation initiatives is moving fast. It is also going nowhere.

Consider the evidence of what "fast" produces without sequencing discipline:

Discovery Behavioral Health grew aggressively across the country, backed by private equity capital, and defaulted on $280 million within five years. OneFifteen had Google-backed capital, world-class data infrastructure, and community support. It closed anyway, because operational viability at the program level was never established before the platform was built. Across the sector, the Lawrence Evans Q1 2026 market report documents "a wave of facility closures in autumn 2025 eliminating significant treatment capacity across multiple states" (Kadake, 2026), overwhelmingly among organizations that had expanded beyond their operational and financial capacity to sustain.

The organizations that will still be serving communities in five years are not the ones that moved fastest. They are the ones that moved in the right direction, in the right order.

I'll be transparent: we're early in this. Gaudenzia is weeks into its execution year. I'm not writing from the other side of a completed transformation. I'm writing from the conviction that the framework is right, grounded in the evidence and in what our evaluation year revealed. We'll know in 18 months whether execution fully delivered on the architecture. But waiting until we had perfect outcomes data before sharing the model would have defeated the purpose of writing in public.

THE COUNTER-ARGUMENT: "ISN'T SEQUENCING TOO SLOW?"

There is also a moral dimension that leaders must confront. An organization that overextends and then closes eliminates not just its own capacity but the community's trust in behavioral health institutions. Every closure creates a gap that takes years to fill, if it is filled at all. The most responsible act of leadership during a structural crisis is ensuring organizational survival first, so that service can continue at all.

As Willette puts it:

> *"Everyone wants us to move faster into growth. I understand that. But the alternative isn't a faster path to growth. The alternative is growth that collapses, which leaves communities worse off than if you'd never expanded at all. I've seen it happen. The communities don't forget."*

STRATEGIC EXCLUSION: THE MOST IMPORTANT SECTION OF ANY PLAN

McNerney, Reid, and Evans' empirical investigation of nonprofit strategic planning methods found that organizational capacity is statistically correlated not merely with the presence of a strategic plan, but with the specificity of strategic focus: organizations that define clear boundaries around their scope outperform those that attempt comprehensive transformation across all dimensions simultaneously (McNerney et al., 2023). The mechanism is straightforward: every initiative included without corresponding exclusions dilutes leadership attention, fragments resource allocation, and creates competing priorities that paralyze execution.

This means the most important section of a strategic plan is not the goals. It is the "What We Will NOT Do" list.

Most organizations skip this entirely. The ones that include it rarely enforce it. But the organizations that write explicit exclusion commitments, share them with their boards, and refer to them when attractive distractions emerge, these are the organizations that actually execute.

At Gaudenzia, our exclusion list has killed opportunities that looked compelling on paper. In FY2026, we were approached about expanding into a new geography with an existing provider looking for a partnership. The census projections were attractive. The community need was real. We said no, because our stabilization work wasn't done, and taking on a new site before our existing portfolio was healthy would have spread leadership attention across too many fronts. That decision cost us relationships and disappointed people internally who had energy for growth. But it was the right call: we hadn't yet earned the right to grow. Every constraint costs political capital internally. But the research is clear: the organizations closing their doors in 2025 and 2026 are not organizations that lacked ambition. They are organizations that lacked the discipline to match their ambition to their capacity. Companies did not fail because they were unambitious. They failed because their ambition exceeded their operational ability to sustain what they built.

GOVERNANCE AS EXECUTION ARCHITECTURE

The research on nonprofit strategic plan failure consistently identifies the same execution gap: plans are adopted, retreats are completed, and then the plan stops being a reference point for daily decisions within six months (ClearPoint Strategy, 2026; LUR Growth, 2026). By month twelve, many staff cannot recall the priorities without looking them up.

The solution is not better plans. It is governance architecture that makes ignoring the plan structurally impossible:

Personal accountability over collective ownership. Research on strategy execution consistently finds that diffused accountability produces diffused results (Kazanskaia, 2025). Every major strategic initiative requires a named human being who presents progress to the governing body and owns the outcome publicly.

Cadenced forcing functions. Monthly operational reviews at the executive level, quarterly strategic reviews at the board level, and annual recalibration where targets flex without abandoning the sequencing framework. If a strategic plan only surfaces at annual retreats, it is already dead.

Transparency over narrative. Red/Yellow/Green indicators with escalation requirements eliminate the ability to bury underperformance in optimistic language. When a metric is red, the conversation shifts from "how do we describe this" to "what are we doing about this within 30 days."

Adaptation without abandonment. The sequence (Stabilize → Grow → Transform) remains fixed. The specific targets within each phase can flex based on environmental changes. This is the crucial distinction: strategic agility means adjusting targets, not changing direction every quarter.

IMPLICATIONS FOR THE FIELD

The behavioral health sector's current moment demands a different kind of strategic thinking from its leaders. Not more ambition. Not more innovation. More discipline.

The organizations that survive will share a common trait: they matched their strategic scope to their execution capacity, and they refused to pretend otherwise. This requires several commitments that most organizations find uncomfortable:

Accept that stabilization is not failure. A stabilization year is not an admission that the organization is broken. It is recognition that the environment has changed and that strategy must change with it. The organizations failing right now are the ones that refused to stabilize, not the ones that prioritized it.

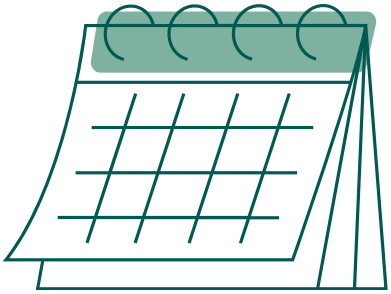
Assign named owners, not committees. Collective accountability is no accountability. Every strategic initiative needs a single human being who reports progress publicly and owns the outcome regardless of organizational politics.

Confront the honest baseline. The most important input to a strategic plan is an unflinching assessment of what is actually true today: which programs are viable, which are not, where the real risks live, and what has been deferred too long. Plans built on optimistic baselines produce disappointing results. Plans built on honest baselines produce the credibility needed to ask boards, staff, and communities for patience during a sequenced approach.

Resist the political pressure to parallelize. Boards, funders, staff, and community partners will all want their priorities addressed immediately. The leader's job is not to satisfy every constituency simultaneously. It is to create the sequence that ultimately serves all of them by ensuring the organization survives long enough to do so.

STARTING MONDAY MORNING: A 30-DAY SEQUENCING ASSESSMENT

If you're a leader reading this and recognizing your organization in the pattern of parallel failure, here's where I'd start:



Week 1: Build the honest baseline. Pull your program-level P&L for the last 12 months. Identify every program operating below the cost of care. No narratives, no "but it's getting better." Just the numbers. How many programs are being subsidized by the rest of the portfolio?

Week 2: Name what you won't do. Convene your executive team for one session with a single question: "What are three things we've been trying to do that we should stop?" Write the answers down. Share them with your board. That document becomes your exclusion list.

Week 3: Assign owners, not committees. For every active strategic initiative, identify a single named human being who owns it. If you can't name one person, the initiative doesn't have enough focus to succeed. Kill it or consolidate it.

Week 4: Sequence ruthlessly. Take what remains after the exclusion exercise and put it in order. What must be true before the next thing can start? Draw that dependency map. If everything is "Phase 1," nothing is.

This isn't a strategic plan. It's the diagnostic that tells you whether you need one, or whether you already have a plan that just needs the discipline of sequence applied to it.

CONCLUSION

The behavioral health organizations that survive the next five years will not be the ones that tried hardest. They will not be the ones with the most ambitious plans, the most innovative programs, or the fastest growth rates.

They will be the ones that chose what to fix first.

Discovery chose to grow first. It defaulted on $280 million. OneFifteen chose to build the platform first. It closed despite having one of the most sophisticated data environments in the field. Eighteen organizations in 2025 chose to continue operating as they always had. They no longer exist.

The pattern is not subtle. And the alternative is not complicated. It is just hard.

Stabilize first. Earn the right to grow. Transform only when the platform can sustain it.

In a sector defined by simultaneous crises, the most radical act of leadership is not transformation. It is the discipline to sequence transformation so that it actually occurs, rather than merely being announced, funded, and then quietly abandoned when the execution proves impossible.

The framework is simple. The discipline is rare. And the organizations that master both will be the ones still serving communities when the next crisis arrives.

ABOUT THE AUTHOR

Dr Deja Gilbert, FACHE is President and CEO of Gaudenzia, Inc., one of the largest nonprofit behavioral health and recovery organizations in the United States, operating more than 50 programs across Pennsylvania, Maryland, Delaware, and Washington, D.C. Under her leadership, Gaudenzia is executing a deliberately sequenced three-year strategic framework, choosing stabilization before growth in a sector where that discipline is rare. She can be reached at dgilbert@gaudenzia.org.

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