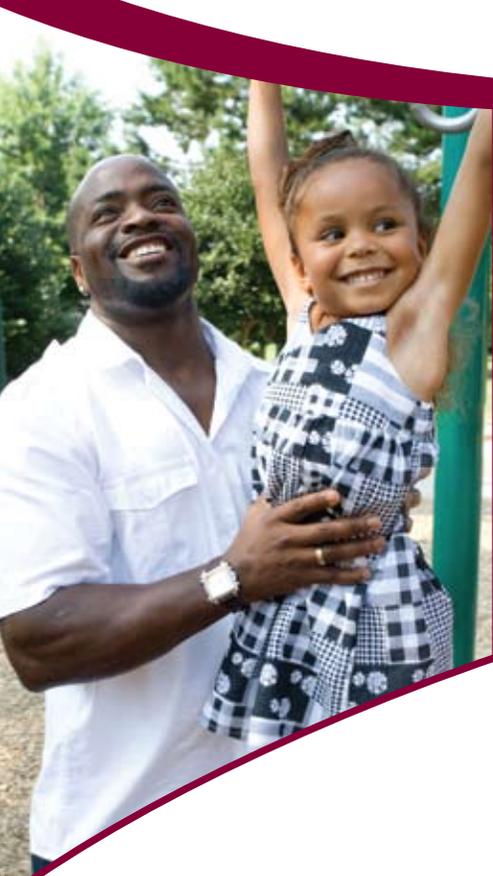


National Technical Assistance and Evaluation Center for
Systems of Care



Leadership in the *Improving Child Welfare
Outcomes through Systems of Care Initiative*



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November 2010



U.S. Department of Health and Human Services
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In addition to evaluating and documenting the outcomes of the demonstration initiative, Center staff provided technical assistance to the grant communities on all aspects of planning, developing, implementing, evaluating, and sustaining their Systems of Care change efforts. At the conclusion of the demonstration program, Center staff work closely with the Children's Bureau to generate and disseminate knowledge about child welfare-led systems of care implementation. For further information, contact Janice Shafer at:

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Executive Summary

In 2003, the Children’s Bureau funded nine demonstration grants to assess the efficacy of a systems of care approach to improving outcomes for children and families involved in the child welfare system and to address policy, practice, and cross-system collaboration issues raised by the Child and Family Services Reviews. This 5-year initiative, entitled *Improving Child Welfare Outcomes through Systems of Care*, focused on infrastructure development to strengthen the capacity of human service agencies to support families involved in public child welfare through a set of six guiding principles:

- Interagency collaboration.
- Individualized, strengths-based care.
- Cultural and linguistic competence.
- Child, youth, and family involvement.
- Community-based approaches.
- Accountability.

Effective leadership and a strong shared vision are critical to the success of any organization, particularly one facing system-wide change. The Systems of Care initiative challenged grant communities to change the way business was conducted and forge a future that focused on developing the infrastructure necessary to operationalize and implement the six systems of care principles.

As the relevant literature indicates, systems change is often met with trepidation. Adaptive work generates resistance because people have to let go of certain elements from their past way of working. To combat resistance to change and successfully implement the Systems of Care initiative with child welfare as the lead agency, dedicated leaders at all levels were needed to direct the initiative and keep staff motivated to work

toward a new way of engaging families and, in many cases, a new way of thinking about child welfare.

This brief is designed to enhance understanding of the role of leadership in bringing about systems change. Drawing on qualitative data collected during interviews with key stakeholders, the brief highlights the experiences of seven of the nine grant communities as their leaders planned and carried out strategies and approaches to effectively implement the Systems of Care initiative.

1. Research on Leadership

Leadership is a complex concept that has been examined and defined in many ways for decades. Two related types of leadership—transformational and adaptive—are relevant to a system of care principle-driven approach. Transformational leaders, as the name implies, transform or change an organization, achieving change that reflects the common interests of both the leaders and the followers (Bennis & Nanus, 2007). By articulating a vision for the change, providing support, and serving as role models, transformational leaders gain the buy-in necessary to effect change within their organizations. Adaptive leaders initiate or respond to change and mobilize staff to tackle challenges and thrive, which often requires a shift in values (DeCarolis, 2005; Heifetz, Grashow, & Linsky, 2009).

According to Heifetz (2003), this work entails clarification of goals or development of new ones followed by innovation, experimentation, and cultural change. Successful implementation of a systems change initiative requires individuals who exhibit both transformational and adaptive leadership characteristics. Successful leaders must engage and support staff at all levels of the organization, generate

buy-in by connecting the initiative's goals to the foundational goals of child welfare practice, and transform long-standing beliefs and practices. Leaders need to set a clear vision and rally stakeholders to ensure a principle-driven system of care approach becomes integrated into the culture of child welfare agencies.

2. The Role of Leadership in Bringing About Systems Change

Stakeholders identified several additional key components for effectively leading a Systems of Care initiative:

- Developing a shared vision.
- Maintaining communication.
- Generating and sustaining buy-in.
- Establishing partnerships.
- Developing support.

These reflect important elements underscored in the literature on transformational and adaptive leadership. Systems of Care stakeholders noted that successful implementation of the initiative also called for leaders who could see the big picture, build relationships, and exhibit patience and flexibility to eliminate barriers and connect disparate groups and organizations. With a focus on the six guiding principles, Systems of Care leaders had to have the skills, knowledge, and ability to connect the initiative to the values, as well as assuage the anxieties, of the people they tried to lead.

3. Challenges and Opportunities in Leading a Systems of Care Initiative

Managing resistance to change was the most commonly cited challenge for Systems of Care leaders during initiative implementation. Generally, family involvement was the issue that encountered the most resistance.

However, stakeholders unanimously agreed that over the course of the initiative, as the innovative concept of family involvement took hold and successful experiences were highlighted, most child welfare staff began to internalize and promote family as partners.

Another challenge for grant communities was leadership staff turnover. In many cases, grant communities had multiple department directors, child welfare division directors, and Systems of Care project directors. While changes in leadership resulted in some agencies struggling to maintain Systems of Care in their communities, changes in leadership in other communities brought new ideas and management styles that complemented the goals and principles of the initiative.

Systems of Care implementation was also affected by competing priorities in child welfare agencies. At different times during the grant period, Systems of Care leaders had to balance implementing the initiative with other issues vying for their attention, such as a child fatality in the child welfare system or responding to budget cuts and limited resources. In general, when leaders faced competing priorities, they focused on identifying how Systems of Care initiative goals complemented the goals of other agency efforts. Through this process, they tried to diffuse the tensions created by competing priorities and generate support for the initiative among key stakeholders.

Planning for sustainability also proved to be a challenge for certain Systems of Care grant communities. Several stakeholders discussed the challenges involved in blending or braiding funds—aligning or pooling funding sources from different agencies to support integrated and coordinated service delivery—to provide for the continued support and long-term sustainability of Systems of Care. Failure to engage stakeholders at the policymaking level limited Systems of Care leaders from blending funding sources across child- and family-serving systems to fully sustain many of the

components developed through Systems of Care. Nevertheless, grant community leaders successfully identified other strategies to ensure the sustainability of the systems of care principles within child welfare agencies' policies, practices, and procedures, including integration of the principles into policy manuals, Program Improvement Plans, and training curricula. Several child welfare agency leaders also identified existing funding sources within their agencies to support key initiative components.

4. Lessons Learned and Recommendations

Over the 5-year grant period, Systems of Care leaders learned many valuable lessons and overcame challenges as they worked to weave Systems of Care into the fabric of child welfare agencies and their child- and family-serving partners. Systems of Care stakeholders noted that patience is essential for implementing any type of systems change. Systems of care principles take a long time to implement and require persistence from leaders to incorporate them into the cultures of child welfare agencies, related child- and family-serving agencies, and families. Establishing relationships with partners and building trust also take a long time.

The lessons learned by the Systems of Care grant communities can inform implementation of systems change efforts in other communities nationwide:

- Leaders should assess their organizational readiness for change and determine the supports and resources needed to facilitate the change process.
- Leaders should model the behavior they want staff members to adopt (i.e., “practice what you preach”).
- Tracking and using data to demonstrate the initiative’s impact on outcomes can help gain stakeholder buy-in and support.
- Recognizing successes and acknowledging people, both internal and external to the initiative, who contribute to and support the change can keep staff motivated.
- In collaboration with stakeholders, systems change leaders should dedicate considerable time to developing their vision for the initiative, communicating the vision, and always soliciting feedback from stakeholders.
- Systems change initiatives need strong and consistent leadership, particularly at the administrative level or top management of the agency.
- Successful integration of systems of care principles, or any set of guiding principle, into child- and family-serving agencies’ policies, practices, and procedures requires the presence of committed leaders, champions, and change agents at all levels of the community and organization.
- Because staffing changes are inevitable, having a succession plan will ensure that leadership transitions are streamlined and the work can continue.
- Assigning a full-time project director or coordinator is critical to the successful implementation and sustainability of any change initiative.
- To be successful, leaders need to foster leadership at all levels of the initiative.

Introduction

The *Improving Child Welfare Outcomes through Systems of Care* demonstration initiative was designed to promote systems and organizational change through systems of care guided efforts and activities and the realignment of collaborative partnerships between agencies and children and families involved in the child welfare system.

Effective leadership and a strong shared vision are critical to the success of any organization, particularly one facing system-wide change. The achievement of sustainable systems change is challenging because it requires the implementation of new policies, programs, and a different infrastructure to support the desired outcomes (Kreger, Brindis, & Manuel, 2007). The Systems of Care initiative challenged grant communities to change the way business was conducted and forge a future that focused on developing the infrastructure necessary to operationalize and implement the six systems of care principles: interagency collaboration; individualized, strengths-based care; cultural and linguistic competence; child, youth, and family involvement; community-based approaches; and accountability.

As the relevant literature indicates, systems change is often met with trepidation. Adaptive work generates resistance because people have to let go of certain elements from their past way of working, which means they experience loss. Leaders need to let staff voice their concerns in an open environment where they feel safe to share their opinions without reproach. Additionally, staff need to feel that their opinions and participation are valued and there is mutual trust (Heifetz, 2003).

To combat resistance to change and successfully implement the Systems of Care initiative with child welfare as the lead agency, dedicated leaders at all

“High-performance leaders assist organizational members in overcoming resistance to change by showing empathy and support, revealing results of gap analysis, involving them in strategy formulation, and conveying a positive expectation for change (Cummings & Worley, 1997). They help people in the organization to collaborate, trust one another, and develop a collective sense of responsibility for the new direction and performance of the organization.”

(Collins, Lowe, & Arnett, 2000, p.41)

levels were needed to direct the initiative and keep staff motivated to work toward a new way of engaging families and, in many cases, a new way of thinking about child welfare.

To achieve long-term organizational change, leaders must create and sustain dynamic processes rather than relying on one strategy or focusing on one outcome (Kreger et al., 2007). Effective Systems of Care leaders understood that they needed a comprehensive plan to change their child welfare agency and how the agency partnered with child- and family-serving systems, families, and communities to achieve the outcomes of safety, permanency, and well-being for children and families.

The Systems of Care leadership structure varied across grant communities, reflecting differences in community leaders' understanding of the perseverance and challenging work required of systems change. Representing a collaborative leadership approach, also known as shared leadership, leadership structures within the grant communities were in four levels:

- Child welfare agency administration: Leaders at the child welfare agency administration level often set the tone for the Systems of Care initiative, contributed to the development of the vision, and provided support and direction for the initiative. Many of these leaders empowered others to do the work.
- Systems of Care project directors: Systems of Care project directors were often dedicated only to the initiative, managed the day-to-day planning and implementation, and became spokespersons for the initiative within the child welfare agency and across the community. Leading from the middle of the organization, these individuals were vital to the successful implementation of the Systems of Care initiative.
- Managers and supervisors: Individuals at the managerial and supervisory level of the child welfare agency became internal champions of the initiative and helped garner support and mitigate resistance from frontline staff.
- Family and community members: Through their participation in the Systems of Care collaborative bodies and other working groups, family and community members played important informal leadership roles in influencing policy and practice changes within child welfare and other child- and family-serving agencies, as well as in the design and implementation of strategies to integrate family input across child- and family-serving systems.

Bringing about systemic change within a child welfare-led system of care is challenging; therefore, it is important to study the processes leaders followed

“Leadership is the act and art of influencing others to achieve goals.”

-Systems of Care Stakeholder

to achieve the systems and organizational changes required for integrating a systems of care principle-driven approach into child welfare and other child- and family-serving agencies. These processes hold promise for other systems change efforts.

This brief is designed to enhance understanding of the role of leadership in bringing about systems change. Drawing on qualitative data collected during interviews with key stakeholders, the brief highlights the experiences of seven of the nine grant communities as their leaders planned and carried out strategies and approaches to effectively implement the Systems of Care initiative.

“... adaptive challenges require a shift in responsibility from the shoulders of the authority figure and the authority structure to the stakeholders themselves...In doing adaptive work, responsibility needs to be felt in a far more widespread fashion.”

(Heifetz, 2003, p. 72).

1. Research on Leadership

Leadership is a complex concept that has been explored for decades. Studying leadership is challenging because defining leadership, especially effective leadership, is difficult. Scholars have produced more than 850 definitions in attempting to explain what leadership means. Max Weber, a sociologist studying leadership in 1947, noted that leaders appeal to their followers by possessing charisma and a radical vision that provides an answer to a crisis (Barbuto, 1997). Since Weber, many scholars have studied leadership to discern the necessary characteristics, setting, and strategies for effectively leading people or an organization toward a common goal.

Two related types of leadership—transformational and adaptive—are relevant to a system of care, principle-driven approach. Transformational leadership, also known as transformative leadership, results in followers transcending their own self-interests by becoming aware of the larger issues and reaching toward a common goal. Essential factors for transformational leaders include, “...articulating a vision for the future, providing an appropriate role model, fostering acceptance of goals, setting high performance expectations, providing individual support, and providing intellectual stimulation” (Sarros, Cooper, & Santora, 2008, p. 146-147). Transformational leaders, as the name implies, transform or change an organization, achieving change that reflects the common interests of both the leaders and the followers (Bennis & Nanus, 2007).

Adaptive leaders initiate or respond to change and mobilize staff to tackle challenges and thrive, which often requires a shift in values (DeCarolis, 2005; Heifetz, Grashow & Linsky, 2009). Adaptive work entails clarification of goals or development of new ones followed by innovation, experimentation, and

cultural change. Adaptive work also takes a significant amount of time as people “...sift through what is precious from what is expendable, and to innovate in ways that enable people to carry forward into the future that which they continue to hold precious from the past” (Heifetz, 2003, p. 74). Heifetz et al. (2009) identified two core processes in the practice of adaptive leadership: diagnosis and then action. To diagnose the system, the leader must achieve distance from the on-the-ground events by “getting on the balcony” above the “dance floor” to see what is really happening. Systems of Care leaders needed characteristics of both transformational and adaptive leadership to successfully implement their systems change initiative. They needed the skills, knowledge, and ability to set a clear vision while helping to connect the initiative to the values and anxieties of the people they tried to motivate. Systems of Care stakeholders agreed that developing trust and reliability was vital for leaders to change the culture of the child welfare agency; integrate systems of care principles into agency policies, practices, and procedures; and reduce resistance to change.

“Transformational leaders display idealized influence. They express confidence in the vision, extolling its virtues, they personally take full responsibility for actions, they display a sense of purpose, persistence and trust in other people, they emphasize accomplishments rather than weaknesses or failures, and they gain the respect, trust and confidence of others by personally demonstrating extraordinary ability of some kind.”

(Gill, Levine, & Pitt, 1999, p. 54)

2. The Role of Leadership in Bringing About Systems Change

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2.1 Developing a Shared Vision

To implement a child welfare-led Systems of Care initiative, leaders need a purposeful vision that clearly identifies where the organization is going and articulates the benefits that will come as a result of achieving the vision. Successful leaders are able to communicate the vision to internal and external stakeholders and inspire others to translate the vision into reality. According to Bennis and Nanus (2007), the vision should be realistic, credible, and possess an attractive future for the organization that is better in some important ways than what currently exists. As one Systems of Care stakeholder stated, “The role of the leader is setting

“Vision animates, inspires, transforms purpose into action.”

(Bennis & Nanus, 2007, p. 29)

the vision and strategic direction” for the organization/system. Systems of Care leaders at the child welfare agency administration level engaged key stakeholders to develop a vision that integrated systems of care principles into the child welfare system.

Across grant communities, some leaders started with their own vision for the initiative but recognized the importance of bringing together, through a collaborative group, key stakeholders from child- and family-serving agencies to refine that vision and develop a strategic action plan for moving forward. Other leaders included top-level child welfare agency staff members, initiative staff, and interagency collaborative partners in planning meetings to develop the vision for the Systems of Care initiative in their community. Through their participation in collaborative committees, family and community members played important leadership roles, sharing their experiences and providing input to inform and support the visioning process. However, it was the role of the child welfare and other child- and family-serving

“A vision is effective only if it is shared by those who are necessary to its implementation. In most cases, that means that the articulation of vision must be a negotiated process, in which those who will implement the vision have a voice.”

(Garner, 1989, p. 19)

agency administrators to examine the systems of care principles and align them with their values and the values and mission of their organization. Several leaders saw their role as starting the process but then providing their staff and other stakeholders with the support and resources they needed to carry out the work. Some leaders hired consultants to facilitate visioning meetings. Because these consultants were external to child- and family-serving systems, they could engage meeting participants in interactive problem solving and facilitate a neutral environment in which participants could ask difficult questions and confront assumptions.

After Systems of Care communities defined their vision, the leaders, in conjunction with stakeholders, developed plans to achieve the vision. During the implementation phase, a particular aspect of the plan might not have been evolving successfully. Stakeholders reported that an important characteristic of an effective leader was the ability to be flexible. Many indicated that in the process of implementing a systems change initiative, leaders typically had to revise their action plan to achieve their goals. A Systems of Care project director discussed one of the challenges she experienced as she began to design the family involvement component of the initiative. Due to child welfare agency policy, she could not use the agency's accounting and management systems to pay family members for their work on Systems of Care-related activities. To address this issue, the project director met with other agency leaders to explain the important role of family members in helping to achieve the initiative's goals. As a result, agency leaders jointly identified a solution that enabled family members to receive gift cards as compensation for their participation in the Systems of Care initiative. This adjustment bought the time necessary for more long-term changes that would allow for payment to families.¹

¹ For more information, see *Family Involvement in the Improving Child Welfare Outcomes through Systems of Care Initiative*.

“As a leader, you need to hold your values certain and understand what your values are...and even though those are the values that you hold dear to your heart, you have to be reflective enough to question them when necessary and be flexible enough to waiver on those values when it is important.”

- Systems of Care Project Director

Some stakeholders noted that although flexibility was important, leaders also had to demonstrate perseverance by keeping the vision and goals in mind. One leader stated that in the process of creating systems change, “there will be push back and it may seem easier to change the course.” However, “an effective leader is strong in his or her position, knows what is important, and is willing to do whatever it takes to get [the vision] done.” Others described the need for leaders to be inclusive, willing to listen, and comfortable making decisions.

Systems of Care stakeholders indicated that for the vision to be achieved, leaders must have credibility. Steadfast leaders were viewed as credible, as were leaders who were honest and openly acknowledged problems or challenges. They were able to learn and make adjustments as necessary. According to one stakeholder, leaders must be willing to “fall on their sword if necessary,” and own up to any issues that arise by taking responsibility and then moving forward to build credibility.

Stakeholders indicated that leaders must be willing to use available resources and balance budget and staffing restraints, sometimes appealing to partners for support or exploring grant opportunities to achieve the vision. In one grant community, the child welfare agency director was described as a leader who was willing to use the resources at her disposal to support partner

agencies' goals. In another community, stakeholders reported that Systems of Care leadership committee members identified funding opportunities within their individual agencies so the group could pool resources to meet the needs of the community. Credibility was established as the partners realized that other agencies would support programs outside of their mandate to assist the community.

2.2 Maintaining Communication

Once leaders helped Systems of Care communities identify their vision, the next step was communicating that vision to staff members and the community at large. Systems of Care stakeholders reported that regular communication with staff members, partners, and the community was vital to ensuring the success of the Systems of Care initiative. Several stated that by keeping communication consistent, leaders helped people believe in and stay focused on goals. The literature on leadership confirms, "By making sure that employees hear about the proposed changes many times across multiple channels, they inspire employees to identify with the leader's vision and reinforce the need for a new strategic direction" (Collins et al., 2000, p. 37-38).

To communicate their vision, Systems of Care leaders followed various strategies, including presentations and discussions at internal staff and interagency meetings, newsletters, and internal and external e-mail communication. One agency director stated that his approach to communication was to attend all agency meetings to discuss how all the work and initiatives within the agency and county were connected and to demonstrate they were all part of one common plan. Another agency director communicated her vision for the initiative by presenting Systems of Care as something the agency was already doing. Her goal was not only to dispel the notion among staff that this was another initiative

that would end in a few years, but also to send a clear message to staff that their work and efforts were recognized. To promote the Systems of Care initiative, this leader sent an e-mail each month highlighting one systems of care principle, describing how the agency already instituted the principle, and outlining how leadership planned to enhance and sustain the work related to that principle.

Systems of Care leaders also created committees and subcommittees internally and externally to manage and implement the initiative. These committees often included staff members, interagency partners, community partners, and family and community members. Family members brought their unique perspective and experience with the child welfare system to influence new policies and programs. The committees focused on sustaining the Systems of Care initiative momentum. In one community, a subcommittee consisting of cross-system supervisors was created to discuss the initiative, review what was working and not working at the practice level, and identify solutions to improve policy and practice. The supervisors then communicated with the frontline staff directly responsible for implementing the practice changes required by the initiative. According to a child welfare agency leader, she spent a lot of time conducting "meet and greet" type meetings with supervisors because she understood that "very few things happen within the child welfare agency without supervisors influencing the work." Agency leaders in another community invited frontline staff from each agency unit to participate in the Systems of Care steering committee. Meetings were strengths-based and solution-focused, and designed to empower and enable staff to take ownership of the work.

Some child welfare agency leaders occasionally attended committee and workgroup meetings to discuss the Systems of Care initiative, explain its relevance and importance in the day-to-day work,

and keep staff motivated toward achieving the vision. Systems of Care project directors and coordinators always attended committee meetings and served as the liaison between the agency leadership and the committees, ensuring a communication feedback loop covering key stakeholders.

Systems of Care leaders also went into the community to share the initiative's vision at meetings and other functions. While sharing their vision with community partners, Systems of Care leaders also aimed to understand people's points of view and how to align systems of care with their values and passions. This approach helped leaders determine how systems of care was relevant and beneficial to these individuals and their organizations. For example, stakeholders in one community reported difficulty in altering some family court judges' perspectives about increased family involvement; these judges were described as being more punitive and focused on professionals being the experts rather than families. Over the course of the grant, the judges' attitudes changed somewhat. However, Systems of Care stakeholders recognized the need to continue working with judges to help them appreciate systems of care values.

2.3 Generating and Sustaining Buy-In

Once the Systems of Care vision and message have been developed and communicated to staff members, partners, and the community, one or more leaders need to gain stakeholder buy-in to successfully implement the initiative. According to Systems of Care stakeholders, the most effective way to establish buy-in is to include people from all levels in the decision-making process. However, if that is not feasible, people should know that their feedback is appreciated and welcomed. In some communities, Systems of Care project directors worked with agency directors and administrators to get their buy-in. Some stated that recognizing short-term success and showing

From the Field

According to one Systems of Care project director, a leader must begin by explaining the vision and organizing the plan into small pieces, providing a roadmap so staff can understand how to achieve the vision. If a roadmap is not already established, the leader should identify the right people to help bring the vision to life. These people can be internal or external to the organization, as long as they share a similar passion. Then, the leader must motivate others within the organization and the partnership. The roadmap and support from champions of the initiative will challenge resistance and help promote the vision.

“There was very little I did that did not involve the multiple layers of staff and individuals being served by the agency.”

- Systems of Care Project Director

how it would help the agency and/or fit with the agency's mission were critical to gaining the support of skeptical agency directors and administrators.

Stakeholders noted that if people believe their views are important and connected to a common goal, they are more likely to feel a part of the vision and be willing to work to achieve the initiative's goals. Many of the child welfare agency leaders and Systems of Care

project directors followed a participatory management style; they encouraged people to come to them if they had issues, maintained an open-door policy, and supported people to collectively identify problems and find solutions. In most cases, Systems of Care leaders did not feel they needed to make every decision and solve every problem. They allowed the committees and subcommittees to tackle the big issues, while providing their support and encouragement to enable the work to take place. This approach empowered staff and made them take ownership. As one stakeholder stated, “It made us feel like this is our plan as an organization, not just the leader’s plan.”

Additionally, Systems of Care project directors generated buy-in for the initiative by working one-on-one with staff members. Project directors met with managers, supervisors, and frontline staff to learn their opinions and share their passion for integrating Systems of Care into the child welfare system. Stakeholders also indicated that relating the initiative to the staff members’ own family and envisioning how they would want their family treated helped garner support. These one-on-one meetings resulted in staff recognizing the project directors’ passion and commitment to Systems of Care and feeling valued in the organization.

Systems of Care leaders also garnered buy-in and worked with staff to achieve a common goal by creating a shared language. Heifetz et al. (2009, p. 9) explain, “*Shared language* is important in leading adaptive change. When people begin to use the same words with the same meaning, they communicate more effectively, minimize misunderstandings, and gain the sense of being on the same page, even while grappling with significant differences on issues.”

The Systems of Care initiative provided both a framework and a set of guiding principles that stakeholders could use to create a shared language for working with staff at all levels of the child welfare

From the Field

A Systems of Care leader reported that she fostered communication and generated staff buy-in by developing a steering committee to guide the initiative’s direction. The steering committee met once a month and included representatives of each unit and department in the child welfare agency, including frontline staff such as case workers. Every six months the steering committee elected new replacement members to ensure diversity and equality. During steering committee meetings, members discussed issues and brainstormed solutions, helping staff feel involved in the decision-making process and giving everyone a chance to voice concerns. Staff also had the opportunity to share their successes with colleagues. Members reported to their unit about the meeting and what was resolved.

agency and with collaborative partners, including family and community members. Jargon and acronyms can confuse external stakeholders. Stakeholders acknowledged that it was difficult and time consuming to get people to speak the same language and learn about each other’s agency, mission, and work. Internally, some project directors took a collaborative approach, spending time getting to know each other and each other’s work through meetings and trainings, and building consensus about the work among people within the agency. To address barriers to collaboration and communication with external partners, Systems

of Care leaders encouraged staff to get to know their partners, and hosted joint trainings on systems of care principles with child welfare staff, partner staff, and select family and community representatives. Stakeholders often highlighted these joint trainings as an effective way to meet colleagues and adopt systems of care principles.

2.4 Establishing Partnerships

The Systems of Care initiative focuses on the development of partnerships with families and interagency collaboration across child- and family-serving agencies to address the multiple and varied needs of children and families involved with the child welfare system. In addition to partnering with other agencies and families, Systems of Care leaders also found tremendous value in partnering with the larger community. One agency director described the Systems of Care initiative as the “bridge” that connected the child welfare agency to its community.

Leaders identified partners in different ways. Some Systems of Care leaders had mandated partners established by State initiatives, while most leaders sought strategic partnerships with families, other child- and family-serving agencies, and organizations within their community. For example, an agency director leveraged the annual strategic planning meetings that included 50–60 community leaders to discuss her vision for the Systems of Care initiative. The group helped develop a plan for initiative implementation and was the foundation for partnerships to develop. One stakeholder noted that when leaders introduced Systems of Care to potential partners, they had to ensure the partner understood how Systems of Care was pertinent to their agency or organization, how the organization and community would benefit from the initiative, and how all the partners would work together to meet the needs of children and families.

Building Systems of Care partnerships required time and the development of trust among stakeholders, some of whom had never been invited to collaborate with the child welfare agency. According to stakeholders, trust was the foundation of effective partnerships. Leadership experts agree, “Trust is the lubrication that makes it possible for organizations to work ... Trust implies accountability, predictability, and reliability” (Bennis & Nanus, 2007, p. 41).

“It takes a community to keep a kid safe and if that community doesn’t believe that [child welfare] is doing their job, they are not going to do what they need to do to keep that child safe. So it’s just as important for leadership in [child welfare] to build that reputation and perception and that interface with the community because it’s those folks that are going to be the first ones to step up and do what [child welfare] needs them to do in a crisis.”

- *Systems of Care Stakeholder*

Systems of Care leaders built trust between their partners and the community in myriad ways. Some agency leaders sought partnerships with a variety of child- and family-serving organizations in their community and provided these organizations with the resources and support needed to further their agendas. In doing so, leaders were able to introduce these organizations to the commitment of the child welfare agency staff. As one Systems of Care project director stated, it was important to “share the risk [and] the success.” A child welfare agency director talked about meeting with partners individually over breakfast or lunch to establish a relationship, inviting the partner to join the Systems of Care collaborative, and gaining buy-in for the initiative. Another Systems of Care project

director sought to establish a relationship with external agencies by inviting them to join in the child welfare agency committee meetings and planning meetings, while another project director joined task groups and committees coordinated by partner organizations. By being a consistent participant in partner agencies' workgroups, she demonstrated that she was truly invested in their work and committed to establishing durable partnerships. Her commitment and the relationships that formed were critical and facilitated those partners' willingness and desire to be a part of and support the Systems of Care initiative. Systems of Care leaders acknowledged that without strong partnerships, they would not have been able to move the initiative forward and Systems of Care would not have had as large an impact on their community.

In addition to building trust, Systems of Care leaders indicated that it was important to be mindful of partners' different priorities and agendas. By acknowledging partners' different priorities, leaders could identify how their vision and goals aligned or competed. Despite their best efforts, Systems of Care leaders found that developing the partnerships necessary to achieve true systemic change was not always feasible. For example, in one community, some partners did not see the need for systems change because they considered the child welfare agency responsible for child protection and themselves as mandated reporters. One stakeholder remarked on the challenge experienced by the agency's administrative leadership. Despite the leader's commitment to changing the agency's approach to working with families, some directors were adamant in continuing to work within the perspective of "my system, my kids, my agency."

Within the Systems of Care collaborative bodies, stakeholders noted that some partners wanted to emphasize one systems of care principle more than others. However, initiative leaders recognized that the

development of true systems of care can only occur when child- and family-serving agencies' work is guided by all the systems of care principles. Implementing all six principles enables agencies to take a comprehensive approach to meeting the multiple and varied needs of children and families by building on and supporting the strengths of the family and increasing the efficiency and effectiveness of the service array.

To achieve full integration of all principles into agency policies, procedures, and practices, Systems of Care leaders needed to delicately and strategically balance the priorities of each partner, while developing a common goal and vision for the work. Advance knowledge of the partners' priorities allowed the Systems of Care leader to be prepared to address issues as they arose. As one stakeholder noted, "As a leader, you need to be strategic in respecting your partners and not [necessarily] always agreeing with them but making sure that at the end of the day when you leave the table, they feel heard and respected even if you're not going to be able to support their particular agenda."

Systems of Care leaders also actively engaged family members with child welfare experience as partners to help inform and develop systems change. Systems of Care leaders invited families with active cases to become more involved in their own case planning. Additionally, stakeholders engaged family members with prior experience with the child welfare system to serve as peer mentors to currently involved families and to inform policy and practice by serving on policy-setting committees. As a new approach to working with families, developing these partnerships proved challenging at times but also resulted in the launch of critical programs, supports, and services for children and families.²

² See *Family Involvement in the Improving Child Welfare Outcomes through Systems of Care Initiative* for more information.

Generally, Systems of Care initiative leaders reported that most partners wanted to achieve better outcomes for children and families; when differences arose between partners, they often related to how best to accomplish those goals, especially with competing priorities for people's time and resources.

2.5 Developing Support

Providing support to implement a systems change initiative is vital to realizing change. According to Collins et al. (2000, p. 44), "To sustain the change effort momentum, high-performance organizations provide necessary training and encourage staff to use skills fully to meet the needs of the changing environment." Stakeholders noted that the leader's role is to provide the resources and guidance necessary to ensure that a project or initiative can move forward in a way that meets expectations.

Stakeholders agreed unanimously that the support of child welfare agency administrators was critical to the initiative's success. According to a project director, "[The child welfare agency administrator] has the power and pull that is not there for the project director, so unless you are able to have leadership at the top of the agency that can open doors, project directors will flounder out there on their own." Another project director noted that it was difficult for the grant management team to accomplish much without the backing of the agency's leadership. One Systems of Care project director felt supported by her agency leaders because they treated her as an equal. She noted that agency leaders trusted her judgment and made her feel empowered. She was confident they would support her even if she made a mistake or a component of the Systems of Care initiative did not work as planned. Support from the child welfare agency leader enabled the project director to support her staff in the same fashion because she knew her decisions would be corroborated. Other Systems of

From the Field

A Systems of Care project director built trust and relationships with partners through quarterly cross-system mixers. Staff from all Systems of Care child- and family-serving agencies in the county got to know one another through mixer activities such as training, team building exercises, and sharing meals.

Care project directors held one-on-one meetings with individual staff as well as group meetings to discuss issues that arose due to Systems of Care implementation. This support garnered buy-in from caseworkers and other agency staff.

Throughout the implementation of the Systems of Care initiative, various support was provided to staff. Systems of Care leaders provided training opportunities to promote staff professional development and teach the concepts promoted by the initiative. Trainings were available on a number of topics; however, training related to cultural competence and family involvement (two of the systems of care principles) were most commonly implemented in the grant communities. One Systems of Care project director developed a

"[In Systems of Care] 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."

(Ferreira, Hodges, Israel, & Mazza, 2007, p. 3)

formal partnership with the county's child welfare training center to develop cross-agency trainings related to cultural competency and the disproportional representation of children of color in the child welfare system. In many cases, partners and family and community members were invited to attend trainings with agency staff, and family members often served as co-trainers, sharing their personal experiences and providing their perspectives on the supports and services available to children and families.

Participation in training helped cement bonds among the different Systems of Care stakeholder groups and prevent confusion or misunderstandings. In some communities, these trainings also increased resources for agency staff. In particular, trainings connected child welfare staff with resources within public child- and family-serving agencies and the broader community. Through this process, initiative leaders supported the

work of frontline staff while increasing the service array available to child welfare-involved families. In general, the trainings offered by grant communities authenticated systems of care principles and practices, which motivated staff, partners, and family and community members to embrace the initiative.

Systems of Care leaders also supported staff emotionally by providing an environment where staff felt safe to share their ideas and admit mistakes. Stakeholders noted that success stories were often highlighted in meetings to keep staff morale high, and teachable moments allowed staff to identify strategies to improve their performance. Stakeholders also indicated that support from the National Technical Assistance and Evaluation Center for Systems of Care and annual grantee meetings were valuable for the successful integration and implementation of the Systems of Care initiative.

3. Challenges and Opportunities in Leading a Systems of Care Initiative

3.1 Resistance to Change

Managing resistance to change was the most commonly cited challenge for Systems of Care leaders. According to one child welfare agency leader, “One of the dilemmas of the systems of care principles is that we have posters all around the agency [with the principles] but staff don’t really understand what is expected of [them] and how [they] should act...so while you can specify that you ought to do this in policy, it’s another thing to actually manifest that in day-to-day behavior and how people interact with others...”

Generally, family involvement was the issue that encountered the most resistance. The Systems of Care initiative required staff to treat families as partners in developing their own case plans and empower families to participate in agency decision-making, applying their experience as service recipients to systems change activities. To increase family involvement, Systems of Care leaders developed strategies such as family team meetings, peer mentoring programs, and membership in child welfare agency and Systems of Care decision-making committees. These activities met resistance from frontline staff; some feared that family team meetings would result in an increased workload while others had difficulty believing that families were in the best position to make and inform policy decisions that would affect children and families. Changing the attitudes and beliefs of frontline staff was challenging to every Systems of Care leader. A Systems of Care coordinator described the resistance to family involvement as “a philosophical change that needs to be embraced, and some workers had trouble embracing [it] or not being able to see themselves as being able to fix everything for families as opposed to families being part of that process.”

Although leaders used child welfare staff training to infuse systems of care principles into practice, one project director noted that it was challenging to secure staff participation in trainings. Additionally, staff were often not mandated to participate in trainings. In one community, the Systems of Care project staff developed an education policy to encourage staff to attend trainings related to cultural competency, family involvement, and individualized, strengths-based practices. However, the Systems of Care project director noted that it was difficult to put the policy into practice without an accountability process at the administrative level of the agency to ensure that staff participated.

Despite these challenges, stakeholders unanimously agreed that over the course of the initiative, as the innovative idea of family involvement took hold and successful experiences were highlighted, most child welfare staff began to internalize and promote family as partners. These efforts not only resulted in increased family involvement, but also produced positive outcomes at the case level.³

3.2 Leadership Turnover

Another challenge for grant communities was leadership staff turnover. In many cases, grant communities had multiple department directors, child welfare division directors, and Systems of Care project directors. When changes at the administrative level occurred, some project directors or coordinators struggled to keep the work moving, while others viewed the change as an opportunity to highlight the value and relevance of the initiative to agency leaders.

³ For more information, see *Family Involvement in the Improving Child Welfare Outcomes through Systems of Care Initiative*.

One project director described the change in leadership within her agency as follows: “We went through multiple leaders over a very short period of time and that was really difficult. I think the grant kind of got lost in things...[and] I think it was survival [for the agency] and just making sure that the bare minimum was getting done in terms of child protection and making sure kids were safe.” Similarly, a Systems of Care agency director who came to the child welfare agency 3 years after the Systems of Care grant was awarded indicated that the change in Systems of Care leadership and staff at the agency “caused a disruption to the natural progression” of the Systems of Care initiative. Stakeholders noted that it was challenging to find the right persons for the Systems of Care project director positions who had the leadership characteristics required to be effective. When new leaders and staff came on board, they needed time to learn about systems of care and assess the agency’s progress within the Systems of Care initiative, all while learning the agency culture. In one community, the initial Systems of Care project directors served 6-month rotations as part of the child welfare agency’s effort to enhance leadership retention. Inconsistent leadership greatly affected the community’s ability to implement the initiative. Once the leadership structure was solidified, the community was able to move the initiative forward.

Changes in leadership caused some agencies to struggle to maintain momentum in their community’s Systems of Care work, while in other communities, this change brought new ideas and management styles that complemented the goals and principles of the Systems of Care initiative. One stakeholder described a new agency leader as “determined in a way that comes across as passionate about doing what is best for children and families...he’s very strengths-based...looks for what’s working well and does his best to enhance that versus focusing his time on the negative and putting his time and energy on things that aren’t working.” This perception was reiterated by other stakeholders in the grant community.

From the Field

A Systems of Care project director addressed resistance to family involvement by creating a policy that required all families to have a Team Decision-Making meeting. She also created a tracking system to ensure staff could be held accountable for implementing the policy. If a staff member failed to comply, he or she had the opportunity to explain the noncompliance. Throughout the entire process, the Systems of Care project director knew she had the support of the child welfare agency director.

Another leader sent a Child and Family Team trainer to work with a challenging case that was overseen by a particularly resistant supervisor. As a result, the trainer was able to work with meeting participants, including the family and its support network, and child welfare and other child- and family-serving staff, to develop a case plan and goals that all could agree on. The strategy worked so well that the supervisor not only bought into, but also began to promote, the Child and Family Team approach within the agency.

In another community, a new leader focused on improving the community’s perception of the child welfare agency and building staff trust in his leadership. During his first year with the agency, he increased communication with the community to demonstrate

the agency was being accountable for its problems, produced reports with evidence of change, and held quarterly town hall meetings with staff so they could “see me, get to know me, [and] ask questions [to] base their opinions on real evidence as opposed to memos.” These strategies not only helped to change the community’s perception of the agency but also provided the foundation for staff to become more supportive and accepting of the Systems of Care initiative.

Stakeholders noted that for sustainability, it is important to transfer leadership and put it in other people’s hands as often as possible”. Several noted that one way to avoid some of the disruption of changing leaders is to identify indigenous leaders within the agency and promote them; these staff members are familiar with the agency culture and understand how Systems of Care is implemented. While not explicitly reported in the qualitative data collection process, one approach to transitioning leadership and avoiding disruption and loss of momentum is to build on the relationships established through the community collaboratives. If leadership is shared among members of the collaborative, an interagency partner might assume leadership to ensure the initiative’s work continues until a new child welfare agency leader is on board. These informal leaders also can be critical to gaining the buy-in, support, and commitment required by the new agency leader. As the Systems of Care initiative supports leadership development and builds formal interagency committees to do the work, it is more likely that the activities can continue until a new leader is identified; having committee chairs and co-chairs disperses the leadership and allows the work to move forward.

To reduce the challenge of changing leaders, stakeholders also recommended embedding systems of care principles into the policies and practices of the child welfare agency because they will not change

From the Field

In some communities, staff assigned as Systems of Care project directors quickly established credibility because they were internal to the child welfare agency. As a result, they had relationships with child welfare staff at various levels and could build legitimacy for the work taking place. Additionally, these individuals had field experience and personal and professional insights they could leverage to connect with the people whose support they were trying to garner.

Stakeholders had conflicting opinions about the impact of hiring staff who are external to the agency to manage the project. According to one child welfare director, “The project remained under [the direction of] a contract employer who was not a member of the management team, which kept it isolated from the chaos that was taking place in the agency but also meant that the work was not fully integrated within the agency.”

when the leadership changes. Linking the systems of care principles to the foundation of the agency work will ensure it will continue even if the leaders leave. Consistency in the project director position also was considered critical to sustaining initiative momentum.

3.3 Competing Priorities

Implementation of the Systems of Care initiative was also affected by competing priorities in organizations, particularly child welfare agencies. For example, an agency administrator noted that during the early phases of implementation, his agency was operating in crisis mode as a result of a child fatality, and his priority was to stabilize his agency. Once that was accomplished, he was able to turn his attention to the Systems of Care initiative and use it to improve child welfare practice. Other examples of competing priorities are other child welfare initiatives, reorganization of the child welfare agency, and budget constraints. In general, when leaders faced competing priorities, they focused on identifying how Systems of Care initiative goals complemented the goals of other agency efforts. An agency leader in one community spent a considerable amount of time reaching out to child welfare staff and communicating the ways in which the systems of care principles complemented the model of family-centered case practice already in place in the State. As a result, the leader was able to gain the buy-in and support of top agency leaders who initially distanced themselves from the initiative because of the work already underway in the agency.

3.4 Sustainability

Planning for sustainability also proved to be a challenge for certain Systems of Care grant communities. Several stakeholders expressed concern about the child welfare agency's ability, after the Federal grant period, to continue providing financial support to family members in important leadership roles who provided their time and input to ensuring the success of the initiative. Additionally, several stakeholders discussed the challenges involved in blending or braiding funds

—aligning or pooling funding sources from different agencies to support integrated and coordinated service delivery to provide for the continued support and sustainability of the work. One stakeholder acknowledged that her community did not do a good job of engaging stakeholders at the policymaking level who could influence how funding sources are allocated across human service agencies. Failure to do so limited Systems of Care leaders from blending funding sources across child- and family-serving systems to fully sustain many of the components that were developed through the initiative. However, many realized that this can only happen once interagency relationships and trust among partners have been established and sustained over a period of time.

Despite these concerns, grant community leaders successfully developed strategies to ensure the institutionalization of the Systems of Care work within child welfare agencies' policies, practices, and procedures. These strategies included integrating the systems of care principles into the State's Program Improvement Plan, child welfare policy manuals, and training curricula. By integrating systems of care principles into the State Program Improvement Plan, participation in cultural competency training became a mandated, rather than a voluntary, activity for all social services staff in one grant community. Another community dedicated funds for a Systems of Care coordinator position to focus exclusively on maintaining the work of the initiative. Additionally, to sustain the family involvement components, initiative leaders identified existing funding sources that could be used to support staff positions, such as Child and Family Team facilitators, and incorporated their family involvement programs (e.g., Parent Partner, kinship liaison) into the agency's budget to ensure these programs became part of the services and supports available to families.

4. Lessons Learned and Recommendations

Over the 5-year grant period, Systems of Care leaders learned many valuable lessons and overcame challenges as they worked to weave Systems of Care into the fabric of child welfare agencies and their child- and family-serving partners. Systems of Care stakeholders noted that patience and determination are essential for implementing any type of systems change. Systems of care principles take a long time to implement and require persistence from leaders to incorporate them into the culture of child welfare agencies, related child- and family-serving agencies, and families. Establishing relationships with partners and building trust also take a long time. Systems of Care leaders discussed the need to balance patience and urgency and to “teach, repeat, repeat, and teach again” to make Systems of Care a priority among staff.

Systems of Care leaders offered other lessons they had learned and recommendations:

- Leaders should assess their organizational readiness for change and determine the supports and resources needed to facilitate the change process. Before embarking on any type of change initiative, leaders should understand the process of change and recognize its impact on staff. One strategy for determining organizational readiness for change includes conducting an internal assessment of staff perceptions and needs and using the data to identify ways to provide support and resources.
- Leaders should model the behavior they want staff members to adopt (i.e., “practice what you preach”). One child welfare agency director implemented Family Team Decision Making meetings in his agency to model the practice and give staff the chance to share their opinions and issues. The Systems of Care agency director demonstrated how the strategy can work effectively and allowed staff to become comfortable with the procedure.

“Systems are like families to the extent that things should be individualized; there is no template for systems change.”

– *Child Welfare Director*

- Tracking data to demonstrate the initiative’s impact on outcomes can help gain stakeholder buy-in and support. One Systems of Care project director reported that maintaining data on the decreasing number of out-of-home placements helped to gain buy-in and keep support for Systems of Care high among partners and the community. In addition, stakeholders noted that ending meetings with a success story provided motivation for staff members and an opportunity to highlight positive outcomes.
- Recognizing successes and acknowledging people, both internal and external to the initiative, who contribute to and support the change can help keep stakeholders motivated, particularly when roadblocks and challenges arise.
- In collaboration with stakeholders, systems change leaders should dedicate considerable time to developing their vision for the initiative, communicating the vision, and always soliciting feedback from stakeholders. With stakeholders, leaders should devise a clear plan for implementing the vision. Once a plan is developed, leaders should provide the necessary support and resources for staff and other stakeholders to successfully implement the initiative.
- Systems change initiatives need strong and consistent leadership at the administrative level or top management of the agency. Leadership changes at the top of the agency or lack of support can mean the difference between the success and long-term sustainability of the initiative or its legacy as a short-term demonstration project.

- Successful integration of systems of care principles, or any set of guiding principles, into child- and family-serving agencies' policies, practices, and procedures requires the presence of committed leaders, champions, and change agents at all levels of the community and organization. Initiative leaders need to spend time generating buy-in and support from agency staff, partners, and family and community members. Strategies for generating buy-in include soliciting feedback from staff about the initiative's vision and implementation, promoting the initiative at internal and external meetings, hosting training sessions about the guiding principles, and following a participatory management style through which staff feel comfortable approaching leaders directly with questions, concerns, or possible issues.
- Because staffing changes are inevitable, having a succession plan will ensure that leadership transitions are streamlined and the work can continue.
- Assigning a full-time project director or coordinator is critical to the successful implementation and sustainability of any change initiative. A full-time project director can manage the initiative during leadership transitions, brief new administrative leaders about Systems of Care, and build support for the initiative.
- To be successful, leaders need to foster leadership at all levels of the initiative. Empowering staff at all levels and giving them opportunities to take on a leadership role, regardless of official title within the agency, can create a robust cadre of internal initiative champions. One way to foster leadership at all levels is through committee chairs and co-chairs.

From the Field

A Systems of Care project director discussed how to get people on board with the vision and establish buy-in:

1. Find champions of the initiative, both internally and externally. Internal champions help legitimize the initiative for agency staff, while external champions do the same for partners.
2. Hold staff trainings. Supporting staff is important so they can feel comfortable about change.
3. Find natural leaders at all levels of the agency. Internal leaders will take charge and motivate staff members.
4. Ensure the support of agency directors and administration. You will need their help throughout the initiative.

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Leadership in the *Improving Child Welfare
Outcomes through Systems of Care Initiative*

Appendix A—Appendix B

Appendix A: Discussion Guide

Appendix B: Interview Participant List

Appendix A:

Discussion Guide

Discussion Guide¹

Child Welfare and Systems of Care Leadership Staff

Background

- What is (or was) your position within the Systems of Care initiative?
- How long did you serve in that position?
- Did you hold any other positions during the grant period?

Context

- How do you define leadership? What does effective leadership mean to you?
- What characteristics or personal attributes do you think are critical to be a successful leader in a systems change initiative such as Systems of Care?

Setting a Vision for the Work

- How did you communicate your vision for the Systems of Care initiative implemented at your agency?
- How did you adapt to someone else's vision if you came into the agency during the Systems of Care implementation?

Establishing Buy-In

- What strategies did you use to generate buy-in and support for your initiative (i.e., how did you help people see the connection between your ideas and their efforts; how did you connect to their values, beliefs, and anxieties)?
- How did you connect your work to a larger purpose and help people see beyond the day-to-day activities?
- How did you handle resistance to change?
- Were there instances when you dealt with competing commitments/values among groups? How did you decide to resolve the issue?

Working with Partners

- How did you identify partners?
- How did you orchestrate multiple stakeholder priorities to achieve your goals?
- What role did you play in resolving conflicts across agencies? Do you have any examples you can share?
- How has trust been maintained among the leaders of partnering agencies?

Support

- How did the child welfare agency support you in your role within the Systems of Care initiative?

Lessons Learned

- What are some lessons learned regarding leadership and the Systems of Care initiative?
- How have you learned from your experiences as a leader? What have you taken away so far?
- What have you learned from your mistakes?
- What have you learned from your accomplishments?

External Stakeholders

Background

- What is (or was) your position within the Systems of Care initiative?
- How long did you serve in that position?
- Did you hold any other positions during the grant period?

Context

- How do you define leadership? What does effective leadership mean to you?
- Which individuals played a leadership role in the Child Welfare Systems of Care initiative in your community?
- What characteristics or personal attributes do you think are critical to be a successful leader in a systems change initiative such as Systems of Care?
- Which characteristics did those leaders exhibit?

¹ Questions were adapted for each interview participant. For additional information on the interview protocol, please contact Aracelis Gray at agray@icfi.com.

Communicating Vision

- How did Systems of Care leaders communicate their vision for the initiative implemented in your community?
- How would you describe those leaders' management style (i.e., micro/macro manager)?

Generating Buy-In

- What strategies did those leaders use to generate buy-in and support for the Systems of Care initiative (i.e., how did the leaders help people see the connection between their ideas and staff efforts; how did the leaders connect to their values, beliefs, and anxieties)?
- How did the leaders connect their work to a larger purpose and help people see beyond the day-to-day activities?
- How did the leaders mobilize the people around them? Please provide examples of which people and how it was done (internally or externally).

Working with Partners

- How did the leaders identify partners?
- What role did the leaders play in resolving conflicts across agencies? Please provide examples of how this was done.
- How has trust been maintained among the leaders of partnering agencies?

Support

- How did the child welfare agency promote or support leadership within the Systems of Care initiative?

Lessons Learned

- What are some lessons learned regarding leadership and systems change initiatives such as the Child Welfare Systems of Care?

Appendix B:

Interview Participant List

Participant List²

Alamance County, North Carolina

1. Gary Ander, Systems of Care Project Coordinator
2. Susan Osborne, Director, Department of Social Services

Bedford-Stuyvesant, New York

1. Derrick Hinds, Deputy Director, New York City Administration for Children's Services
2. Nigel Nathaniel, Systems of Care Project Director

Clark County, Nevada

1. Adrienne Cox, Community Outreach Program Manager
2. Tiffany Hesser, Systems of Care Project Director
3. Tom Morton, Director, Department of Social Services

Contra Costa County, California

1. Judi Knittel, Systems of Care Family Engagement Supervisor/Parent Partner Coordinator

Jefferson County, Colorado

1. Mary Berg, Director, Department of Human Services
2. Susan Franklin, Systems of Care Project Director
3. Olivia Bara-Kee, Supervisor of the Specialized Service Unit and Child Welfare Liaison for the TANF-Child Welfare Collaboration Project
4. Ashleigh Sedbrook, Training Coordinator

Kansas

1. Paula Ellis, Assistant Director, Child Welfare, Children and Family Services, Department of Social and Rehabilitation Services
2. Beth Evans, Systems of Care Project Director
3. Sandra Hazlett, Director, Child Welfare, Children and Family Services, Department of Social and Rehabilitation Services

Pennsylvania

1. Sarina Bishop, Systems of Care Project Director, Dauphin County
2. Christina Fatzinger, Practice Improvement Specialist, University of Pittsburgh, Child Welfare Training Program
3. Maryrose McCarthy, County Administrator, Northumberland County Children and Youth
4. Helen Spence, Systems of Care Outreach Coordinator, Dauphin County
5. Peter Vriens, Director, Human Services, Dauphin County
6. Randie Yeager-Marker, Supervisor, Juvenile Probation Officer, Dauphin County

² Interview participant job titles reflect their roles at the time of the interviews and may differ from roles held during Systems of Care initiative implementation.