

## Leadership Qualities in Successful Systems of Care

### The Key Role of Leadership in System Implementation

Effective leadership is critical to the success of any organization. It sets the tone for the organization and often drives the definition of priorities and goal setting. A system of care, recognized as a collaborative of organizations, creates a complex network of structures, processes, and relationships in which leaders must operate. The concept of systems of care was originally defined as “a comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of severely emotionally disturbed [SED] children and adolescents” (Stroul & Friedman, 1986, p. 3). These systems contain, as an essential component, a coordinated network that necessitates the collaboration of various child serving agencies including child welfare, mental health, juvenile justice, and education. Although these agencies often serve the same population of children and families, traditionally they develop independently of one another and offer their own unique leadership structures. The involvement of multiple agencies, often with conflicting mandates, creates a particular leadership challenge in efforts to guide the system toward common goals.

Within a traditional organization, leadership is defined by rank and power (Drucker, 1995), and leaders have the arduous task of guiding the organization toward the accomplishment of common goals. More contemporary conceptualizations define leadership as “the process of inspiring, influencing, and guiding others to participate in a common effort” (Kreitner, 2007, p. 444). This definition does not place emphasis on leading by power or coercion, but on guiding people down a path toward a common goal. Well-functioning service systems for children and families have

been found to have leaders that show inspiration and direction (Hodges, Hernandez, Nesman, & Lipien, 2002). Agency staff and stakeholders within these systems often characterize leadership as strong and empowering. Although authority is clearly defined, leaders within these systems often encourage staff at all levels to solve problems and make decisions. These characteristics are reflective of a “transformational leader,” described as one who communicates a vision, has respect and trust within the organization, is inspirational, and encourages others’ personal growth and problem solving abilities (Bass, 1990; Kreitner, 2007).

This issue brief will present system of care leadership as defined by stakeholders in four established systems. When asked to identify factors critical to system of care implementation, leadership was included by all systems that have participated in *Case Studies of System Implementation*. Findings from this study indicate that leaders in successful systems of care have many of the characteristics of transformational leaders. The brief will describe lessons learned about leadership from these communities, and will provide strategies for successful leadership within a system of care. Communities participating in *Case Studies of System Implementation* include the following systems of care: Placer County, CA (PC); Region 3 Behavioral Health Services, NE (R3); the State of Hawaii (HI); and Santa Cruz County, CA (SC).

### How Successful Systems Describe Leadership

Definitions of leadership were created by a core group of stakeholders in each system of care and then validated by a broader group of system stakeholders. These definitions are provided in Table 1.

### Case Studies of System Implementation

is a five-year national study of strategies that local communities undertake to implement community-based systems of care. The purpose of the study is to understand how factors affecting system implementation contribute to the development of local systems of care for children with serious emotional disturbance and their families.

#### Methods

This study uses a multi-site embedded case study design. Participating systems were identified through a national nomination process and were selected on the basis of having: (1) an identified local population(s) of youth with serious emotional disturbance; (2) clearly identified goals for this population that are consistent with system-of-care values and principles; (3) active implementation of strategies to achieve these goals; (4) outcome information demonstrating progress toward these goals; and (5) demonstrated sustainability over time.

Data collection includes semi-structured key informant interviews, document review, site-based observation, and documented aggregate outcome data related to system implementation in communities with established service systems. Analysis uses an intensive and iterative team-based approach. The study will include a total of eight cases.

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Table 1

COMMUNITY	LEADERSHIP DEFINED
Placer County, CA	<b>LEADERSHIP</b> —A <b>visionary partnership</b> in which the <b>authority and responsibility for children’s services are distributed among most partner agencies</b> . Leadership is characterized by a <b>focus on system improvement</b> that is driven by shared understanding of and steadfast commitment to doing whatever is necessary to meet the needs of children and families. With the support of upper and middle management, leadership is encouraged at all levels of the system. The development of leaders who have a clear understanding of the knowledge, skills, and abilities needed to lead an integrated system of care is valued and viewed as necessary for system sustainability.
Region 3 Behavioral Health Services, NE	<b>LEADERSHIP</b> —A process that supports a strong and <b>shared vision</b> among empowered stakeholders including agencies, families and providers. Leadership is based on a strong commitment to the values, goals, and mission of the system of care and a belief in the system’s ability to achieve results. Leadership facilitates the <b>sharing of authority and responsibility</b> , and it fosters a vision for the future and understanding of how to get there. Leadership is characterized by all system stakeholders accepting and having the power to carry out their responsibilities.
The State of Hawaii	<b>LEADERSHIP</b> —The identification and communication of a <b>clear vision, mission and shared values</b> that gives a sense of meaning to system participants and operations across leaders and over time. Leadership requires having the knowledge and creativity to <b>identify solutions to current problems</b> , the wisdom to prioritize courses of action and assign resources to key priorities, the dissemination of plans and the accountable review of operations. Leaders are described as people with the personal power, credibility, and capability to persuade others to act in the interest of the shared goals of the group. Leadership is a potentially stabilizing force that provides a consistent presence, a common message, rational choices, and coherent organization across system partners.
Santa Cruz County, CA	<b>BRAIDED LEADERSHIP</b> —The informal System of Care governance structure that supports the <b>interagency System of Care mission</b> , outcomes, and fiscal development. Elements of braided leadership include that the System of Care is included in individual agency mission statements. This allows the System of Care values to be maintained despite changing state-level commitment. Braided leadership also involves <b>sharing resources and risk</b> as well as <b>shared problem solving</b> . A shared fiscal focus and the use of “braided funding” approaches is an important aspect of braided leadership. This collaborative approach to leadership allows partner agencies to work strategically in the planning and implementation of services while maintaining their individual agency identities and roles.

Lessons Learned from Successful Systems of Care

1. Leadership is shared

Leadership within established systems of care is based upon a shared vision and mission of all agency partners. This common vision is the foundation for mutually agreed upon system-level goals as well as strategies to meet these goals. A shared vision allows leaders of agencies to create a united front, as decisions made by all agencies are based upon the needs of children with serious emotional disturbance and their families. Information gathered through observation and interviews shows that this common ground aids in conflict resolution among partnering agencies. Depending on the agreed upon structure of the system including location/co-location of staff, and geographic expanse of the system, crossing of supervisory boundaries may occur, in which managers of one agency may co-supervise staff from another agency. This co-supervision necessitates leaders to cede some degree of supervisory control. This type of shared leadership approach cannot be ego driven. On occasion because this supervision within some systems is seamless, leaders actually refer to organizational charts to identify which staff work within which agency, stating that the only significant difference is who signs their paycheck.

*“Leave your egos at the door...”*  
—(PC, SC)

*“It is a shared leadership.”*  
—(R3)

2. System of care leadership is complicated

Because a system of care necessitates collaboration among multiple agencies, leadership within the overall system is quite complex. Each agency has its own autonomy while implementing services within a collective whole. Data indicate that even when agency leaders have a shared vision for the system of care, they are often bound by particularly challenging bureaucratic procedures, conflicting mandates, and funding constraints. This balance can be particularly challenging, as is the case when Juvenile Justice considers community safety as its highest priority while also being cognizant of the system of care value of providing services for clients in their least restrictive, most normative environment. In addition, agency partners frequently have varying criteria for entry into and provision of services (e.g., SED classification as defined within the mental health setting versus the educational setting). Furthermore, the difficulty in defining roles and responsibilities of agency partners have the potential to negatively impact access and availability of services for children and families, risking that children and families will be under-, over-, or inappropriately served. These issues, in addition to working within a system that is constantly evolving, make it necessary for leaders to have strategies to ensure that the system continues to function as intended based on the system’s shared vision and mission.

*“Each agency has its own unique perspective on what is most important and what are the most effective strategies for meeting goals.”*  
—(SC)

There were several similar characteristics of leadership that were common among the communities. These common themes included: 1) a shared vision, 2) distribution of authority as well as responsibility across agencies, and 3) system improvement and problem solving. These characteristics are bolded in the definitions above. These concepts as well as additional lessons learned through on-site observations and interviews with stakeholders within each system are described in more detail below.

### 3. Leadership is diffused

Authority is often delegated within and across agencies, including problem solving and meaningful decision-making at the program and line levels as well as at the traditional administrative levels. Clinical decisions made at the interagency team level are supported by administrators. Conflicts among agencies are expected to be resolved at the program level, although there are processes for resolving conflicts that are not resolved at lower levels. Although it has the potential to create instability, decentralization of decision-making authority is supported by literature that views it as critical to accomplishing tasks within a large organization, particularly when addressing organizational change (Collins, 2005; Drucker, 1995).

*Attempts are made to localize the seat of leadership... we can see faster change....”*  
—(HI)

### 4. Trust is critical (but it takes time)

Data indicate that leaders within a successful system of care develop a high level of trust among each other, which is translated to all levels of the system. This includes a building of trust in joint efforts over time, in which all agency partners have a common vision and a realization that it takes everyone’s resources and hard work to meet system goals. This high level of trust is often based on a history of a positive working relationship with each other. Trust is sometimes grounded in long-standing relationships—particularly in smaller communities where leaders have known each other for many years. Activities observed within these communities that illustrate this high level of trust include blending or braiding of funds and the sharing of resources (e.g., staff “pitching in” to help a staff member from another agency with a particularly challenging client, sharing of agency vehicles and cellular telephones). In addition, an agency partner may obtain a grant but have another agency partner administer the grant, or cover administrative costs allowing a community-based organization to free up additional funds for direct service provision. Most importantly, this level of trust is based upon a genuine feeling that each partner is working towards the common goal of improving the lives of the children and families in the system.

*“It takes a lot of meeting time, patience and positive relationship building to work together. The results are worth it!”*  
—(SC)

*“Put your money on the table and your hands behind your backs...”*  
—(PC)

It should be noted that in Santa Cruz County, stakeholders included the modifier “Braided” with Leadership and clearly articulated that “braided” emphasizes that their leadership preserves the autonomy of the individual agencies even with a well-established, long-term collaboration among all agency partners. Other systems also identified the concept of interagency collaboration as critical to system implementation but maintained it as a separate factor within their systems.

## Strategies for Successful Leadership

### 1. Build leadership on the vision and mission of the system.

Leadership activities within a successful system of care are based upon the shared vision and mission of the system. Leaders must:

- Assess where the system is and where it needs to go with regard to the shared vision;
- Engage with system partners around why the system of care’s vision and mission helps each agency with their individual mandates (often supported by outcome data);
- Realize that the work in their system is never finished and that they must continue to evolve and adapt to constantly changing contexts and external pressures while always staying focused on the values of the system;
- Foster an environment in which staff tolerate discomfort regarding system change because they know that for the system to be responsive, it cannot be static;
- Strategically seek out and develop relationships with staff that have a common vision and recognize the necessity of adaptation. Occasionally, this takes patience until collaborative leaders arise in other agencies; until then, they are opportunistic about building bridges at other levels of partnering agencies;
- Foster relationships with state and local policy makers, setting agendas and advocating for change to support children and families with mental health needs.

### 2. Build structures to sustain the vision and mission.

System change is a process, and supportive structures must be built as a group effort. Data from established system of care communities indicate that these structures often include:

- Interagency management team meetings, in which members meet on a regular basis to address system level issues;
- Interagency team meetings held at the clinical level. There are high expectations that all agency partners will participate in planning for individual clients/families and that agency partners will follow through on the plan;
- Open/shared strategic planning that may include a signed renewal of commitment each year; and
- Co-location of staff, in which staff from several different agencies are located in a central area. In large geographic regions, co-location may consist of having a few centers positioned throughout the region in which representatives of each system partner are housed. This not only improves service coordination but also increases overall communication and a sense of teamwork.

Strong communication structures across and within agencies are also critical to sustaining the vision and mission of the system. These communication structures include:

- Multi-directional communication, including: (a) traditional top-down communication, (b) bottom-up, communication (in which frontline staff express their opinions and are involved in meaningful decision-making and problem solving on a daily basis), and (c) cross-agency communication;

- External communication with all stakeholders, which may include community meetings in which evaluation data is shared and an open dialogue to discuss system issues is encouraged.

**3. Provide autonomy and resources to solve problems and make decisions at all levels of the system.** Formal and informal system information supports trust and reinforces autonomy and decision-making by providing feedback. Data indicate that a high level of trust across system partners allows resources to be made available to support autonomy in meaningful decision making. Leaders encourage innovation but ground new ideas in data. Outcomes are used to ensure accountability for decisions made, and positive outcomes reinforce autonomy at all levels of the system. When consensus cannot be reached, leaders within successful systems have put in place processes to resolve these issues. Occasionally, agency partners “agree to disagree,” but decisions are based on what is best for children and families.

**4. Develop leaders from within the system.** Data suggest that this investment in developing leaders from within the system is well worth the effort. Successful systems often develop leaders internally by:

- Promoting program managers and clinical staff to fill administrative positions. These future leaders must embrace the values and principles of a system of care and must be knowledgeable about the structures and processes of all agencies across the system;
- Building capacity of future leaders through extensive mentoring and training. System leaders recognize the importance of starting this process long before leadership change occurs;
- Forging alliances to develop local capacity. Although leadership development cannot be controlled within every system, successful systems are strategic about their opportunities to work closely with less-traditional system partners, such as universities and community-based organizations. For example, some systems, recognizing that it is particularly challenging to hire and retain employees within the field of mental health, work with local universities to create programs that develop new professionals to work within the system.

## Conclusion

Value-driven commitment and shared accountability are critical to system of care leadership. Collins (2001) states that leadership must “confront the brutal facts” (p. 13) within an organization. Data from this study suggest that leaders in successful systems of care use outcome information on an ongoing basis to evaluate the effectiveness of their systems’ structures, processes, and relationships. Data also indicate that established systems have determined, effective, and trusted leadership. This leadership is driven by the values of the system and is shared across agencies. These leaders are willing to relinquish power to encourage problem solving and decision-making at the program level. Most importantly, leaders of these established systems of care never lose sight of their purpose of providing the best possible community-based care for children with serious emotional disturbance and their families.

*“I feel the single most important factor to establishing and maintaining a successful SOC is leadership. If agency directors are not true believers this is almost impossible to sustain.”*

—(SC)

## SUGGESTED READINGS ON LEADERSHIP

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