FSH Service Coordinator Competency Development Plan

Competency Development Plan: Knowledge & Skills

NIRN
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Supervisors and Managers should use the form below to identify the necessary knowledge, skills and abilities needed for an FSH service coordinator in order to carry out the needed functions.

Position Title: FSH Service Coordinator   **Date:**   **Developed by:**

Essential Function	Knowledge *What does the staff person need to know to carry out this function?*	Skill *What skills does the staff person need to carry out this function? Consider technical skills (e.g., use of computer software) and 'soft' skills (e.g., ability to give and receive feedback).*
ENGAGING Is on-going and never ending. It is a continuous process of staying delicately in step with family members in order to continue to build working relationships to support ongoing assessments, understanding, and service decisions. Focusing on the person's immediate, practical concern ("starting where they are") in each encounter. Always seeking out family members, building rapport, inviting them into a change process, valuing and making central the power, perspectives, abilities and solutions they and their supportive communities offer.	**WE ENGAGE BY …** Entering into conversations with cultural humility and respect. In other words, we approach people with an openness and nonjudgmental attitude toward aspects of identity – ethnicity, race, gender, sexual orientation – that are most important to the person Developing and maintaining a mutually beneficial relationship (whether short or long-term) that is built on respect, trust and genuineness. Creating an environment where willingness to plan and act together is the goal. Specifically, we strive to: • Actively listen with openness • Have affirming interactions • Be empathetic: express kindness, patience, reassurance, calm and acceptance • Nurture honest dialogue, be genuine • Demonstrate respect • Listen for loss • Recognize and respond to stage of change the family member is in	

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	• Roll with resistance • Focus on the person's strengths, hopes and aspirations as building blocks for meeting needs • Employ Motivational Interviewing to identify, examine and resolve ambivalence about changing behavior .	
ASSESSING is the ongoing process of acquiring the knowledge to understand strengths and needs of family members for effective decision making with family members and linkage to the most appropriate interventions Recognizing that mental health, substance use and physical health symptoms may be a person's way of coping or adapting to trauma that has occurred Identifying where family members are in the change process Facilitating critical thinking and discussions with family members and their formal and informal team/supporters about the family's underlying needs, how they define problems and what success looks like	**WE ASSESS BY…** • Listening attentively, actively • Using a trauma informed lens when gathering and synthesizing information about families • Practicing cultural humility Use language and concepts the family uses and incorporate the family's strengths, resources, cultural perspective and solutions in all actions Check assumptions, listen and communicate understanding during conversations Record the results of our assessments in nonjudgmental language • Exploring with family members: Strengths, hopes, dreams, needs, goals, opportunities, solutions What is important in their present? Where would they like to be "down the road?" How and to what extent they identify with traditions of their cultures, communities, Tribes? Past encounters and experiences with service systems – services received, diagnoses given What is important in their present? Where they are in the change process at any given time:	

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	STAGE 1: Not Ready (Pre-contemplation) STAGE 2: Getting Ready (Contemplation) STAGE 3: Ready to Take Action (Preparation) STAGE 4: Taking Action (Action) STAGE 5: Ready to Maintain Gains (Maintenance) • Administering standardized assessment tools, explaining to the family what we hope to learn • Conducting interviews appropriate to the developmental age and stage of family member • Recognizing and accounting for developmental issues such as those of a child or youth or cognitive delay for an adult • Recognizing and responding to "Change Talk" and, Resistant Behaviors (as defined in Motivational Interviewing)	
FAMILY INVOLVED TEAMING is a deliberate and structured approach to involving youth and families in decision-making through facilitated meetings of family members, their identified supports and professionals working with the family Building a network of support with and for family members that consists of both non-professionals and professionals, as needed, who work together to help family members	**WE TEAM BY…** • Demonstrating respect to caregivers by having candid discussions and developing shared understanding with caregivers about their rights, role and expectations as parents and tenants • Facilitating critical thinking and discussion with the family and their team about family needs, how they define challenges and what success looks like • Exploring with team members what roles they	

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meet their goals Collaborating and coordinating across systems with and for families. Recognizing and appreciating the strength and support that a family's community, cultural and other natural relationships, can provide Establishing shared commitment and accountability with family members and others taking on their roles and responsibilities, holding themselves and others accountable for meeting goals Creating an environment for open and honest communication with the family and their formal and informal supporters, facilitating continuous dialogue about the quality of services and adjustments needed	can play over time to strengthen and support the family • Establishing and continuously convening, engaging and supporting the family's team and reinforcing their self-identified roles • Include natural family, cultural, community and Tribal supports. • Include others who are providing services to the family including therapists, counselors, life coach, etc. • Follow an established protocol for team meetings. • Facilitating continuous dialogue with the family and their team members regarding how the agreed-upon supports and plans are working • Incorporating family strengths, resources, cultural perspective and solutions in all casework, decision-making, case plans, reports, meeting notes and other documents • Celebrating success and accomplishments	

PLANNING AND LINKING TO SERVICES is co-designing, developing and implementing individualized plans to meet the goals of family members with family members. Specifically,
• working both with the family unit and individuals to develop clearly defined, realistic and measureable goals which address housing stability and other needs; and
• defining what needs to be accomplished, the steps and resources
	WE PLAN AND LINK TO SERVICES BY:
	• Clarifying what family members desire for themselves versus imposing our own expectations for family members
	• Clarifying individual family member goals and collective family goals and attending to both
	• Using tools that help the family members talk about their goals, such as a "wellness wheel"18
	• Prioritizing family members' goals by importance and confidence in achieving:
	   o How important is the goal? Make it meaningful.
	   o How confident is the person that they	

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needed and the timeline	will achieve the goal? • Focus on the one the individual believes they could achieve first. (As one achieves simpler goals, it builds confidence and empowers to tackle more difficult ones.) • Connecting or re-connecting family members to formal and informal services and supports, cultural practices and traditions that can assist them with loss, grief, hurt, pain, healing and recovery and meeting other goals • Supporting caregivers in participating in activities unrelated to their role as a parent in efforts to promote self-care and managing stress	
Advocacy is Speaking up for families and serving as a role model in order to support them in strengthening their family, meeting their needs, finding their voice and developing their ability to advocate for themselves · Coordinating with the family's formal and informal advocates to assist the family to find their own solutions · Encouraging, supporting and providing opportunities for family members to actively share their voice, offer solutions, act as leaders and be central in assessment, planning and decisions about their lives Helping families advocate for themselves and others for system and policy improvements	We advocate by: • Seeking and providing on-going support and linkages for families to culturally competent and effective services to meet their needs • Helping family members develop and share their own stories, their "lived experiences". This is critical to reframing public perception and building the public and political will necessary to end homelessness. http://www.csh.org/speakupprogram#sthash.s40RPjZ1.dpuf20 • Linking families with professional or peer advocates when requested and including the family's support persons and advocates on the team • Providing opportunities for families to participate in organizational and system level advocacy:	

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	• Reserving one or more seats on the agency board of directors for program participant and support the participants in actively participating in the meetings • In single-site programs, creating and providing resources for tenants to form a tenant council • Developing a speakers bureau where families learn the skills and are supported in telling their story to policy makers • Engaging in lobby days and talk with elected officials about the services that are offered in the community and how to make improvements.	
TRACKING AND ADJUSTING is following up on the intervention delivery processes through regular communication with family members and service providers to understand progress being made, barriers encountered and changing family circumstances. Regularly updating service needs assessments and individualized service plans to reflect the changing service needs and goals of family members.	• Establishing and maintaining regular communication with family members, informal supports and service providers to assess whether/how the agreed-upon practices, services, supports and plans are working • Making and gathering progress assessments from all parties • Reviewing gathered progress information with families • Identifying and resolving service delivery issues, overcoming barriers and adjusting strategies as needed • Facilitating adjustments to plans and services/follow-through based on family and support team discussions, assessments, and decisions	

Knowledge & Skills List the knowledge and skills from page 1 below. Circle knowledge and skills that are non-negotiable at selection.	What standardized process will be used?	What standardized tools and resources are available?	What data will we collect to evaluate whether selection was carried out as intended and can be improved?
	Who is accountable for the selection process? Do they understand the skills and abilities needed? *Is there a standardized and specific job description in place?* *Is there a protocol in place to assess competencies?*	• Job description • Interview protocol • Candidate scoring rubric	

Competency Development Plan: Training

Training is purposeful, skill-based, and uses adult-learning informed processes designed to support relevant staff in acquiring the skills and information needed to support the program/practice being implemented.

Knowledge & Skills *List the knowledge and skills identified on page 3. Circle knowledge and skills that will be developed by training.*	**What standardized process will be used?**	**What standardized tools and resources are available?**	**What data will we collect to ensure training is carried out as intended and can be improved?**
	Who is accountable for training? *How will the organization provide or secure skill-based training for staff?*	• Training agenda • Training materials • Training evaluation	*How are training data used for improvement?*