

*DELAWARE
CHILDREN'S
DEPARTMENT*



System of Care:

.....

A Complete Reference Guide for Putting SOC in Action

Think of the Child First!

Let's Get Together...



...to put SOC in Action!

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There is also a “Quick Reference” version of this field guide available.

Let's Get Together...



...to put SOC in Action!

Dear Staff of Delaware Children's Department,

The *System of Care in Action Work Group* has been developing ways to carry on the work that was begun in trainings over the past years in team approaches, strength-based interventions and community-based services for children and families. Thank you to those who are moving forward with System of Care and to all who have asked for more information, training, incentive programs and ideas to continue this important work.

The *Let's Get Together Campaign* seeks to capture your System of Care spirit and move you closer to using this philosophy with children, youth and families. This campaign conveys the commitment to *think of the child first* and find ways to support children and their families.

This reference guide contains materials and ideas for reaching out to families, agencies and support staff who are involved with the children to whom you are providing services. We hope you will share some of the materials with your community partners and agencies that collaborate with you to provide support to families.

Thank you for being a partner in the effort to build strong families, strong teams and a strong department! So, *Let's Get Together...to put System of Care in Action!*

Sincerely,

A handwritten signature in black ink that reads "Cari DeSantis".

Cari DeSantis
Cabinet Secretary
Delaware Children's Department
Think of the Child First!

Let's Get Together...



...to put SOC in Action!

Putting SOC Principles in Action

This section reviews each of the seven principles and provides tips and suggestions to help put the principle into action when working with youth and families. Information and sample questions are included to help you.

System of Care Principles:

1. Practice is Individualized
2. Services are Appropriate in Type and Duration
3. Care is Child-Centered and Family-Focused
4. Care is Community-Based
5. Care is Culturally Competent
6. Care is Seamless, Within and Across Systems
7. Teams Develop and Manage Care



Principle 1: *Practice is Individualized*

1. **Create an individualized plan which includes unique identification of strengths, needs, goals and actions.**

2. **Identify parent, child and family strengths** by asking:

These questions can be asked during team meetings or one-on-one conversations. Keep in mind, it is important to get the view of each family member, they may perceive things differently.

- a. What do you do when you spend time together?
- b. What is important to you? To your family?
- c. What rules does your family have? Expectations?
- d. What are some of your family's routines?
- e. What traditions are important in your family?
- f. What is a typical day (morning, evening, Saturday, etc) like in your house?
- g. When things are not going well, how do you deal with the situation?
- h. What gets you through the day? How do you get by?
- i. What does your child do that makes you feel proud?
- j. How do you react when your child makes you proud or does something well?
- k. What beliefs do you have that provide direction for your family?
- l. What things are important to you at home and with your family?
- m. How do you communicate with each other in a positive way?
- n. How does your family solve problems?
- o. What do family members do for fun?
- p. What are your (your child's) talents?
- q. What do you enjoy doing?

3. **Use strengths as the foundation for planning – people are more likely to achieve success when they build on a strong base.**

4. **Identify needs and concerns** by asking:

These questions can be asked during team meetings or one-on-one conversations. Keep in mind, it is important to get the view of each family member, they may perceive things differently.

- a. What are your concerns regarding your family (child)?
- b. Why is this of concern to you?
- c. What happened (has been happening) to create your concern?

- d. What would you like to see accomplished/changed?
- e. What do you think your family (child) needs so this concern will disappear?
- f. How can you/the team meet your needs?
- g. How does your family determine and prioritize needs? (Together? One person?)
- h. Does your family agree on the needs and their importance?
 - This should be asked to each member, mom may think everyone agrees, but the youth may feel differently.
- i. When a family member (especially the youth) has a specific need, are other family members in agreement with and supportive of that need?
 - If no, why isn't everyone in agreement? Is there a way to find common ground?
- j. Do you (the family) have resources (the things you need) to meet the need?
- k. Do you have the time and energy to address needs and concerns?
- l. Do you think this need is worth committing time and energy to addressing?
- m. What can you reasonably do?
- n. Do you think the team's suggestions/offered services will help your family to address this need?

5. Develop goals and actions (with the team) that build on individual and family strengths while addressing needs and concerns.

- a. Goals are broad statements regarding what the child/family will be able to do, or will have done, by a target date.
- b. Goals should be stated in a positive strength-based format whenever possible.
- c. Actions are steps taken to realize the goals.
- d. Actions can be small steps in working toward a larger goal.
- e. Goals and action statements should be written clearly so they are easily understood by the child, family and other team members.
- f. Use *in order to* statements to provide clarity. Examples:
 - *Mother will secure after-school care in order to ensure the children are safe while she is at work.*
 - *Youth will attend school in order to meet the conditions of his probation.*
- g. Create goals which set the stage for family and child success, initial success will build momentum and motivate the family and team to reach larger, more complex goals.
- h. Have goals and action steps for other team members (including Department case managers and informal supports).



Principle 2: *Services are Appropriate in Type and Duration*

1. **Think about available services.**

a. Informal services include:

- Natural supports to the family, for example: faith-based leaders, coaches, extended family, a neighbor who helps, or is close to, the family
- Naturally occurring events such as a Wednesday night basketball game or club
- Think outside of the box, you may be surprised what informal services present themselves

b. Formal services include:

- Formalized agencies
- Formalized individuals (i.e. psychologist)
- Formalized activities (i.e. drug/alcohol classes regularly scheduled)

2. **Screen to identify informal and formal supports that are appropriate.**

- a. The family is a team member and has decision making capability.
- b. Identify the potential challenges to the client and family accessing services.
- c. Identify outcomes and goals to be accomplished.
- d. What service(s) will meet challenges, goals and outcomes?
- e. Couple formal and informal together.

3. **Monitor for progress towards goals.**

- a. Check with team along the way. Is service(s) meeting challenge, goal or outcome?
- b. Does the plan need modification?
- c. How is success being measured?
- d. When goal has been reached—what's next?
- e. Services need to be for the right period of time.

4. **Remember:**

- a. **Families, when asked, report that informal services get them through challenging times, not necessarily the formal services. These remain long after formal supports are gone.**
- b. **Research shows that the least restrictive approach leads to better outcomes and lower costs.**
- c. **In SOC the family is the expert on their situation. They have decision making capability around which type of service to use to meet the goal.**



Principle 3: *Care is Child-Centered and Family-Focused*

1. **Stay Focused on the Child and Family.**
 - a. Child-Centered means looking at the child holistically (their home, school, physical and mental health, legal situation, spirituality, vocation, etc.).
 - If needs are identified, the family is the first to identify how to meet the needs.
 - b. Family-Focused emphasizes the importance of engaging families & caregivers in the planning and decision making process.

2. **Remember Parents & Caregivers are important.**
 - a. They add knowledge about the youth and their family.
 - b. Their buy-in and involvement increase the likelihood of successful outcomes.

3. **Foster the process by meeting these parent/caregiver needs, which are:**
 - a. To be heard.
 - b. To have access to decision making and planning process.
 - c. To have ownership of the plan.

4. **Identify youth and family strengths to aid in plan development.**
 - a. Identify strengths that can be reinforced.
 - b. Identify professional resources (crisis and everyday).
 - c. Identify informal supports.
 - d. Determine how crises are handled and who the family turns to in times of crisis.

5. **Identify youth and family needs to aid in plan development.**
 - a. Determine supports and resources that will work for the youth and family.
 - Use youth and family strengths to meet needs in the home and community.
 - Support the family in developing one plan to meet their stated goal.

6. **Remember, families know more about their situation than we do.**

7. **Take these key points into account when working with families:**
 - a. State, Federal and Court mandates are non-negotiable, for example:
 - Safety (personal or public) and
 - Court ordered conditions (probation, sentencing, custody, etc).
 - b. Work within mandates using a child centered, family focused approach.
 - c. Allow youth and families to prioritize their needs.

- Individual family members may have concerns that are more important to them than those identified by the family.
- Focus on the family's plan, unless there is a safety issue.
- Ensure the family takes the lead in identifying needs and how to address them.

8. Utilize these questions to identify family strengths:

- What do you do when you spend time together?
- What rules does your family have?
- What traditions are important to your family?
- What is a typical day like in your house?
- When things are not going well, how do you deal with them?
- How do you react when your child makes you proud?
- What beliefs do you have that provide direction for your family?
- How do you communicate with each other?
- How does your family go about solving problems?

9. Utilize these questions to identify needs and/or concerns:

- What are your current needs? (family and individual)
- What are your concerns with your family?
- What do you think will help the concern to disappear?
 - Continue with this process to probe for additional needs and concerns.

10. Utilize these questions to identify informal family supports:

- Are you involved with any community-based organizations or activities (faith-based, sports, clubs, dance, etc.)?
- Who is the person you call first when you need help with something? (individual family members may have different answers)
- Who do you (does your family) turn to in times of need?
- Who attends family celebrations?
- Are there programs or activities in your community in which you would like to get involved?
- Are there programs you would be involved in if available in your community?

11. Utilize these questions to identify formal family support systems:

- What services are you (your family) involved with at this time?
- Do you think the service(s) are helpful?
- Which one(s) are you most comfortable with?
- Do you believe the services are working together for your (your child's) best interest?
- Are there any services that you think would benefit your family that you are not involved with or you are not sure exist?



Principle 4: *Care is Community-Based*

1. **Community-Based Care means the child and their family are served in school and community settings when clinically and educationally appropriate.**
 - a. Serve youth outside of institutions to the extent possible based on their needs and public safety needs.
2. **Families are involved as key stakeholders, whether they are helping tailor the individualized plan of care for their child or helping design, build or maintain our System of Care.**
3. **Families are involved in policy development, care coordination, evaluation, strategic planning, service provision, social marketing and individual and system advocacy.**
4. **Community-based services are important because they keep children in their homes, neighborhood schools and local communities.**
 - This has a positive impact on the well-being of the child and family.
 - Moving, in many cases, may cause stress for an already traumatized child.
 - The child is able to keep critical bonds with friends, family and school.
 - When services are community-based, the work done with the child and family is in the context of where they live.
 - The community (faith-based organizations, nonprofit agencies, neighbors and others) can offer additional positive and informal supports to the child and family – This relieves the burden for you as a case manager.
5. **Questions to ask about System of Care and community-based services:**
 - a. Is a broad array of evidence-based and promising practices, informal services and supports available to meet the needs of children and families in the community?
 - b. Are the services available to families in their primary language?
 - c. Are services available at times and locations convenient to the family?
 - d. Is in-home support offered to families?
 - e. Is funding being accessed to meet the unique needs of each child and family?
 - f. Are all child-serving systems for the community invited to the table and working together on behalf of children and families?
 - g. Do child welfare caseworkers and other staff interact with children and families in culturally and linguistically competent ways?
 - h. Are caseworkers and other staff culturally sensitive to the location and type of services made available to the child and family?
 - i. Is the family routinely seen as one of the child's major resources?



Principle 5: *Care is Culturally Competent*

1. Definitions:

- a. Culture is defined as the customary beliefs, social norms and material traits of a racial, religious or social group.
 - This encompasses the collective reality of a group of people that forms attitudes and beliefs.
- b. Race is defined as a family, tribe or people belonging to the same stock.
- c. Ethnicity is defined as people grouped together according to common racial, national, tribal, religious, linguistic or cultural origin or background and include:
 - Characteristics which are reinforced over time
 - Long-standing dynamics of thinking, feeling and behaving
 - Dynamics of cultures and ethnicity include beliefs, social norms and material traits

2. Be culturally aware by:

- a. Adopting a broader understanding of cultures.
- b. Interacting with individuals from different cultures.
- c. Examining the individual's personal experience.
- d. Being more self aware and understanding how your culture shapes your life and attitudes.
- e. Evaluating your own cultural heritage, values and biases, and how they may impact the youth and families in your caseload.

3. Consider cultural differences:

- a. Language
- b. Social class or socio-economic status
- c. Gender
- d. Sex roles
- e. Sexual orientation
- f. Ethnicity

4. Understand that:

- a. All relationships are cross cultural.
- b. Sharing race or ethnicity does not mean that individuals share the same experiences, beliefs or values.
- c. Stereotypes can cloud your ability to see the person as a unique individual.
- d. It is important to ask questions to learn about their experience and culture.

- e. Ethnic identity is an individual's sense of belonging to an ethnic group. One's identification with their ethnic group impacts their sense of self, forms core beliefs and social norms and impacts personality dimensions.

5. When working with youth in families, it is imperative to:

- a. Be aware and accepting of differences to foster positive change.
- b. Accept each youth and family as an individual.
- c. Be open to the beliefs of others; don't impose your own beliefs on others.
- d. Understand behavior is relative to its cultural context.
- e. Consider and respect cultural beliefs, traditions and norms during team meetings and service planning.
- f. Ask questions and build rapport to learn about the person, from the person.



Principle 6: *Care Is Seamless, Within and Across Systems*

1. **Interface of services should be invisible to families.**
 - a. Families are not concerned with who provides or funds services if:
 - the service meets their needs
 - the service is delivered in a timely manner
2. **Provide appropriate services based on the individual or family's needs as identified through principle #2.**
3. **Ensure open communication among all parties, services, department staff and community linkages.**
4. **Transitioning the youth or family to a new service requires you to:**
 - a. Ensure a seamless transition
 - b. Continue the current service until the new service begins
 - c. Hold a service transition meeting to develop new goals
5. **Offering inter-divisional services requires you and the team to:**
 - a. Determine roles and responsibility of each division/representative
 - b. Set expectations for service delivery for each division
 - c. Effectively collaborate to provide appropriate services
 - d. Follow-up to ensure services are appropriate and meet the family's needs
6. **Dealing with external services (outside the department) requires you to:**
 - a. Collaborate with service providers
 - b. Allow the family to be the lead in arranging for the service (only provide assistance to the family if needed)
 - c. Follow-up to ensure services are appropriate and meet the family's needs



Principle 7: *Teams Develop and Manage Care*

1. **Support the family in developing the team.**
2. **Include informal supports as team members (at least one).**
 - a. An informal support person is someone the family would like to have at the team meeting to support them. (Extended family, friends, neighbors, church members, community center staff, mentors, etc.) Informal supports usually stick around long after we do, so they are critical.
3. **Include formal supports (professionals) working with the child &/or family on the team (school staff, mental health, etc).**
4. **Support the family in organizing the team. This empowers the family and puts them in the lead to plan for their child and family.**
 - a. Ask the parent to invite team members to the meeting. Parents should call some of the members, especially the informal support team members.
5. **Allow the family to decide, or participate in the decision, regarding when the meetings will be held.**
 - a. Avoid mandating families to appear at a meeting scheduled by professionals.
6. **Work with the family *before* the first meeting to ensure they feel comfortable with the team process and they are prepared.**
 - a. Explain the team process and roles of team members (DSCYF worker, parent, others).
 - b. Develop a collaborative partnership with the parent by focusing on the importance of parents contributing to child/family decisions.
7. **Gather information from *each* team member about strengths, concerns/worries and the team develops goals together.**
 - a. What is everyone concerned about?
 - b. What do you need so your concerns will go away?
 - c. How can the need be translated into a goal?
 - d. Always ask the parent if this goal can be obtained, given their family situation and resources.



SOC Checklist

- 1) _____ Provide parent information (brochure and talking points)
- 2) _____ Ask strength-based questions
- 3) _____ Ask needs-based questions
- 4) _____ Identify formal supports
- 5) _____ Identify informal supports
- 6) _____ Identify formal services
- 7) _____ Identify informal services
- 8) Team meeting:
 - a) ___ Allow family to decide where the meeting will be held
 - b) ___ Support family in organizing the meeting
 - c) ___ Prepare family in advance for the team process
 - d) ___ Gather information on concerns/worries of team members before the meeting
 - e) ___ Have formal supports been included?
 - f) ___ Have informal supports been included?
 - g) ___ Have formal services been included?
 - h) ___ Have informal services been included?
 - i) ___ Does the plan meet the needs of the family?
 - j) ___ Does the plan support the goals?
- 9) _____ Ensure the team plan follows federal, state and court mandates
- 10) _____ Ensure the team has been sensitive to cultural reality
- 11) _____ Ensure care is community-based when possible
- 12) _____ Ensure divisions are working together

Remember: SOC is child-centered and family-focused and the parent is the expert on their child, family and situation.

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SOC Talking Points

It can be challenging to describe the System of Care philosophy to families and youth. The following talking points can be used as an aide in explaining what SOC is, roles and responsibilities of team members and what families can expect while working with our department. These talking points combined with your factual and anecdotal experiences will make your explanation of SOC more meaningful to families.

- Working with different agencies and service providers can be confusing, overwhelming and stressful. In a system of care, agencies work together with you and your family as a team.
- You will be a member of a team that will work together to identify services and supports that will best meet the needs of your child and family.
 - Your child will be a member of the team (unless the child is very young).
 - Other family members may be included on the team as well.
- You are an expert regarding your child and family, including:
 - Strengths of individual family members and the family as whole,
 - Concerns regarding your child or family's situation,
 - What you would like to see change – your goals,
 - What your child and family need in order to reduce or eliminate your needs and concerns and meet your goals.
- As a member of the SOC team you will be expected to:
 - Provide information regarding your child and family's strengths; your concerns, needs and goals; background information including what works and doesn't work for your child or family.
 - Answer questions honestly and give accurate information about your child and family's strengths and needs.
 - Request information and ask questions about anything you want to know more about or do not understand.
 - Work with the team to develop plans that meet your child and family's needs.

- Attend team meetings.
 - Assist your case manager in identifying team members:
 - Including professionals from other agencies and service providers with whom you are involved and
 - People you respect and trust who can support you – this can be extended family, friends, neighbors, religious leader or anyone else you feel knows your child and is supportive of your family. It is helpful to include someone who knows about services in the community.
 - Follow through on the commitments you make, or seek help when you run into an obstacle.
- The team will work together to write a service plan for your child and family which includes:
 - Goals,
 - Services and supports provided as close to home as possible and
 - Services and supports that match your family’s lifestyle and culture.
 - What you can expect:
 - You can expect to hear terms and words you may not know, ask for definitions and explanations.
 - Since system of care is child centered and family focused, your entire family may be asked to participate in the services you are offered.
 - There may be waiting lists for some services. Find out how to get help while you are on a waiting list for a particular service.
 - Most programs and services have eligibility criteria.
 - We will help you advocate for the services and supports that will help your child and family achieve the goals you set. Keep in mind, not all services selected by you and the team will be available or approved, so we may need to consider other options.
 - Case managers and other team members really do want to help your child and family, they want you to achieve your goals.
 - And remember, you are your child’s best advocate.

Adapted from the Substance Abuse and Mental Health Services Administration’s *Family Guide to System of Care for Children With Mental Health Needs*, May 2005.

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SOC Competencies for Frontline Staff and Supervisors

Competencies are the knowledge, skills and attitudes needed to perform a task and are reflected in what people think, do and feel. The competencies articulated in this document are designed to guide practice within a System of Care for frontline staff and supervisors.

SOC competencies can be utilized in a variety of ways and should be considered the basis for day-to-day work with children and families throughout the Department. For supervisors, they can be incorporated into one-on-one conferences and other coaching opportunities, during unit meetings, at regional and divisional meetings and trainings. They should be embedded into performance planning, either within the individualized portions of the performance plan or as an addendum. The competencies can guide frontline staff members in reinforcing and recognizing their strengths, as well as determining areas where they need to focus their efforts. They can be used as a guide to ensure the principles have been incorporated into interactions and planning with youth and families.

The competencies are placed within the framework of Delaware's System of Care principles and are aligned with the DSCYF strategic initiatives: Child Focused, Holistic Services, Inspired Workforce, Leading Edge Management and Dedicated Partnerships.

Department of Services for Children, Youth and Their Families

Workforce Competencies for Frontline Staff

Competencies are the knowledge, skills, and attitudes needed to perform a task or provide a service. They are reflected in what people think (knowledge), do (skills) and feel (attitudes). Competencies are acquired through training, supervision, work experience and personal life experience. The competencies outlined below are designed to guide practice within a system of care and are placed within the framework of the DSCYF System of Care principles.

SOC Principle #1: Practice is Individualized and Includes Strength-based Solutions

Frontline Staff	Child	Family	Community
Attitude <i>The staff member values or is committed to...</i>	<ul style="list-style-type: none"> ❖ personal goals and interests of child ❖ constant focus on safety ❖ involving child in all aspects of planning and delivery of services 	<ul style="list-style-type: none"> ❖ engaging respectfully with child and family 	<ul style="list-style-type: none"> ❖ identifying and supporting natural support networks
Knowledge <i>The staff member understands...</i>	<ul style="list-style-type: none"> ❖ plans are tailored to meet the needs and goals of the individuals being served and are responsive to the gender, culture and other unique conditions of the child and family ❖ risk and protective factors in children ❖ the unique characteristics, strengths, and needs of children 	<ul style="list-style-type: none"> ❖ dynamics and needs of family and substitute caretakers 	<ul style="list-style-type: none"> ❖ community resources
Skills <i>The staff member has the ability to...</i>	<ul style="list-style-type: none"> ❖ identify strengths and conduct strengths-based assessments ❖ conduct risk/safety assessments 	<ul style="list-style-type: none"> ❖ identify and incorporate child/family strengths into plan and service delivery ❖ facilitate natural support networks 	<ul style="list-style-type: none"> ❖ build unique, informal support networks around each child/family ❖ access community resources
Case Manager Behaviors			
C-Child Focused System <i>The staff member ...</i>	<ul style="list-style-type: none"> ❖ completes the appropriate strength-based, risk, safety, etc. assessments for each child ❖ completes an individualized service plan taking into consideration the unique and specific characteristics of the child, family, and the situation 		

H-Holistic Service <i>The staff member</i>	<ul style="list-style-type: none"> ❖ incorporates holistic information from across all child and family domains in completing individualized service plans
I-Inspired Workforce <i>The staff member...</i>	<ul style="list-style-type: none"> ❖ fulfills the role and responsibilities assigned to her or him as a member of a service team ❖ uses the capabilities and resources of the Department's information system in assessment and individualized service planning
L-Leading Edge Management <i>The staff member...</i>	<ul style="list-style-type: none"> ❖ monitors and evaluates progress against the goals, objectives, and actions contained in the individualized service plan ❖ fully uses the capabilities and resources available in FACTS
D-Dedicated Partnerships <i>The staff member...</i>	<ul style="list-style-type: none"> ❖ seeks out and engages informal supports by giving them ownership and responsibility for specific aspects of the service plan

SOC Principle #2: Services are Appropriate in Type and Duration

Frontline Staff	Child	Family	Community
Attitude <i>The staff member values or is committed to...</i>	<ul style="list-style-type: none"> ❖ providing services based on least restrictive approach 	<ul style="list-style-type: none"> ❖ maintaining children with family whenever possible ❖ maintaining safety 	<ul style="list-style-type: none"> ❖ identifying and strengthening community supports
Knowledge <i>The staff member understands...</i>	<ul style="list-style-type: none"> ❖ best practices used across broad service array 	<ul style="list-style-type: none"> ❖ holistic approach to child and family needs ❖ entitlement and benefit sources available to families (for example: Medicaid, SSI, TANF, daycare, housing and transportation, etc.) 	<ul style="list-style-type: none"> ❖ basic information regarding entitlement and benefit sources ❖ the array of services in each DSCYF division and in the community
Skills <i>The staff member has the ability to...</i>	<ul style="list-style-type: none"> ❖ adequately assess the child to determine needs and desired outcomes 	<ul style="list-style-type: none"> ❖ adequately assess the family to determine needs and desired outcomes 	<ul style="list-style-type: none"> ❖ access community resources and to refer families to those services
Case Manager Behaviors			
C-Child Focused System <i>The staff member...</i>	<ul style="list-style-type: none"> ❖ selects and uses services that are appropriate in type and duration 		
H-Holistic Service <i>The staff member...</i>	<ul style="list-style-type: none"> ❖ uses the least restrictive service(s) available to the team 		
I-Inspired Workforce <i>The staff member...</i>	<ul style="list-style-type: none"> ❖ matches resources to needs in the individualized service plans 		
L-Leading Edge Management <i>The staff member...</i>	<ul style="list-style-type: none"> ❖ evaluates the appropriateness of service types and service duration using the capabilities available in the Department's information system 		
D-Dedicated Partnerships <i>The staff member...</i>	<ul style="list-style-type: none"> ❖ creates partnerships that can provide appropriate services 		

SOC Principle #3: Child Centered and Family Focused

Frontline Staff	Child	Family	Community
<p style="text-align: center;">Attitude</p> <p><i>The staff member values or is committed to...</i></p>	<ul style="list-style-type: none"> ❖ respecting the child's individual rights, values and individuality 	<ul style="list-style-type: none"> ❖ respecting the family's rights and values ❖ promoting family stability ❖ Respecting the family as a primary expert about the child and as part of the solution 	<ul style="list-style-type: none"> ❖ Respecting Parent/Caregiver's ability to develop support system
<p style="text-align: center;">Knowledge</p> <p><i>The staff member understands...</i></p>	<ul style="list-style-type: none"> ❖ early identification of strengths, risks and needs 	<ul style="list-style-type: none"> ❖ the dynamics of empowering families to be self-sufficient ❖ the effects of stress, trauma on family 	<ul style="list-style-type: none"> ❖ the importance of specific formal and informal supports which will aid the child and family
<p style="text-align: center;">Skills</p> <p><i>The staff member has the ability to...</i></p>	<ul style="list-style-type: none"> ❖ use principles of child and family centered services ❖ use age appropriate communication skills 	<ul style="list-style-type: none"> ❖ demonstrate empathy and genuineness toward families ❖ comfortably enter a variety of family environments and communicate successfully in all 	<ul style="list-style-type: none"> ❖ identify the specific formal and informal supports which will aid the child and family
Case Manager Behaviors			
<p>C-Child Focused System</p> <p><i>The staff member...</i></p>	<ul style="list-style-type: none"> ❖ facilitates service planning based on child and family strengths, values, and preferences ❖ asks the child and family about their needs and concerns ❖ uses the informal supports available for the child and family 		
<p>H-Holistic Service</p> <p><i>The staff member...</i></p>	<ul style="list-style-type: none"> ❖ follows the lead of the family and child in developing an individualized service plan ❖ integrates family strengths, values, beliefs, and preferences in holistic service choices and delivery ❖ gives the family the authority and power to make decisions 		
<p>I-Inspired Workforce</p> <p><i>The staff member...</i></p>	<ul style="list-style-type: none"> ❖ completes training and professional development activities to improve child-centered and family-focused service planning and delivery 		
<p>L-Leading Edge Management</p> <p><i>The staff member...</i></p>	<ul style="list-style-type: none"> ❖ manages his or her time to facilitate child-centered and family focused practice among service partners ❖ utilizes the Department's information system resources to facilitate child-centered and family focused practice 		
<p>D-Dedicated Partnerships</p> <p><i>The staff member...</i></p>	<ul style="list-style-type: none"> ❖ accepts the family as a full partner in service planning and delivery ❖ develops partnerships with formal and informal supports 		

SOC Principle #4: Care is Community Based

Frontline Staff	Child	Family	Community
<p style="text-align: center;">Attitude</p> <p><i>The staff member values or is committed to...</i></p>	<ul style="list-style-type: none"> ❖ community based care ❖ supporting/strengthening the child's community involvement and connection when child is out of the home 	<ul style="list-style-type: none"> ❖ supporting/strengthening family involvement when child is out of the home ❖ strengthening family so child can return home safely 	<ul style="list-style-type: none"> ❖ participating on collaborative teams
<p style="text-align: center;">Knowledge</p> <p><i>The staff member understands...</i></p>	<ul style="list-style-type: none"> ❖ crisis interventions and stabilization strategies to prevent deeper ended services 	<ul style="list-style-type: none"> ❖ behavioral management skills in home, school and community 	<ul style="list-style-type: none"> ❖ how to advocate for resources at all levels
<p style="text-align: center;">Skills</p> <p><i>The staff member has the ability to...</i></p>	<ul style="list-style-type: none"> ❖ access services and resources as close to a child's home as possible ❖ provide services in a child's "natural" setting 	<ul style="list-style-type: none"> ❖ provide referrals for interventions appropriate to family needs 	<ul style="list-style-type: none"> ❖ ensure out of home care is linked to community system to improve outcomes and transitions ❖ early identification and intervention supports to schools, day-care and early health providers
Case Manager Behaviors			
<p>C-Child Focused System</p> <p><i>The staff member...</i></p>	<ul style="list-style-type: none"> ❖ mobilizes, matches, and uses community-based services for children and families 		
<p>H-Holistic Service</p> <p><i>The staff member...</i></p>	<ul style="list-style-type: none"> ❖ advocates and collaborates to create formal and informal supports for children and families ❖ works with the service team to maintain children in their natural settings 		
<p>I-Inspired Workforce</p> <p><i>The staff member...</i></p>	<ul style="list-style-type: none"> ❖ completes training and professional development activities that facilitate their understanding of the local community systems 		
<p>L-Leading Edge Management</p> <p><i>The staff member...</i></p>	<ul style="list-style-type: none"> ❖ shares organizational resources and information with community members/agencies in service planning and delivery ❖ uses the department's information system capabilities to identify potential community-based support services 		
<p>D-Dedicated Partnerships</p> <p><i>The staff member...</i></p>	<ul style="list-style-type: none"> ❖ respects and reciprocates the sharing of resources and information by service partners 		

SOC Principle #5: Care is Culturally Competent

Frontline Staff	Child	Family	Community
<p style="text-align: center;">Attitude</p> <p><i>The staff member values or is committed to...</i></p>	❖ accepting that the child is unique based on race, ethnicity, family traditions, values, beliefs, age, gender, sexual orientation, etc.	❖ accepting that the family is unique based on race, ethnicity, family traditions, values, beliefs, age, gender, sexual orientation, etc.	❖ accepting diversity and that communities have their own unique cultures and traditions
<p style="text-align: center;">Knowledge</p> <p><i>The staff member understands...</i></p>	❖ the need to recognize and respect unique child/family values and issues	❖ the impact of family cultures on child-rearing and help-seeking behavior	❖ each community has its own unique cultural identity.
<p style="text-align: center;">Skills</p> <p><i>The staff member has the ability to...</i></p>	❖ ask and learn about values and traditions within culture	❖ remain sensitive and respectful to the family's cultural nuances	❖ identify multi-cultural resources within the community
Case Manager Behaviors			
<p style="text-align: center;">C-Child Focused System</p> <p><i>The staff member...</i></p>	❖ discovers a family's and child's racial, ethnic, and unique cultural characteristics and tailors planning and supports to these unique cultural strengths and needs		
<p style="text-align: center;">H-Holistic Service</p> <p><i>The staff member...</i></p>	❖ fosters a service team climate that respects the culture, diversity, values, and preferences of children, families, and communities in service planning and delivery		
<p style="text-align: center;">I-Inspired Workforce</p> <p><i>The staff member...</i></p>	❖ completes training and professional development activities to increase her or his cultural competency		
<p style="text-align: center;">L-Leading Edge Management</p> <p><i>The staff member...</i></p>	❖ embraces diversity within and among service team members		
<p style="text-align: center;">D-Dedicated Partnerships</p> <p><i>The staff member...</i></p>	❖ advocates and collaborates to support cultural competency in all community service partnerships		

SOC Principle #6: Care is Seamless, Within and Across Systems

Frontline Staff	Child	Family	Community
<p>Attitude <i>The staff member values or is committed to...</i></p>	<ul style="list-style-type: none"> ❖ staff working together across disciplines and agency boundaries to provide integrated, effective and efficient care ❖ the team managing transitions 	<ul style="list-style-type: none"> ❖ valuing the family's input ❖ understanding that barriers exist when engaging families 	<ul style="list-style-type: none"> ❖ recognizing community supports as integral to care for child and family
<p>Knowledge <i>The staff member understands...</i></p>	<ul style="list-style-type: none"> ❖ broad array of formal and informal community service and support resources for children and families ❖ structure, basic requirements and connections of mental health, family services, juvenile justice & education systems 		
<p>Skills <i>The staff member has the ability to...</i></p>	<ul style="list-style-type: none"> ❖ communicate planning, implementing and monitoring with all entities ❖ share resources and information as necessary to benefit the child ❖ learn and use technical resources (i.e. FACTS & communication devices) efficiently and effectively to communicate and document case events 		<ul style="list-style-type: none"> ❖ make connections & referrals across public, private and community systems ❖ use mediation, conflict resolution, and negotiation skills
Case Manager Behaviors			
<p>C-Child Focused System <i>The staff member...</i></p>	<ul style="list-style-type: none"> ❖ works across boundaries to provide seamless service delivery for children and families ❖ communicates with team members to ensure effective planning, implementing and monitoring of services 		
<p>H-Holistic Service <i>The staff member...</i></p>	<ul style="list-style-type: none"> ❖ fosters team interactions in the service environment that facilitates assessments, planning and implementation of services 		
<p>I-Inspired Workforce <i>The staff member...</i></p>	<ul style="list-style-type: none"> ❖ creates team climates that facilitate collaboration across division and department/agency boundaries for service planning, delivery, and transitions ❖ uses the department's information system to facilitate seamless service delivery 		
<p>L-Leading Edge Management <i>The staff member...</i></p>	<ul style="list-style-type: none"> ❖ participates in developing policy and practices to support seamless care provision within and across systems ❖ encourages family involvement in the development of system of care policy and practices 		
<p>D-Dedicated Partnerships <i>The staff member...</i></p>	<ul style="list-style-type: none"> ❖ models mediation, conflict resolution, and collaboration skills to help service partners achieve the provision of seamless care 		

SOC Principle #7: Teams Develop and Manage Care

Frontline Staff	Child	Family	Community
<p style="text-align: center;">Attitude</p> <p><i>The staff member values or is committed to...</i></p>	❖ building teams around a child	❖ child and family choices driving team decision making, whenever possible and with safety always assessed and maintained	❖ teams form around child, linking all levels including both formal and informal resources
<p style="text-align: center;">Knowledge</p> <p><i>The staff member understands...</i></p>	❖ consensus building and conflict resolution skills	—————→	—————→
<p style="text-align: center;">Skills</p> <p><i>The staff member has the ability to...</i></p>	❖ facilitate ongoing communication with the team ❖ participate actively on planning team	❖ help families build/ strengthen bonds with natural support networks	
Case Manager Behaviors			
<p style="text-align: center;">C-Child Focused System</p> <p><i>The staff member...</i></p>	❖ assists the family in identifying a team of partners to work together to support the family and child ❖ engages children and families in decision making about service planning and delivery		
<p style="text-align: center;">H-Holistic Service</p> <p><i>The staff member...</i></p>	❖ leads service teams in thinking holistically about service planning and delivery		
<p style="text-align: center;">I-Inspired Workforce</p> <p><i>The staff member...</i></p>	❖ completes training and professional development activities to improve skill in team development and management		
<p style="text-align: center;">L-Leading Edge Management</p> <p><i>The staff member...</i></p>	❖ helps other professionals on the service team integrate family and community members in service planning, manage service delivery and service monitoring and evaluation ❖ uses the department's information system to facilitate service team processes		
<p style="text-align: center;">D-Dedicated Partnerships</p> <p><i>The staff member...</i></p>	❖ facilitates the creation of service teams around children and families		

Department of Services for Children, Youth and Their Families

Workforce Competencies for Supervisors

Competencies are the knowledge, skills, and attitudes needed to perform a task or provide a service. They are reflected in what people think (knowledge), do (skills) and feel (attitudes). Competencies are acquired through training, supervision, work experience and personal live experience. The competencies outlined below are designed to guide practice within a system of care. **Supervisors are responsible for Frontline Staff work force competencies *and* those listed below.**

SOC Principle#1-Practice is Individualized and Includes Strength-based Solutions

Supervisor	Competency
Attitude <i>The supervisor values or is committed to...</i>	<ul style="list-style-type: none"> ❖ a strength-based approach which respectfully engages children, families and communities ❖ a constant focus on safety
Knowledge <i>The supervisor understands...</i>	<ul style="list-style-type: none"> ❖ strength-based interventions and approaches ❖ principles of family and child development
Skills <i>The supervisor facilitates, coaches and supports staff to ...</i>	<ul style="list-style-type: none"> ❖ use a strength-based approach in assessments and service planning ❖ use unique combinations of formal and informal supports ❖ utilize a strength-based approach in performance planning and review ❖ identify, support and build upon individual and employee strengths
Supervisor Behaviors	
C-Child Focused System <i>The supervisor...</i>	<ul style="list-style-type: none"> ❖ meets with employees' individually to review the quality of their strength-based assessments and the individualized service plans they have prepared ❖ monitors the child safety and outcome measures of workers he or she supervises
H-Holistic Service <i>The supervisor...</i>	<ul style="list-style-type: none"> ❖ reviews service plans of workers to ensure plans incorporate information from all child and family domains
I-Inspired Workforce <i>The supervisor...</i>	<ul style="list-style-type: none"> ❖ reviews the training and professional development plans to ensure that their employees have had training in strength-based assessment and individualized service planning ❖ requires the employees she or he supervisors to monitor the child safety and outcomes of the children in each case manager's cases
L-Leading Edge Management <i>The supervisor...</i>	<ul style="list-style-type: none"> ❖ facilitates worker initiative to obtain community-based and informal resources to support strength-based service delivery
D-Dedicated Partnerships <i>The supervisor...</i>	<ul style="list-style-type: none"> ❖ works with case managers to develop partnerships that enhance strength-based services

SOC Principle #2: Services are Appropriate in Type and Duration

Supervisor	Competency
Attitude <i>The supervisor values or is committed to...</i>	<ul style="list-style-type: none"> ❖ supporting the use of services based on the least restrictive approach ❖ using appropriate services and placements that facilitate and support growth and development
Knowledge <i>The supervisor understands...</i>	<ul style="list-style-type: none"> ❖ the array of services based on the continuum of care
Skills <i>The supervisor facilitates, coaches and supports staff to...</i>	<ul style="list-style-type: none"> ❖ adequately assess child and family needs ❖ use least restrictive services that facilitate and support growth and development
Supervisor Behaviors	
C-Child Focused System <i>The supervisor...</i>	<ul style="list-style-type: none"> ❖ monitors his or her workers use of most appropriate type of services for each child ❖ monitors the length of service in the workers' cases of those whom she or he supervises ❖ utilizes DSCYF information system to support service monitoring
H-Holistic Service <i>The supervisor...</i>	<ul style="list-style-type: none"> ❖ monitors the use of least restrictive services by case managers
I-Inspired Workforce <i>The supervisor...</i>	<ul style="list-style-type: none"> ❖ ensures that case workers understand the range of services available from each DSCYF division, the department's contracted client service providers, and community organizations
L-Leading Edge Management <i>The supervisor...</i>	<ul style="list-style-type: none"> ❖ monitors the identification of service "gaps" by case workers in their service planning ❖ advocates with DSCYF leadership to obtain the most appropriate types of services ❖ monitors the cost of contracted services within his or her unit
D-Dedicated Partnerships <i>The supervisor...</i>	<ul style="list-style-type: none"> ❖ mediates, when necessary, for her or his workers with service partners for the most appropriate type and length of service(s)

SOC Principle #3: Child Centered and Family Focused

Supervisor	Competency
Attitude <i>The supervisor values or is committed to...</i>	<ul style="list-style-type: none"> ❖ service planning and delivery that respects personal preferences and an ability to grow and change ❖ family friendly service environments and approaches
Knowledge <i>The supervisor understands...</i>	<ul style="list-style-type: none"> ❖ the importance of empowering Parents/Caregivers and family members to be partners in planning both traditional and unique resources ❖ both how to use and how to facilitate the use of risk and needs assessments
Skills <i>The supervisor facilitates, coaches and supports staff to...</i>	<ul style="list-style-type: none"> ❖ support parents/caregivers as the primary helpers for their children ❖ engage and interact respectfully with family members ❖ advocate for families and children
Supervisor Behaviors	
C-Child Focused System <i>The supervisor...</i>	<ul style="list-style-type: none"> ❖ reinforces practices that base service planning on child and family strengths, values, and preferences
H-Holistic Service <i>The supervisor...</i>	<ul style="list-style-type: none"> ❖ monitors practices to ensure that family strengths, values, beliefs, and preferences are integrated in service choices and delivery
I-Inspired Workforce <i>The supervisor...</i>	<ul style="list-style-type: none"> ❖ recognizes his or her workers for their successes in child-centered and family-focused planning and service delivery
L-Leading Edge Management <i>The supervisor...</i>	<ul style="list-style-type: none"> ❖ helps his or her workers use their time and resources to more effectively support child-centered and family focused practice ❖ monitors family participation in the service planning and monitoring processes of her or his workers
D-Dedicated Partnerships <i>The supervisor...</i>	<ul style="list-style-type: none"> ❖ facilitates workers' practices to support child-centered and family-focused solutions in their work with families, other organizations and community partners

SOC Principle #4: Care is Community Based

Supervisor	Competency
Attitude <i>The supervisor values or is committed to...</i>	<ul style="list-style-type: none"> ❖ positive support and engagement with community partners and care-givers ❖ cross-agency training
Knowledge <i>The supervisor understands...</i>	<ul style="list-style-type: none"> ❖ how to find and access formal and informal resources ❖ mandates, strengths and constraints of partner systems
Skills <i>The supervisor facilitates, coaches and supports staff to...</i>	<ul style="list-style-type: none"> ❖ collaborate within the department and with other agencies and service providers ❖ build and use a network of community resources ❖ build a supervisory network of community agents
Supervisor Behaviors	
C-Child Focused System <i>The supervisor...</i>	<ul style="list-style-type: none"> ❖ monitors the use of community-based services and informal supports to maximize the use of these resources in the cases managed by his or her case workers
H-Holistic Service <i>The supervisor...</i>	<ul style="list-style-type: none"> ❖ encourages case workers to use community-based and informal resources to support all strength and need requirements in a child's or family's natural setting
I-Inspired Workforce <i>The supervisor...</i>	<ul style="list-style-type: none"> ❖ provides opportunities for case workers to interact with community members to gain a better understanding of the resources available in the community
L-Leading Edge Management <i>The supervisor...</i>	<ul style="list-style-type: none"> ❖ encourages case workers to increase their use of community-based and informal resources in their service planning and delivery activities
D-Dedicated Partnerships <i>The supervisor...</i>	<ul style="list-style-type: none"> ❖ works with case managers to expand and increase their use of community-based resources

SOC Principle #5: Care is Culturally Competent

Supervisor	Competency
Attitude <i>The supervisor values or is committed to...</i>	<ul style="list-style-type: none"> ❖ acceptance and promotion of diversity and cultural differences ❖ the idea that cultural competence is a journey not a destination
Knowledge <i>The supervisor understands...</i>	<ul style="list-style-type: none"> ❖ cultural relevance in assessments, service planning and delivery ❖ how to find resources and training that will assist staff in developing their cultural competence
Skills <i>The supervisor facilitates, coaches and supports staff to...</i>	<ul style="list-style-type: none"> ❖ develop their cultural competence through training, community involvement, etc. ❖ attend training and develop their own cultural competence in a variety of ways
Supervisor Behaviors	
C-Child Focused System <i>The supervisor...</i>	<ul style="list-style-type: none"> ❖ monitors case workers sensitivity to, and recognition of, a child's cultural identity in service planning and delivery
H-Holistic Service <i>The supervisor...</i>	<ul style="list-style-type: none"> ❖ fosters a unit work climate that respects the culture, cultural diversity, values, and preferences of children, families, and communities in service planning and delivery
I-Inspired Workforce <i>The supervisor...</i>	<ul style="list-style-type: none"> ❖ participates in activities that increase the cultural competency of his or her workers, organizational partners, and community members
L-Leading Edge Management <i>The supervisor...</i>	<ul style="list-style-type: none"> ❖ monitors the diversity and cultural competency of service teams in which his or her workers participate
D-Dedicated Partnerships <i>The supervisor...</i>	<ul style="list-style-type: none"> ❖ models cultural competency in interactions with informal support networks and other community partners

SOC Principle #6: Care is Seamless, Within and Across Systems

Supervisor	Competency
Attitude <i>The supervisor values or is committed to...</i>	❖ working across disciplines and agency boundaries
Knowledge <i>The supervisor understands...</i>	❖ requirements to access formal and informal supports and services
Skills <i>The supervisor facilitates, coaches and supports staff...</i>	❖ by using Quality Improvement information focused on child and family outcomes
Supervisor Behaviors	
C-Child Focused System <i>The supervisor...</i>	❖ encourages case workers to work across organizational and system boundaries to foster "system of care" seamless service delivery for children and families
H-Holistic Service <i>The supervisor...</i>	❖ supports case worker interactions with service partners and informal supports to address the holistic needs of children and families
I-Inspired Workforce <i>The supervisor...</i>	❖ models behavior that facilitates collaboration across DSCYF division and department/agency boundaries for service planning, delivery, and transitions ❖ monitors the use of information systems by case workers to facilitate seamless service delivery
L-Leading Edge Management <i>The supervisor...</i>	❖ participates in developing infrastructures to support seamless care provision within and across systems and encourages and supports family involvement in the development and evaluation of such infrastructure mechanisms
D-Dedicated Partnerships <i>The supervisor...</i>	❖ models mediation, conflict resolution, and collaboration skills that help the organization and community partners achieve more seamless service delivery

SOC Principle #7: Teams Develop and Manage Care

Supervisor	Competency
Attitude <i>The supervisor values or is committed to...</i>	<ul style="list-style-type: none"> ❖ staff participation on collaborative service planning teams ❖ strength-based approach that respectfully engages employees
Knowledge <i>The supervisor understands...</i>	<ul style="list-style-type: none"> ❖ cross-agency team functioning and dynamics ❖ group process and development ❖ interest-based approach to collaboration
Skills <i>The supervisor facilitates, coaches and supports staff by ...</i>	<ul style="list-style-type: none"> ❖ training staff on an ongoing basis ❖ participating in training on an ongoing basis ❖ modeling and teaching a positive team approach ❖ assisting staff in negotiating cross-agency team dynamics ❖ leading collaborative teams for case review and policy review issues ❖ negotiation and consensus building
Supervisor Behaviors	
C-Child Focused System <i>The supervisor...</i>	<ul style="list-style-type: none"> ❖ monitors service team activity to ensure the team members are including children and families in decisions about services and their informal supports
H-Holistic Service <i>The supervisor...</i>	<ul style="list-style-type: none"> ❖ monitors and supports the efforts of service teams to think holistically about service planning and delivery
I-Inspired Workforce <i>The supervisor...</i>	<ul style="list-style-type: none"> ❖ facilitates service team development ❖ recognizes service teams for their successes in service planning and delivery
L-Leading Edge Management <i>The supervisor...</i>	<ul style="list-style-type: none"> ❖ monitors the integration of family and community partners in the service monitoring and evaluation activities of service teams (to include evaluation of outcomes) ❖ monitors the use of information systems to facilitate service team processes
D-Dedicated Partnerships <i>The supervisor...</i>	<ul style="list-style-type: none"> ❖ facilitates the development and success of service teams whose membership reflects the diversity and variety of supports for a child and family

Department of Services for Children, Youth and Their Families
Workforce Competencies for Supervisors

ADDENDUM

In order to put into practice the competencies linked with the seven System of Care Principles, Supervisors need to possess the minimum core competencies which are fundamental to performance of all aspects of supervision, as listed in this table.

KNOWLEDGE	SKILLS	ABILITIES
Management principles, practices	Coaching/training	Interpersonal
Organizational dynamics	Organizational	Promote case management skills
Group process & development	Group facilitation	Identify training needs, foster development
Performance improvement practices	Communication	Direct others' work
Case management	Supervisory	Problem solve
Training principles	Management	Critical thinking, decision-making
Supervisory principles, practices	Leadership	Set priorities
Dept/Div/HR policies, procedures	Computer/FACTS	Manage time
Employees' job responsibilities	Planning	Manage change
Performance/PDP planning, review	Policy interpretation & implementation	Motivate others

KNOWLEDGE	SKILLS	ABILITIES
Interviewing; e.g., for hiring	Conflict resolution	Support employees' emotional needs (e.g., EAP)
Children's services	Team building	Engender positive work climate
State/Fed. Laws; e.g., EEO, Sexual Harassment, ADA	Cultural competency	Manage stress
Professional ethics		Recognize own strengths, limitations
Accreditation standards		Pursue own learning & development
		Adapt own approach to differences
		Communicate re: Employee Recognition
Communication Technology	Computer/FACTS/E-mail (Outlook)/Internet/Voice Mail Systems/Phone Conferencing	

Department of Services for Children, Youth and Their Families

Workforce Competencies for Managers

SOC Principle #1: Practice is Individualized and Includes Strength-based Solutions

Manager	Competencies
Attitude <i>The manager values or is committed to...</i>	<ul style="list-style-type: none"> ❖ providing services and supports that are individualized and built on the strengths and preferences of the child, family, and community ❖ positive professional/family partnerships ❖ a continuous focus on safety and positive outcome-driven decision making
Knowledge <i>The manager understands...</i>	<ul style="list-style-type: none"> ❖ principles of child and family-centered practice ❖ efficacy-based treatment and interventions ❖ the needs, characteristics, and resources (strengths) of primary children and family service populations ❖ ethical standards and confidentiality requirements
Skills <i>The manager facilitates, coaches and supports staff to...</i>	<ul style="list-style-type: none"> ❖ be flexible and encourages risk-taking and experimentation in individualizing strength-based approaches in service planning ❖ use unique combinations of formal and informal supports ❖ utilize strength-based approaches in performance planning and review
Manager Behaviors	
C-Child Focused System <i>The manager...</i>	<ul style="list-style-type: none"> ❖ periodically monitors practice to determine the degree to which individualized and strength-based solutions are being utilized ❖ monitors unit/program child safety and outcome measures
H-Holistic Service <i>The manager</i>	<ul style="list-style-type: none"> ❖ reviews service planning to ensure plans incorporate holistic information from across all child and family domains
I-Inspired Workforce <i>The manager...</i>	<ul style="list-style-type: none"> ❖ develops system policies and practices that support strength-based approaches to service planning and delivery
L-Leading Edge Management <i>The manager...</i>	<ul style="list-style-type: none"> ❖ encourages worker and supervisory initiative to obtain resources to support strength-based service delivery
D-Dedicated Partnerships <i>The manager...</i>	<ul style="list-style-type: none"> ❖ supports the development and maintenance of agency/community partnerships to foster strength-based approaches to service delivery

SOC Principle #2: Services are Appropriate in Type and Duration

Manager	Competencies
Attitude <i>The manager values or is committed to...</i>	<ul style="list-style-type: none"> ❖ supporting and expanding the use of least restrictive services ❖ using appropriate services and placements that facilitate and support growth and development
Knowledge <i>The manager understands...</i>	<ul style="list-style-type: none"> ❖ strategies to maximize the benefits of an array of services in a holistic continuum of care within a community ❖ effective strategies to enhance the use of least restrictive interventions
Skills <i>The manager facilitates, coaches, and supports staff to...</i>	<ul style="list-style-type: none"> ❖ facilitate, coach, and support staff to effectively assess child and family needs ❖ maximize utilization of the appropriate services from a continuum of care that facilitate and support growth and development in the least restrictive setting
Manager Behaviors	
C-Child Focused System <i>The manager...</i>	<ul style="list-style-type: none"> ❖ promotes a service network that enables the use of the most appropriate and least restrictive services for each child
H-Holistic Service <i>The manager...</i>	<ul style="list-style-type: none"> ❖ fosters a least restrictive network of holistic services (continuum of care) to the extent possible
I-Inspired Workforce <i>The manager...</i>	<ul style="list-style-type: none"> ❖ supports the workforce by fostering a flexible and appropriate array of services that can be used in service planning and delivery for children and families
L-Leading Edge Management <i>The manager...</i>	<ul style="list-style-type: none"> ❖ assists members of her/his unit or program understand the array of services in each DSCYF division and monitors the types and duration of services provided ❖ evaluates outcomes to ensure positive response to services provided
D-Dedicated Partnerships <i>The manager...</i>	<ul style="list-style-type: none"> ❖ works to expand partnerships to provide an array of appropriate services

SOC Principle #3: Child Centered and Family Focused

Manager	Competencies
Attitude <i>The manager values or is committed to...</i>	<ul style="list-style-type: none"> ❖ fosters a practice culture (service planning and delivery) that respects child and family strengths, values, and preferences and encourages their ability to grow and change ❖ family-friendly service environments and approaches ❖ consumer/family input in planning, priority-setting, and implementation processes ❖ celebration and communication of child, family, and system successes
Knowledge <i>The manager understands the...</i>	<ul style="list-style-type: none"> ❖ importance of involving and empowering parent/caregivers and family members to be partners in identifying, planning, and acquiring formal and informal resources ❖ needs, characteristics, and resources of the families served ❖ diversity of needs & solutions, based on differences in skills/resources of individual families ❖ strategies for family-friendly services ❖ family advocacy resources and family networks at the local, state, and national levels ❖ methods and tools to measure family satisfaction with services and supports ❖ essential nature, meaning, and utility of strength, risk, and needs assessments
Skills <i>The manager facilitates, coaches and supports staff to...</i>	<ul style="list-style-type: none"> ❖ ensure agency culture that engage and interact respectfully with family members ❖ recognize and reinforce parent/caregivers as primary helpers for their children ❖ encourage parent-to-parent and family-to-family support ❖ disseminate information dissemination to support the education of families ❖ advocate for families and children across organizational boundaries ❖ ensure access for families to resource information, choices, and opportunities for participation in agency decision-making and management processes ❖ advocate for family-friendly regulatory and monitoring practices ❖ support family involvement in community social, educational, and political processes
Manager Behaviors	
C-Child Focused System <i>The manager...</i>	<ul style="list-style-type: none"> ❖ develops and reinforces practices that base service planning on child and family strengths, values, and preferences
H-Holistic Service <i>The manager...</i>	<ul style="list-style-type: none"> ❖ reinforces practices that integrate family strengths, values, beliefs, and preferences in holistic service choices and delivery
I-Inspired Workforce <i>The manager...</i>	<ul style="list-style-type: none"> ❖ ensures that training, rewards, and recognition support and reinforce organizational staff for child-centered and family-focused planning and service delivery
L-Leading Edge Management <i>The manager...</i>	<ul style="list-style-type: none"> ❖ manages organizational personnel and time resources to promote child-centered and family focused practice
D-Dedicated Partnerships <i>The manager...</i>	<ul style="list-style-type: none"> ❖ supports system-wide infrastructure and practices to facilitate child-centered and family-focused solutions with other organizations and community partners

SOC Principle #4: Care is Community Based

Manager	Competencies
Attitude <i>The manager values or is committed to...</i>	<ul style="list-style-type: none"> ❖ community-based approaches to care of children and families ❖ creating reciprocal partnerships with community-based agencies and other caregivers ❖ sharing information/resources for cross-agency training ❖ productive relationships with all community helping agents
Knowledge <i>The manager understands...</i>	<ul style="list-style-type: none"> ❖ methods for identifying and fostering access to formal and informal resources ❖ principles of community-based care ❖ the strengths, mandates, and constraints of community partners
Skills <i>The manager facilitates, coaches and supports staff to...</i>	<ul style="list-style-type: none"> ❖ increase the collaboration with other agencies, service providers, and community resources ❖ form positive, productive relationships with managers across DSCYF divisions and in partner agencies in the community ❖ continue to foster and use community resources ❖ build stakeholder consensus and support for community-based service networks ❖ use strategies that build a genuine sense of community ownership
	Manager Behaviors
C-Child Focused System <i>The manager...</i>	<ul style="list-style-type: none"> ❖ encourages and promotes a broad spectrum of community-based services for children and families
H-Holistic Service <i>The manager...</i>	<ul style="list-style-type: none"> ❖ collaborates with community-based providers and community organizations to foster holistic formal and informal supports for children and families
I-Inspired Workforce <i>The manager...</i>	<ul style="list-style-type: none"> ❖ supports training and recognition of staff for using community-based services and involving community members in service planning and delivery
L-Leading Edge Management <i>The manager...</i>	<ul style="list-style-type: none"> ❖ works to increase the percent of organizational resources supporting and invested in community-based versus residential services
D-Dedicated Partnerships <i>The manager...</i>	<ul style="list-style-type: none"> ❖ increases the use and network of community-based care resources

SOC Principle #5: Care is Culturally Competent

Manager	Competencies
Attitude <i>The manager values or is committed to...</i>	<ul style="list-style-type: none"> ❖ promoting cultural sensitivity and the acceptance of diversity ❖ cultural competence as a continuing need and on-going process ❖ supporting culturally-relevant service approaches
Knowledge <i>The manager understands...</i>	<ul style="list-style-type: none"> ❖ the relevance of culture in organizing and managing systems for assessments and service planning and delivery ❖ how to find resources and training to assist staff in developing cultural competencies ❖ the cultures that comprise the community
Skills <i>The manager facilitates, coaches and supports staff ...</i>	<ul style="list-style-type: none"> ❖ in developing their cultural competence through training, community involvement, etc. ❖ by modeling cultural competence in organizational and community settings
Manager Behaviors	
C-Child Focused System <i>The manager...</i>	<ul style="list-style-type: none"> ❖ implements and supports organizational practices that encourage the development and reinforcement of a child's cultural identity
H-Holistic Service <i>The manager...</i>	<ul style="list-style-type: none"> ❖ fosters an organizational climate that respects the culture, cultural diversity, values, and preferences of children, families, and communities
I-Inspired Workforce <i>The manager...</i>	<ul style="list-style-type: none"> ❖ provides resources to support cultural sensitivity training for the workforce, organizational partners, and community members
L-Leading Edge Management <i>The manager...</i>	<ul style="list-style-type: none"> ❖ supports diversity in the workplace and in organizational and community networks and encourages and supports family involvement in policy and service development
D-Dedicated Partnerships <i>The manager...</i>	<ul style="list-style-type: none"> ❖ supports cultural sensitivity, training, and diversity within the formal and informal networks of community partners

SOC Principle #6: Care is Seamless Within and Across Systems

Manager	Competencies
Attitude <i>The manager values or is committed to...</i>	<ul style="list-style-type: none"> ❖ working across disciplines and agency boundaries by removing obstacles to cooperation and the sharing of relevant need-to-know information ❖ being accessible to families as an agency resource ❖ facilitating smooth service transitions among care organizations and partners ❖ the manager's role in system design and implementation
Knowledge <i>The manager understands the...</i>	<ul style="list-style-type: none"> ❖ importance of information sharing with partner organizations ❖ methods and required information to access formal and informal supports and services ❖ mandates, funding, and regulations for major child serving systems ❖ strategies to foster collaborative management processes within the community
Skills <i>The manager facilitates, coaches and supports staff to...</i>	<ul style="list-style-type: none"> ❖ develop an organization service practices and a network culture that facilitates seamless service delivery ❖ support effective communication practices to foster seamless care transitions ❖ implement quality improvement processes to improve service delivery that focus on child and family outcomes ❖ integrate child/family and front-line staff ideas and experience in decision-making processes ❖ use child/family outcome information to guide decisions ❖ lead interagency management teams focused on system improvement ❖ listen constructively to all stakeholders
Manager Behaviors	
C-Child Focused System <i>The manager...</i>	<ul style="list-style-type: none"> ❖ advocates for processes that facilitate seamless service delivery for children and families
H-Holistic Service <i>The manager...</i>	<ul style="list-style-type: none"> ❖ fosters system interactions that address and meet the holistic needs of children and families
I-Inspired Workforce <i>The manager...</i>	<ul style="list-style-type: none"> ❖ creates work climates that facilitate collaboration across DSCYF division and department/agency boundaries for service planning, delivery, and transitions
L-Leading Edge Management <i>The manager...</i>	<ul style="list-style-type: none"> ❖ participates in developing infrastructures to support seamless care provision within and across systems and encourages and supports family involvement in the development and evaluation of such infrastructure mechanisms
D-Dedicated Partnerships <i>The manager...</i>	<ul style="list-style-type: none"> ❖ participates with organization and community partners to achieve the goal of seamless care systems from the child and family perspective

SOC Principle #7: Teams Develop and Manage Care

Manager	Competencies
Attitude <i>The manager values or is committed to...</i>	<ul style="list-style-type: none"> ❖ having service teams that engage children, families, and other organizational and community partners in collaborative service planning and delivery ❖ providing resources to support multi-agency service teams ❖ a one child, one team, one plan approach ❖ service team creativity and role flexibility ❖ team-based quality improvement processes
Knowledge <i>The manager understands...</i>	<ul style="list-style-type: none"> ❖ the training and other resources necessary to make cross-agency teams functional and effective ❖ the need to support and respect team processes and decisions ❖ strategies for consensus building and conflict resolution in collaborative service team processes
Skills <i>The manager facilitates, coaches and supports staff by...</i>	<ul style="list-style-type: none"> ❖ modeling a team approach in interactions with other organizations and community partners ❖ assisting staff in negotiating cross-agency team dynamics ❖ supporting team-based service delivery and evaluation processes ❖ encouraging experimentation with various approaches to team processes ❖ modeling negotiation and consensus building in care networks ❖ setting expectations that supervisors monitor quality improvement (QI) processes ❖ integrating QI feedback about family experiences in team processes
Manager Behaviors	
C-Child Focused System <i>The manager...</i>	<ul style="list-style-type: none"> ❖ encourages teams to include children and families in decisions about services and their informal supports
H-Holistic Service <i>The manager...</i>	<ul style="list-style-type: none"> ❖ encourages teams to think holistically about service planning and delivery
I-Inspired Workforce <i>The manager...</i>	<ul style="list-style-type: none"> ❖ supports team development and recognizes and rewards team efforts in service planning and delivery
L-Leading Edge Management <i>The manager...</i>	<ul style="list-style-type: none"> ❖ provides resources to support team approaches to service planning, service delivery and service monitoring and evaluation that help integrate family and community members in these processes
D-Dedicated Partnerships <i>The manager...</i>	<ul style="list-style-type: none"> ❖ shares resources with and values the contributions of organization and community partners in team approaches to service planning and delivery



Recognizing System of Care Work

This System of Care Incentive Program has been designed to be user-friendly and to work in conjunction with the recognition program already in place throughout the Department and at the State level.

Level I Incentive: Spontaneous recognition from supervisor to staff, staff to supervisor, or peer to peer. This would occur in the office. Verbal and/or written recognition would fit into this category. Items which would be appropriate for this incentive level include Department promotional items, office supplies, etc.

Suggestions:

- Lanyards
- Bracelets
- Pins
- Pens
- Mints/Candy
- Computer screen cleaners
- Pencils

Required actions are at the discretion of the staff giving the incentive. For example, if the staff member completed his/her ISPs on time, invited informal supports to the team meeting, or created the team meeting agenda with the parent, perhaps the supervisor would feel it appropriate to give the staff member reinforcement.

These incentives do not require documentation; the goal is to get people involved and motivated, giving and receiving incentives.

Level II Incentive: SOC in Action KUDOS. Anyone working in DSCYF can give KUDOS to anyone else within the department.

SOC KUDOS forms are located on the intranet, internet and in the SOC in Action folder on the S drive (there is a sample form on page 43 of this guide). Once completed, select the *submit* button at the bottom of the page. The form will be sent to the SOC in Action committee who will forward it to the staff member and their supervisor. In addition,

KUDOS recipients will be tracked by the SOC in Action committee via the Office of Case Management for further recognition (employee of the quarter, additional levels of SOC reinforcement, etc). Make sure to print the form if you would like to keep a copy. Examples of SOC behavior warranting KUDOS: covering a meeting for a co-worker, facilitating a successful team meeting, asking strengths-based questions or following the strengths-based model during a meeting, participating in an SOC committee, utilizing any or several of the principles when working with a family, including informal supports during a team meeting, incorporating needs and concerns of the family into case planning, etc...

Level III Incentive: Quarterly recognition identified by tracking Level II incentives will be considered for the Level III incentive.

Incentives can include certificates, awards, mugs with SOC information inside, etc. Those receiving this recognition may have their name and picture in the weekly report or on the Department's *In the News* web page.

Level IV Incentive: Annual recognition of team efforts in reaching their goals while utilizing the SOC methods and principles.

The SOC in Action committee will review nominations for this team-based recognition. Two teams will be chosen, one in New Castle County and one in Kent/ Sussex Counties. Nomination forms will be sent out annually for this level of recognition.

Teams will be notified of their nomination and receive a copy of the nomination form. Team members would be asked to present the committee with their "vision" or "goal" and to list their accomplishments. Family members are an integral part of SOC and therefore will also be recognized as team members. Perhaps family members could share the successes they have had through utilizing the system of care process.

The most recent ISP that was completed by the team with a list of the team's current goals and accomplishments could be included.

Teams chosen would automatically be nominated for a department-wide team award such as the Team Spirit Award, The Governor's Team Excellence Award, etc.

All team members, including family members, would receive a certificate of recognition for their accomplishment.

Let's Get Together...



...to put SOC in Action!

KUDOS for putting System of Care into action!

Date:

To:

From:

You are being recognized for:

Why this is a good example of SOC in Action:

Principle(s) used:

- Practice is Individualized
- Services are Appropriate in Type and Duration
- Care is Child-Centered and Family-Focused
- Care is Community-Based
- Care is Culturally Competent
- Care is Seamless, Within and Across Systems
- Teams Develop and Manage Care

Kudos will be tracked for further recognition.

Reset Form

Print Form

Submit Kudos

Let's Get Together...



...to put SOC in Action!

Fellow Co-workers,

We are firm believers in the System of Care philosophy and of the results that can be achieved when SOC is put into action. We hope you have found the tools provided in this reference guide to be useful and beneficial when working closely with your clients.

Our hope is that by providing you with a comprehensive, one-stop guide, you will be better equipped to make the SOC principles part of your daily routine. In turn, families and community partners across the State can join us in helping children achieve success.

We are a small part of the dedicated team employed by the Delaware Children's Department, so we hope this guide has addressed your needs. Please use the evaluation form on the last page of this guide to share your comments or questions with our committee. We will do our best to implement changes and make this guide a valuable asset in the field.

Thank you,

Members of the SOC in Action Workgroup



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- Substance Abuse and Mental Health Services Administration. (May, 2005). *Family Guide for Children with Mental Health Needs*.

- *Let's Get Together...* artwork created by a resident of Grace Cottage.

Let's Get Together...



...to make SOC a success!

Evaluation Form

Let Us Know What You Think.

Please take a moment to answer these questions. You can fax the form to Susan Burns in the Office of Case Management at 302-633-2517.

Please indicate your division.

- DMSS
- DCMHS
- DFS
- DYRS

Indicate how much you liked the format and design of the packet.

Excellent	Very Good	Good	Fair	Poor
5	4	3	2	1

Indicate how much you liked the theme: Let's Get Together...

Excellent	Very Good	Good	Fair	Poor
5	4	3	2	1

Indicate how much you found the content of the packet to be useful.

Excellent	Very Good	Good	Fair	Poor
5	4	3	2	1

Please indicate other information that you need to implement System of Care in your work with families and children.

THINK OF
THE CHILD
FIRST.

DELAWARE CHILDREN'S DEPARTMENT