



## Essential Element #1: Team Leadership

### OVERVIEW

Team leadership is essential to the overall success of any Coordinated Specialty Care (CSC) team. As stated in *Evidence-Based Treatments for First Episode Psychosis: Components of Coordinated Specialty Care*, “building and sustaining an effective [CSC] team requires committed leadership that provides clarity of purpose, a shared vision, coordination of services, and frequent review of team operations to maintain high quality care” (Heinssen, Goldstein, & Azrin, 2014, p. 5). The team leader has “a clear commitment to recovery-oriented care and strong communication, management, and program development skills” (Heinssen et al., 2014, p. 5). While the CSC team leader may also serve in other roles on the team, the principal focus is to provide overall leadership, guidance, and communication for the team, and to ensure the excellence of care across all other essential elements.

### MAJOR FUNCTIONS OF THE TEAM LEADER ROLE

While the team leadership function may vary depending upon the local context, major responsibilities of any CSC team leader include:

- Relentlessly promote recovery-oriented care among team members
- Serve as a hub of communications for all team members (Heinssen et al., 2014)
- Ensure strong program design and execution
- Hire exceptional team members
- Dismiss team members if they are not a good fit
- Provide overall leadership for all team activities
- Provide supervision for team members (Bello, 2017; Heinssen et al., 2014)
- Teach and consult with team members on principles and skills of CSC (Heinssen et al., 2014)
- Coordinate key services, such as screening for program admission (Heinssen et al., 2014)
- Convene and lead efficient, productive weekly team meetings
- Oversee treatment planning to ensure strong plans

and case review conferences

- Cultivate referral pathways to and from the CSC program
- Serve as a liaison between the team and the host agency (Bello, 2017)
- Serve as the public face of the program (Gingerich, 2017)
- Be familiar with applicable rules and regulations (Bello, 2017)

### OUTCOMES

When team leadership is strong, CSC programs will exhibit outcomes such as:

1. Shared vision
2. Clarity of purpose
3. Strong team communication and collaboration (Heinssen et al., 2014)
4. Excellent program quality and client outcomes (Heinssen et al., 2014)

### OTHER CONSIDERATIONS

This role is one of the main points of common ground among CSC programs (Gingerich, 2017), but the role of the team leader may vary across different CSC models. For example, in the Recovery After an Initial Schizophrenia Episode (RAISE) Connection Program, the team leader was a licensed clinician who provided administrative oversight, supervised the other team members, and served as a case manager (Heinssen et al., 2014). The OnTrackNY program requires the team leader to be a full-time employee, but in other programs, the team leader role is a part-time position. In the RAISE Early Treatment Program, the team leader role was sometimes combined with the family therapist role (Heinssen et al., 2014). Caseloads of team leaders will vary across programs, depending on how therapy and case management services—as well as recruitment and outreach responsibilities—are divided among other team members. Despite these differences, however, the core function of team leadership is essential to the success of the program.

---

## Resources

For further information to support CSC team leaders, please see:

- National Institute of Mental Health (NIMH) Recovery After an Initial Schizophrenia Episode (RAISE)  
[https://www.nimh.nih.gov/health/topics/schizophrenia/raise/index.shtml?utm\\_source=rss\\_readers&utm\\_medium=rss&utm\\_campaign=rss\\_full](https://www.nimh.nih.gov/health/topics/schizophrenia/raise/index.shtml?utm_source=rss_readers&utm_medium=rss&utm_campaign=rss_full)
- “OnTrackNY: The Development of a Coordinated Specialty Care Program for Individuals Experiencing Early Psychosis”  
<http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201600512>
- “Comprehensive Versus Usual Community Care for First-Episode Psychosis: 2-Year Outcomes from the NIMH RAISE Early Treatment Program” <http://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp.2015.15050632>
- OnTrack Coordinated Specialty Care for First Episode Psychosis Manual II: Implementation  
[https://www.nimh.nih.gov/health/topics/schizophrenia/raise/csc-for-fep-manual-ii-implementation-manual\\_147093.pdf](https://www.nimh.nih.gov/health/topics/schizophrenia/raise/csc-for-fep-manual-ii-implementation-manual_147093.pdf)
- The NAVIGATE Team Members’ Guide <https://raiseetp.org/studymanuals/Team%20Guide%20Manual.pdf>

---

## References

- Bello, I. (2017, January 13). *Dr. Iruma Bello: Team leadership* [Video file]. Retrieved from <https://www.youtube.com/watch?v=fusDQgY-1FY&feature=youtu.be>
- Gingerich, S. (2017, March 3). *Susan Gingerich: Team leadership, family education, and case management* [Video file]. Retrieved from <https://www.youtube.com/watch?v=sUgttY-M3rA&feature=youtu.be>
- Heinssen, R. K., Goldstein, A. B., & Azrin, S. T. (2014). *Evidence-based treatments for first episode psychosis: Components of Coordinated Specialty Care*. Retrieved from [https://www.nimh.nih.gov/health/topics/schizophrenia/raise/nimh-white-paper-csc-for-fep\\_147096.pdf](https://www.nimh.nih.gov/health/topics/schizophrenia/raise/nimh-white-paper-csc-for-fep_147096.pdf)