

## DIRECT SERVICE WORKFORCE CORE COMPETENCIES ANNOTATED BIBLIOGRAPHY

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As states struggle to address shortages and high turnover among direct service workers in their home and community-based services programs, many have identified the need for more worker training as a pressing issue. Competency-based training focuses on the knowledge, skills, and attitudes required to be effective as a direct service worker. Such training programs are focused on work performance and results; they are based on specific, precisely stated outcomes, known as competencies or tasks, which are viewed as essential for being successful. Offering workers competency-based training has been shown to be an effective way to improve worker skills and service delivery, as well as improve workers' confidence, job satisfaction, and retention.

The DSW Resource Center developed this resource in response to requests from several states for information about developing core competencies for DSWs across sectors. We found that, while each sector has its own sets of competencies, no state or national body has yet developed a common set of core competencies and career paths for DSWs across sectors such as physical disabilities, aging, behavioral health, and intellectual/developmental disabilities (IDD). However, state reports from at least six states (Alaska, Iowa, North Carolina, Ohio, Michigan, and Pennsylvania), two national studies, and a Federal bill recommend the development of such competency-based training across sectors. This annotated bibliography summarizes the recommendations from these sources.

### NATIONAL REPORTS

**A Synthesis of Direct Service Workforce Demographics and Challenges across Intellectual/Developmental Disabilities, Aging, Physical Disabilities, and Behavioral Health (October 2008)** found at <http://dswresourcecenter.org/tiki-index.php?page=Reports>

This paper created by the DSW Resource Center presents an overview of direct

service workforce challenges and practices across sectors such as intellectual and developmental disabilities, aging, physical disabilities, and behavioral health. It includes recommendations for action steps that could be taken in partnership across these different sectors to address workforce challenges. One of the main workforce challenges is lack of training and education for direct service workers. Federal and state training regulations and requirements vary by sector, specific service type, and associated funding. Workers in aging and physical disabilities have the most federal requirements. Training requirements for workers in intellectual and developmental disabilities are usually left to states' discretion, and workers in behavioral health have no nationally or universally recognized requirements. Well-established career paths do not exist and those that do are sector-specific and mostly focus on transitioning workers out of the direct service worker role and into supervisory or clinical positions.

Post-secondary educators, employer trainers, state-level policy makers and training and development professionals have used the following sets of competencies to design training for DSWs in the U.S.:

- 1) Community Support Skills Standards (CSSS) (community human services),
- 2) Community core residential competencies (community residential in IDD),
- 3) PHI competencies and skill standards for direct-care workers (aging and physical disabilities),
- 4) Certified psychiatric rehabilitation practitioner competencies (behavioral health), and
- 5) Addictions counseling competencies — Foundations and practice dimensions (behavioral health).

Each of these sets of competencies is summarized in more detail in *Appendix A* of the report. While each sector has their own sets of competencies, this report shows that there are common competencies across the sectors in which DSWs are employed.

**Recommendations:** The DSW Resource Center makes several recommendations based on published research and their experience in providing technical support to states and organizations. In order to reform training and credentialing systems and to fully understand core competencies, a comprehensive job analysis across sectors must be done and coordinated at the national, state, and local levels. From that point, career pathways that build from these competencies can be developed and implemented. Many states as well as the National Alliance of Direct Support Professionals (NADSP) use the CSSS as the foundation for their curriculum. The CSSS were developed as part of a U.S. DOL-funded project to identify skill standards across high growth occupations. The CSSS is a set of core skills designed for experienced workers who are recognized by their peers and supervisors as competent. They are designed around 12 broad areas of skills needed for effective direct support work in community human service settings. The white paper recommends that these skills be updated.

**Defining the Core Competencies Needed by Long Term Care Professionals (April 2009)** found at [http://www.aahsa.org/article\\_ifas.aspx?id=7020](http://www.aahsa.org/article_ifas.aspx?id=7020)

In this report, the Institute for the Future of Aging Services and the American Association of Homes and Services for the Aging (AAHSA) discuss the literature on the competencies needed by the licensed long-term care workforce. The focus of this report is on physicians, nurses, and social workers, but there are many lessons that apply to the direct service workforce. In their search of the literature, the authors found that very little has been done to define long-term care competencies, compared with the national, well-funded efforts underway to define core competencies for other health care jobs.

What has been done in long-term care has been generally local, isolated, and lacking in funding and influence.

**Recommendations:** As a first step in upgrading the preparation, credentialing, and ongoing training of long-term care professionals, the report recommends that a national study group, modeled after the Institute of Medicine study on the health care workforce, be set up to define the competencies needed by licensed staff to effectively perform their jobs in long-term care settings. A review of the long-term care workforce literature indicates that this task is at a very early stage. This effort will help ensure high quality long-term care services and provide the recognition and professional status that these careers deserve.

## PROPOSED LEGISLATION

**S. 245: Retooling the Health Care Workforce for an Aging America Act of 2009 (December 2008)** found at

<http://aging.senate.gov/record.cfm?id=305719>; OR <http://www.govtrack.us/congress/bill.xpd?bill=s111-245>

In December 2008, the U.S. Senate Special Committee on Aging Chairman Herb Kohl introduced legislation to address the impending severe shortage of adequately trained health care workers who are prepared to care for older Americans. The bill incorporates the major recommendations for improving and expanding the skills and preparedness of the health care workforce put forth in an Institute of Medicine (IOM) report, titled *Retooling for an Aging America: Building the Healthcare Workforce*. This Act aims to expand education and training opportunities in geriatrics and long-term care for licensed health professionals, direct care workers, and family caregivers by amending the Public Health Service Act, the Workforce Investment Act, the Older Americans Act and the Social Security Act.

**Recommendations:** The bill proposes amending the Social Security Act to establish a national demonstration program in four states to develop, test, and evaluate core training competencies and additional training

content for personal and home care aides to supplement training required by federal law.

## STATE-SPECIFIC REPORTS

### Iowa Direct Care Worker Task Force: Recommendations for Establishing a Credentialing System for Iowa's Direct Care Workforce (May 2008)

found at [http://www.idph.state.ia.us/hpcdp/common/pdf/workforce/task\\_force\\_report\\_2008.pdf](http://www.idph.state.ia.us/hpcdp/common/pdf/workforce/task_force_report_2008.pdf)

This paper was developed by the Iowa Direct Care Worker Task Force, which was established by the Iowa General Assembly in 2005 to make recommendations regarding education and training for direct care workers in Iowa. The report documents work to be done to implement recommendations published by the task force in December 2006.

The current system in Iowa has an over-reliance on employer-directed training, which contributes to lack of self-direction and career mobility, which are often cited as reasons for high turnover.

**Recommendations:** The task force recommends classifying direct service workers by function rather than setting or population served. The recommended worker classifications and functions are:

- ▶ Certified DCW 1: IADLs
- ▶ Certified DCW 2: Personal Care Activities of Daily Living
- ▶ Certified DCW 3: Health Monitoring and Maintenance (CNA)

Iowa's proposed three-tiered credentialing system is intended to ensure that all direct-care workers are adequately prepared for the job. Core competencies for certification levels will be developed by the work group in the next phase. Their aim is to make workers' duties and qualifications clear to the consumers and family members who hire them, to acknowledge their special skills, and to correct the inequities of the current system. The report also recommends developing a governing body, a single approved curriculum, and a certification system for all workers.

### North Carolina Commission for Mental Health, Developmental Disabilities, and Substance Abuse Direct Support Professional Work Group Report (November 2007)

found at [http://www.pascenter.org/publications/publication\\_home.php?id=724](http://www.pascenter.org/publications/publication_home.php?id=724)

The North Carolina Council on Developmental Disabilities (NCCDD) provided a grant to the North Carolina Council of Community Programs to address the need for workforce interventions focusing on turnover, vacancies, retention, and competence. As in many states, one of the biggest workforce challenges in North Carolina is meeting the need for comprehensive training of DSWs to ensure knowledge, skills, and competence in provision of care to consumers and families. All of the training required of direct support workers in North Carolina is currently hours-based and not competency-based. This report presents the stakeholder group's recommendations for improving compensation, recruitment, retention, and training for workers and their supervisors.

**Recommendations:** Although there are a number of common competencies that are relevant across all service sectors, there are differences as well. Parts of this report focus solely on DSWs who assist people with developmental disabilities, mental health challenges, and substance abuse issues, but the ten recommendations apply to all direct care workers across sectors. The first priority is to create a state-wide advisory group that will gather data and information on the status of the workforce in North Carolina. Other recommendations include:

- ▶ Create an education and training program that recognizes DSWs' existing skills and competence through a certificate or credentialing program and offers a multi-level career path for these workers.
- ▶ Develop an on-line, competency-based training opportunity that should be accessible to all direct support workers throughout North Carolina communities. This program should meet national credentialing requirements as appropriate and be based on the philosophical and best practice orientation for each sector.

- ▶ Develop incentives for DSWs to complete such an education/training program, such as job promotions, increased wages, and student loan relief.
- ▶ Individuals with disabilities and families should be included as active instructors in any certificate or credentialing program that evolves in any of the industries.

**The Alaskan Crosswalk: Exploring Competencies and Credentialing for the State's Direct Care Workforce (June 2008)** found at [http://www.mhtrust.org/documents\\_mhtrust/CQSSMasterReport-0708.pdf](http://www.mhtrust.org/documents_mhtrust/CQSSMasterReport-0708.pdf)

This report was developed by the Credentialing & Quality Standards Subcommittee (CQSS) of the Alaska Mental Health Trust Authority, in partnership with the Alaska Division of Behavioral Health and the University of Alaska System. The mission of the CQSS is to “strengthen the direct care workforce in a broad range of health and human service sectors by developing a core set of competencies and a credentialing system that is built on those competencies.”

**Recommendations:** The subcommittee recommends that Alaska take a six step approach to addressing core competencies across sectors:

- 1) Complete a Credentialing and Core Competency Assessment
- 2) Develop the Alaska Competency Model
- 3) Develop an assessment model and tools to evaluate trainee/employee competence
- 4) Develop standardized curriculum and training modules
- 5) Develop credentialing system
- 6) Develop specialty competencies

In designing their model the CQSS recommends that the state utilize existing national competency sets as their primary foundation and supplement it with any unique characteristics that come with working with cross-disability populations. The group also recommends that the state focus primarily on the skills of workers in community-based settings.

**Addressing Pennsylvania's Direct Care Workforce Capacity: Primary Recommendations for Quality Jobs and Quality Care (December 2007)** found at <http://www.panurses.org/documents/pdf/08.06.DirectCareWorkerCapacityReport.pdf>

The Pennsylvania Direct Care Workforce Workgroup was established by the Pennsylvania Center for Health Careers, in partnership with the Governor's Office of Health Care Reform, to outline the key issues and challenges facing Pennsylvania's direct care workforce. The taskforce identified “training, credentialing, and career advancement” as one of their five immediate priorities.

**Recommendations:** As one of their strategic recommendations, the workgroup recommends that Pennsylvania begin by selecting a credentialing body and creating a four year plan for implementing a comprehensive system of training and credentialing. To meet this, they should establish a credentialing body to determine training standards and credentials for DSWs and the organizations that train them. The state should then draft a statewide competency-based system and secure stakeholder buy-in across all settings that the credentialing body would implement. In summary, the group recommends that Pennsylvania:

- 1) Define Competencies
- 2) Establish requirements
- 3) Design a credentialing system
- 4) Establish criteria for specialized responsibilities
- 5) Develop and fund a statewide training system
- 6) Provide specialized training opportunities
- 7) Support career development
- 8) Ensure financial incentives for both direct care workers and employers
- 9) Determine quality measures for all training programs

**Ohio’s Money Follows the Person Workforce Recommendations (2007)** found at [http://jfs.ohio.gov/OHP/infodata/MFPGrant/meetings/wfd\\_recommendations.pdf](http://jfs.ohio.gov/OHP/infodata/MFPGrant/meetings/wfd_recommendations.pdf)

As part of their Money Follows the Person grant, Ohio convened a Workforce Development Workgroup to identify issues, develop recommendations, and design processes and protocols related to workforce development. The workgroup was responsible for two core tasks:

- 1) Engage stakeholders in a discussion regarding the availability of skilled and non-skilled home care workers and
- 2) Enhance opportunities for individuals with disabilities to find and maintain employment to maximize independence, contribute to their communities and impact Ohio’s workforce.

**Recommendations:** The workgroup recommends that Ohio implement a DSW career lattice model based on core competencies used in the Nurse Career Lattice model developed by the Council on Adult Education and Learning (CAEL). This program combines the Registered Apprenticeship training model for the CNA and LPN with online instruction and clinical training for the Associate Degree in Nursing (ADN). The Ohio Workforce Development Workgroup recommends that this model be customized for Ohio and specifically incorporate skill sets suited for DSWs who work with individuals with intellectual and developmental disabilities.

**Core Competencies for Certified Nursing Assistants and Hospice Aides in Michigan (January 2009)**

The Michigan LTC Supports and Services Advisory Commission, along with a broad group of stakeholders, developed a memo on core competencies for Certified Nursing Assistants (CNAs) and hospice aides in Michigan for use in an integrated training program. The core competencies reflect the basic skills, knowledge, and abilities necessary for these workers to provide high quality person centered care to individuals using the services of Michigan’s licensed nursing homes,

hospital long-term care units, county medical care facilities and hospice agencies.

**Recommendations:** The Commission recommends using the following core competencies to design a model curriculum to meet the federal requirements for training CNAs and hospice aides:

- 1) Approach to Care and Role of the Assistant/Aide
- 2) Relational and Communication Skills
- 3) Knowledge and Skills
- 4) Well-being and Safety
- 5) Consumer Rights, Ethics, and Confidentiality
- 6) Self-Care

The Commission recommends that the design of the model curriculum include identification of specific skills, knowledge and abilities that are foundational elements of these six defined competencies.

**Recommendations on the Development of a Comprehensive, Competency-Based Training Program to Integrate into a Web Interfaced Learner Management System in Utah (February 2008)** found at [http://www.dswresourcecenter.org/tiki-download\\_file.php?fileId=205](http://www.dswresourcecenter.org/tiki-download_file.php?fileId=205)

This report provides recommendations on the development of a comprehensive, competency-based training program that can be integrated into a web-interfaced learner management system for use by the State of Utah’s Disability Services Division, with its constituents in the Home and Community Based Services Waiver Program. The report primarily focuses on the competencies needed by DSWs and Frontline Supervisors (FLSs) to perform effective work in community human supports programs and aging services.

**Recommendations:** This report prioritizes core competencies for use by the State in developing a curriculum and for rolling out training to DSWs and FLSs. This report recommends that Utah use Communication, which was the first priority described in the DSW competency ratings used in the report, as the foundation for developing their first

**Recommendations on the Development of a Comprehensive, Competency-Based Training Program to Integrate into a Web Interfaced Learner Management System in Utah (February 2008)**  
*(cont'd)*

training course for DSWs and FLSs. Formal and informal communication is required if other competencies are to be authentic and well-practiced. The first priority competency area for Frontline Supervisors was Enhancing Staff Relations, with the following top ranked competency statements: *effectively communicate with staff by listening to their concerns, supporting and encouraging their ideas and work, thanking them for their contributions and providing positive feedback regarding their performance.* The report also recommends that Utah use Consumer Empowerment, Health and Wellness, and Advocacy competency areas as the basis for the development of additional courses for their web-based curriculum. For frontline supervisors, the state should focus on: Providing and Modeling Direct Support, Managing Personnel, and Leading Training and Staff Development.