The Alaskan Core Competencies:
Phase II Report on Development Process

A Report of the
Credentialing and Quality
Standards Subcommittee
(CQSS)

Workforce Development
Focus Area of the
Alaska Mental Health Trust
Authority

October 2009

Prepared by

The Western Interstate Commission for Higher Education
Mental Health Program

and

The Annapolis Coalition on the Behavioral Health Workforce

WICHE

THE ANNAPOLIS COALITION
ON THE BEHAVIORAL HEALTH WORKFORCE

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Developing the Alaskan Core Competencies

Overview

The Alaska Mental Health Trust, in collaboration with the University of Alaska and the State Department of Health and Social Services, is promoting a broad range of strategies to strengthen the state's health and human service workforce. One major initiative involves the development of a set of "core competencies" for front-line, entry-level staff members who provide care in service sectors such as addictions, mental health, child development, developmental disabilities, long-term care, traumatic brain injury, and community-based juvenile justice. The focus is on care providers who have a Bachelors degree or less and historically have learned their skills through on-the-job training.

This project is being conducted by the Credentialing and Quality Standards Subcommittee (CQSS) under the leadership of the CQSS Co-Chairs, Rick Calcote and Beverly Tallman. It is staffed by the WICHE Mental Health Program and the Annapolis Coalition on the Behavioral Health Workforce. The ultimate objective of this project is to improve the access of Alaskan's to quality care by developing a set of cross-sector core competencies that can be used to strengthen the workforce serving the beneficiary groups of the Alaska Mental Health Trust.

The focus of the Alaskan Core Competency Model that is described in this report is on direct care positions that are community-based. This includes residential and shelter care jobs. While the competencies have considerable relevance to roles in inpatient psychiatric and locked correctional facilities, they do not encompass the "command and control" functions that often fall within the range of responsibilities of individuals working in such settings.

The Alaskan Core Competencies are designed to benefit workers, employers, and Alaskan citizens. If these competencies are widely disseminated and adopted, direct care workers should receive improved orientation, training, and continuing education; develop increased professionalism; experience increase job mobility; and have greater opportunities for career advancement. Employers should benefit by having a better prepared workforce; a larger pool of potential job applicants; and reduced employee turnover. Alaska's citizens should experience improved access to services and safer, more effective care.

A Multi-Phased Approach

Phase 1

The overall CQSS project was designed to have multiple phases, with each phase building on the previous scope of work. In Phase 1 of this CQSS initiative, which was conducted in Fiscal Year 2008, the relevant Alaskan job classifications or "job families" and titles were identified. A comprehensive review and comparison of the national and Alaskan competencies that existed for these jobs was completed and yielded the conclusion that there is considerable commonality across job families in terms of the *core* competencies. A full report chronicling this phase of work was drafted and vetted by the CQSS and distributed for public comment in the summer of 2008. This report is available on the Trust's website at www.mhtrust.org

Phase 2

Phase 2 of this initiative, conducted in Fiscal Year 2009, is the focus of this report and centers on the actual development of the core competency model for use with the direct care workforce in Alaska. This was a complex and critical process that involved drawing on existing national and Alaska-based competencies to create a set of competency categories, core competencies, and behavioral descriptors relevant to direct care work in Alaska.

This work utilized existing national competency sets as the *initial* resource in building the Alaskan Core Competency Model. Extensive competency development efforts have occurred at a national level for numerous healthcare sectors using DACUM processes, expert panels, literature reviews, key informant interviews, and surveys. It would have been impractical, unproductive, and cost prohibitive for Alaska to conduct original research on all relevant positions within the state. Previously developed models served as source data for Alaska's model, with the resulting product tailored to Alaska's unique service and workforce needs.

The job families and competency sets reviewed in Phase 2 of this work are outlined in the table on page 16. The method for Phase 2 of this project is briefly summarized below.

1. *National competency sets were reviewed to define competency categories.* Preliminary competency categories were identified in Phase 1 of this initiative. The first step in Phase 2 involved giving definition to those categories by reviewing national competency sets and beginning to organize individual competencies under the competency categories. The specific competencies gave definition to the competency categories.

2. *Alaskan raters were recruited.* Raters were recruited in early 2009 to assist in development of the competency model and to ensure its relevance to both diverse job families and to Alaska. The request form for raters and various rater instructions are contained in the

Appendices. Raters were recruited by sending out nomination forms to all CQSS members and key leaders in the Trust's Workforce Development Focus Area. Optimal rater characteristics included:

a) Experience in providing direct care in Alaska in one of the identified job families.
b) Current knowledge of direct care work in Alaska in one of the identified job families.
c) Experience in supervising direct care work and/or managing direct care services in Alaska.
d) Familiarity with national and Alaskan competency sets for a specific job family.
e) Diversity of expertise, experience, and perspective was sought among the two raters recruited to represent each job family.

3. *Competency categories were reviewed and finalized*. The semi-final competency categories were subjected to a review by Alaskan raters selected from eight job family categories. This phase of the review involved vetting the categories, determining their relevance to the job family, and identifying any essential competencies that might be missing from the emerging model. Minor modifications to the competency categories were made and the categories were finalized.

4. *Behavioral descriptors were developed.* National competency sets were once again reviewed to inform the development of behavioral descriptors for each competency in the model. Descriptors were focused on skills, since skill performance is the ultimate goal of competency-based instruction at the direct care workforce level. Knowledge and attitudes will obviously be covered in the curriculum used to teach these competencies. The skills in the model are the behavioral manifestation of both knowledge and attitudes. Descriptors were identified for each competency at the *satisfactory, unsatisfactory,* and *excellent* levels. The satisfactory level sets a minimum performance expectation. Unsatisfactory behaviors are those that are considered detrimental to client care, while exceptional behaviors denote a level of excellence to which members of the workforce can aspire.

5. *Competencies and behavioral descriptors were evaluated by Alaskans.* A total of 27 Alaskan raters were convened on April 9, 2009 to review and propose edits to the draft competencies and descriptors in an all day session held in Anchorage. This group included eight Exceptional Performers from diverse workforce sectors. These direct care workers were nominated as exceptional employees and endorsed by their supervisors. They brought a unique, first hand perspective to evaluating the relevance of the competencies and an ability to infuse the behavioral descriptors with meaning and practicality. Working in three teams during the April 9th session, raters reviewed the emerging competency model, line by line, proposing specific additions, deletions, and edits. All those present also engaged in a discussion designed to identify competencies that have specific relevance to practicing in Alaska or other rural and frontier areas.

6. *Alaskan competency sets were reviewed to identify unique competencies.* Those competency sets created in or adapted to Alaska were once again reviewed to identify

additional competencies uniquely important to practice in Alaska. Recommendations to modify the draft competency model were made as an outcome of this review.

7. *Recommendations were integrated*. Feedback on the draft model from all raters and reviews was integrated into a revised competency model, complete with 10 competency categories, 42 individual competencies, and the associated descriptors. An introduction to the document containing the competencies was developed to orient users to the organization of the competencies.

8. *Final CQSS review.* Members of the Credentialing and Quality Standards Subcommittee convened by teleconference to conduct a final review of the competency set, requesting additional minor changes. The Subcommittee then met in person to review and accept the final document for release and dissemination. Final permission for release was sought from the Alaska Mental Health Trust Authority and its state partners.

Throughout the year, CQSS members who did not participate as raters were included in planning discussions and updates about the ongoing work. The CQSS met face-to-face in October of 2008 and members were updated electronically and via conference calls throughout the year regarding progress on deliverables and the evolving project timeline.

The Alaskan Core Competency Model is to be distributed broadly throughout Alaska. Many individuals have reviewed and contributed to edits of these competencies and this has greatly enriched their clarity and utility. Nonetheless, the competency model is intended to be an evolving model that is modified and strengthened over time as feedback is received from others who may review it or use it as a tool in preparing the workforce. There will be periodic revisions to the competencies when there is sufficient feedback and experience to warrant an update. A mechanism has been established at www.annapoliscoalition.org for submission of feedback electronically by stakeholders from the State of Alaska and across the nation.

Future Phases

Phase 3, which focuses on competency assessment, is scheduled for completion by July of 2010. Drawing on best practices in competency assessment, a user-friendly assessment model and assessment tools will be developed, tailored to the Alaskan Core Competencies. The capacity to assess individual trainees and employees on the Alaska Core Competencies will be essential for the purposes of training, personnel evaluation, and planning professional development. Without practical methods of assessment, it would be difficult to determine the impact of training or the capacity of employees to perform their duties. Assessment tools are also essential to a competency-based approach to credentialing.

With guidance and oversight from the Credentialing and Quality Standards Subcommittee, staff from the Annapolis Coalition and WICHE will identify best practices used nationally in evaluating individual competence. Based on the information gathered, the consultants will develop an assessment approach and tools to implement that approach for the Alaskan Core Competencies. After review and approval by the CQSS, a small pilot of the assessment model and tools will be conducted in Alaska with revisions based on the findings from the pilot.

Pending approval from the Trust and its state partners, Phase 4 is scheduled to occur during Fiscal Year 2011. It would involve the development of a credentialing system for this workforce. Credentialing systems serve a number of key functions. First, they are a mechanism for evaluating and verifying the qualifications of an individual to provide selected services. In this respect they help to ensure service quality and public safety. Second, credentialing systems raise the level of professionalism of individuals working in a field. The opportunity to be formally recognized through a credential leads many members of the workforce to pursue professional development and many employers support these efforts of their employees by providing additional training and supervision. Third, a credential tends to raise the level of professionalism and recognition of an entire field as exemplified by the impact of credentialing within the field of addictions treatment. Finally, to the extent that a credential becomes broadly recognized in a state, it increases career mobility and advancement opportunities for the individuals who are credentialed.

With guidance and oversight from the Credentialing and Quality Standards Subcommittee, staff from the Annapolis Coalition and WICHE will identify best practices used nationally in credentialing health and human service workers. The focus will be on credentialing practices with direct care providers who do not have graduate training, as the credentialing of such individuals differs substantially from the credentialing of professionals. Project staff will also review existing credentialing systems and organizations within Alaska.

Based on the information gathered, project staff will develop a proposed approach to credentialing this workforce in Alaska. The proposal will address key issues such as the voluntary nature of the credentialing system, number of credentialing levels, operational cost, and the organizational locus of responsibility for the credentialing system once established. After being vetted by the CQSS, stakeholder feedback will be obtained and revisions to the plan will occur, based on the feedback, if necessary. Once reviewed and approved by the Trust, the credentialing system, complete with the necessary policies and procedures, will be developed.

Project Documentation

The appendix of this report contains four documents that were used during the competency development process over the past year. Also submitted with this report is a separate document containing the Alaskan Core Competencies, complete with behavioral descriptors.

Conclusion

The State of Alaska has taken a bold step in developing this vision for a stronger direct care workforce and a common set of competencies to guide efforts to improve the skills of its workforce. The sustained effort, involving multiple phases, will ensure that the vision is realized for workers, employers, and most importantly, the citizens of Alaska who benefit from the services that direct care workers provide.

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We would like to thank the following individuals for their participation, time, and expertise during the development of the Alaskan Core Competencies.

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Expert Raters and/or Exceptional Performers

The following list includes individuals who served as expert raters and those who participated as exceptional direct service workers from each of the job families. Their feedback and critical thinking was vital to this project.

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State Leadership

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Delisa Culpepper
COO, The Alaska Mental Health Trust Authority

Karen Perdue
Associate Vice President for Health, University of Alaska

Bill Hogan
DHSS Commissioner

Kathy Craft
Behavioral Health Workforce Development Manager,
University of Alaska, State of Alaska DHSS and the Alaska Mental Health Trust Authority

Alaskan Core Competencies

A Project of the *Credentialing & Quality Standards Subcommittee*

Request for Volunteer Raters

Overview

The Alaska Mental Health Trust, in collaboration with the University of Alaska and the State of Alaska Division of Behavioral Health, are promoting a broad range of strategies to strengthen the state's health and human service workforce. One major initiative involves the development of a set of "core competencies" for front-line, entry-level staff providing care in health and human service sectors such as addictions, mental health, child development, developmental disabilities, long-term care, traumatic brain injury, and community-based juvenile justice/corrections. This project is organized under the Credentialing and Quality Standards Subcommittee and is staffed by the WICHE Mental Health Program and the Annapolis Coalition on the Behavioral Health Workforce.

The Alaska Core Competencies will be used to improve the orientation, training, continuing education, and career advancement of these employees. They will support efforts for employers and the State of Alaska to build a better prepared and more stable workforce. The *ultimate* goal is to improve access to care and the quality of care delivered to the citizen's of Alaska. An Executive Summary and the full report from the first phase of this project are available by contacting Mimi McFaul at mmcfaul@wiche.edu.

The Alaska Core Competencies will be developed between November of 2008 and June of 2009. The quality and utility of the competencies are dependent on the participation of experts in Alaska who will review and rate the content of draft documents and assist in developing behavioral descriptors of the competencies. The volunteer "raters" must be knowledgeable about one of the job categories ("Job Families") identified in the attached table. No prior experience or expertise in competency development is required. Individuals selected as raters will be trained to perform the required tasks.

This is an opportunity to contribute to a unique, interdisciplinary effort that is beginning to receive national attention. Rater's will be identified and acknowledged in the final report detailing the competencies. These are volunteer, non-compensated roles, involving an estimated 5 days spread over the next eight months. Most of the work can be conducted in each rater's home or office. One in-person meeting is anticipated.

Please consider nominating a qualified individual for these roles using the criteria and form that appear below. Self-nominations are welcome.

Desirable Qualifications of Raters

Required

1. Knowledge and expertise regarding one of the Job Families identified in the attached table.
2. Willingness to participate regularly in conference calls and meetings (most likely in Anchorage) for the purpose of orientation to the project, training on rating tasks, and review of resulting Alaskan Competency Model. Conference call costs and travel costs will be covered. The estimated time commitment is as follows:

Nov-Dec 2008:	1.5 days	(via conference call)
Feb – Mar 2008:	1.5 days	(via conference call)
April – June	2.0 days	(conference call and in-person meeting)

Optimal

f) Current membership in the Credentialing and Quality Standards Committee (preferably at least one rater for each Job Family will be a member of the CQSS).
g) Experience in providing direct care in Alaska in one of the identified Job Families.
h) Current knowledge about direct care work in Alaska in one of the identified Job Families.
i) Experience in supervising direct care work and/or managing direct care services in Alaska in one of the identified Job Families.
j) Familiarity with national and Alaskan competency sets for the Job Family (listed in the attached table).
k) If possible we are seeking diversity of expertise, experience, or perspective among the two raters recruited for each Job Family.

Nomination Process:

Please use the final page of this document to submit a nomination or copy and paste the content of the form into an email reply. Nominations are requested as soon as possible, but no later than December 3, 2008.

Questions should be addressed to: Mimi McFaul, Psy.D., WICHE Mental Health Program, 303-541-0288 (office); mmcfaul@wiche.edu

Rater Nomination Form

Credentialing & Quality Standards Subcommittee
Alaska Core Competencies Project

Nominee

Name:

Title (if applicable):

Organization (if applicable):

Telephone number:

Email address:

Job Family: (if more than one, document the Qualifications for each)

__ Addictions
__ Adult Mental Health
__ Peer Support (Behav. Health)
__ Infant/Child Mental Health
__ Traumatic Brain Injury
__ Developmental Disabilities
__ Long-term care
__ General / Cross Sector
__ Co-Occurring (Behav. Health)
__ Child Development
__ Juvenile Justice/Corrections

Qualifications (briefly describe the characteristics that qualify this individual as a rater):

Nominated by

Name:
Title (if applicable):
Organization (if applicable):
Telephone number:
Email address:

Email or Fax this Nomination to:

Mimi McFaul, Psy.D., WICHE Mental Health Program
mmcfaul@wiche.edu
Fax: 303-541-0291

Job Families and Competency Sets

Job Families	National Competency Sets	Alaskan Competency Sets
Addictions (behavioral health)	TAP-21 Addiction Counseling Competencies	Alaska Commission for Behavioral Health Counselor Competency Description
Adult Mental Health (behavioral health)	USPRA Role Delineation Study	Alaska Native Tribal Health Consortium Behavioral Health Aide
Peer Support (behavioral health)	Georgia Certified Peer Specialist Project Competencies	
Infant & Child Mental Health (behavioral health)	Michigan Association for Infant Mental Health Competency Guidelines	University of Alaska Children's Residential Outcomes & Competencies
Child Development	Child Development Associate Competency Standards	Early Infant/Infant Learning Program (EI/ILP) Competencies
Developmental Disabilities	National Alliance for Direct Support Professionals Competencies	
Long-Term Care	Paraprofessional Healthcare Institute Competencies & Skills Standards	Long Term Care Adult Abuse Prevention Competencies Alzheimer's Care Certification Matrix
General/Cross Sector	Community Support Skills Standards	
Additional Job Families		
Co-occurring (behavioral health)		
Traumatic Brain Injury		
Juvenile Justice / Corrections (community-based)		

Developing an Alaskan Cross-Disability Core Competency Model

CQSS Rater Instructions

Revised 02-12-09

Project Overview

The objective of this project is to improve Alaskan's access to quality care by developing a set of cross-disability core competencies that can be used to strengthen the community-based direct care workforce serving the beneficiary groups of the Alaska Mental Health Trust.

In Phase 1 of this CQSS initiative, the relevant Alaskan job classifications or "job families" and titles were identified. A comprehensive review and comparison of the national and Alaskan competencies that exist for these jobs yielded the conclusion that there is considerable commonality in terms of the *core* competencies.

Phase 2 of this initiative focuses on development of a core competency model for use with the direct care workforce in Alaska. This is a complex and critical task that involves drawing on existing national and Alaska-based competencies to create a set of core competencies and behavioral descriptors for the identified job families. The competencies will be sufficiently detailed to guide future curriculum development, training, and the assessment of competence among trainees and employees.

This project is being conducted under the leadership of the CQSS Co-Chairs, Rick Calcote (rick.calcote@alaska.gov) and Beverly Tallman (anbit@uaa.alaska.edu). Project staffing is provided by the *WICHE Mental Health Program* and *The Annapolis Coalition on the Behavioral Health Workforce*.

The Next Step

The initial comparison that was conducted of national and Alaskan competency models yielded a set of tentative Competency Categories (referred to in the initial report as master competency "domains"). These are the broad categories under which individual competencies will be

grouped in the Alaskan Competency Model. The Annapolis Coalition and WICHE staff members have since conducted a more detailed review of the national competency models in order to refine the Competency Categories and define them by identifying some of the specific competencies that are likely to fall within each category. This information is contained in the accompanying document labeled: ***Attachment I: Core Competencies for Direct Care Workers in Health and Human Services.***

Your Tasks

As a rater, you have volunteered to represent one of the following disability sectors: addictions; adult mental health; peer support; infant/child mental health, child development, developmental disabilities, long-term care, or general/cross-sector. Each sector has a designated national competency set associated with it.

Your tasks are to:

A. Familiarize yourself with Attachment I (competency categories).

B. Review the national competency set for your sector (this is provided for you).

C. Compare the two documents and answer the questions on the Rater Response Form that begins on the next page.

D. Return the response form to: Michael Hoge at michael.hoge@yale.edu.

E. Participate in a follow-up phone call to discuss your responses.

As you approach this task, please understand that we are not striving to perfect the wording in Attachment I or to crosswalk every detailed competency in your national competency set with the competencies in Attachment I. Our goal in this phase is simply to make sure that the Competency Categories are a useful and relevant list to use as the foundation for our future work.

If you have any questions or need further information please contact: Michael Hoge at michael.hoge@yale.edu or (203) 785-5629 (Eastern Time zone).

Thank you!

Rater Response Form

(Complete electronically & use as much space as needed)

Rater Name:

Sector:

1. **Do the Core Competency Categories in Attachment I adequately capture the important competencies listed in your national competency model? If not, please explain.** (Note: Exact titles of the Competency Categories and the list of competencies within each category are not final, so do not be overly concerned about whether the wording in Attachment I is perfect or precise. There will be opportunities to edit in a subsequent phase).

2. **Are there important competencies in the national model that are not listed or captured in Attachment I, but could easily fit within one of the proposed Competency Categories? If so, please specify missing competencies and the categories in which you would place them.** (Note: Remember that we are building a model of entry level, core or common competencies relevant to multiple disability sectors. Competencies that are unique to a disability group, more advanced, or specialized are not to be included).

3. **Are there important competencies in the national model that are not listed or captured in Attachment I and do not seem to fit within one of the proposed Competency Categories? If so, please specify them.** (Note: Again, competencies that are unique to a disability group, more advanced, or specialized are not to be included).

4. **Do you believe that the proposed Competency Categories are an appropriate list under which to organize core competencies for your sector and this cross-disability project? (If not, please explain).**

5. **Other Comments:**

Alaskan Core Competencies

A Project of the *Credentialing & Quality Standards Subcommittee*

Seeking Exceptional Employees to assist in Building the Alaskan Core Competency Model

Overview

The Alaska Mental Health Trust, in collaboration with the University of Alaska and the State of Alaska Division of Behavioral Health, are promoting a broad range of strategies to strengthen the state's health and human service workforce. One major initiative involves the development of a set of "core competencies" for front-line, entry-level staff providing care in health and human service sectors. This project is organized under the Credentialing and Quality Standards Subcommittee and is staffed by the WICHE Mental Health Program and the Annapolis Coalition on the Behavioral Health Workforce.

The Alaska Core Competencies will be used to improve the orientation, training, continuing education, and career advancement of these employees. They will support efforts of employers and the State of Alaska to build a better prepared and more stable workforce. The *ultimate* goal is to improve access to care and the quality of care delivered to the citizen's of Alaska. The full report from the first phase of this work is available at http://www.mhtrust.org/ (click of *Focus Areas* and *Workforce Development*).

The quality and utility of the competencies are dependent on the participation of experts in Alaska who assist in developing behavioral descriptors of the competencies. One type of "expert" is the direct care employee who is judged by supervisors to be an "exceptional performer" in his or her work role. These types of individuals bring a unique and invaluable perspective on the knowledge and skills necessary to do their jobs effectively.

We are seeking 10 "exceptional performers" to participate in a one day session on Thursday, April 9, from 9:00 a.m. to 4:30 p.m. in Anchorage. One exceptional performer will be included from each of 10 job categories: addictions, adult mental health, co-occurring (mental health & addictions), infant & child mental health, peer support (in behavioral health), child development, developmental disabilities, long-term care, traumatic brain injury, and community-based juvenile justice/corrections.

Eligible individuals must be currently functioning at last half-time in a direct care (non-supervisory) role in one of the 10 job categories. There is no minimum educational requirement, but eligible individuals should not have a graduate degree. No prior experience or expertise in competency development is required. The supervisor who attests to their "exceptional performance" must be identified.

No preparation for the April 9th session is required. Subsequent to the April 9th meeting, these individuals will receive a draft of the Alaskan Core Competencies and will be invited to comment on it before it is finalized.

Individuals who are selected and participate will receive a $200 honorarium and will be recognized for their contribution in the final report of this project.

Nomination Process:

Please use the final page of this document to submit a nomination or copy and paste the content of the form into an email reply. Nominations are requested as soon as possible, but no later than March 23, 2009.

Questions should be addressed to: Mimi McFaul, Psy.D., WICHE Mental Health Program, 303-541-0288 (office); mmcfaul@wiche.edu

Exceptional Performer Nomination Form

Credentialing & Quality Standards Subcommittee
Alaska Core Competencies Project

Nominee

Name:

Job Title:

Employer:

Telephone: **Email:**

Job Family: (check only one)

__ Addictions **__ Long-term care**

__ Adult Mental Health **__ Traumatic Brain Injury**

__ Peer Support (Behav. Health) **__ Child Development**

__ Infant/Child Mental Health **__ Juvenile Justice/Corrections**

__ Co-Occurring (Behav. Health) **__ Developmental Disabilities**

Has the Nominee Agreed to Participate? ___ Yes ___ Has not been asked

Supervisor Attesting to Qualification as an Exceptional Performer:

Name:

Telephone: **Email:**

Nominated by

Name:
Title (if applicable):
Organization (if applicable):
Telephone number:
Email address:

Email or Fax this Nomination to:
Mimi McFaul, Psy.D., WICHE Mental Health Program
mmcfaul@wiche.edu
Fax: 303-541-0291

Alaskan Core Competencies

A Project of the *Credentialing & Quality Standards Subcommittee*

Building Descriptors for the Alaskan Core Competencies

Instructions for Participants

Task: Develop behavioral descriptors for the competencies across three levels: satisfactory, unsatisfactory, and excellent

- Edit or comment on existing descriptors
- Suggest new descriptors

How to Create Behavioral Descriptors:

1. Use these Guidelines
    a. Describe **BEHAVIORS** – not "knowledge" or "abilities"
    b. Start with **VERB** (big V) – don't describe the "absence" of something
    c. Focus on **CORE or BASIC** skills for providing care – not advanced skills
    d. Include those that are **COMMON** or **CROSS-DISABILITY**, applicable to most, if not all, health and social service workers
    e. Describe behaviors that are **IMPORTANT**
    f. Use **SHORT & SIMPLE** language that is useful to workers. Be concrete. Sometimes less is better.
    g. Capture what is **UNIQUE TO ALASKA**
    h. Identify **QUALITATIVE DIFFERENCES** between the three levels of performance, not just quantitative differences (doing more or less)
    i. Obtain **DIFFERENT PERSPECTIVES** from members of your group

2. Accept the following:
    a. Nothing is perfect – this is messy and is not the final product
    b. There are no "right or wrong" answers
    c. Group consensus or agreement is not required
    d. There is overlap throughout the competencies & descriptors
    e. Your input will have an impact *and* we can't include everything
    f. These competencies and descriptors may seem general or generic, but they are fundamental to providing good care.
    g. Additional competencies will be required to practice with specific groups of individuals

3. Draw on:
    a. Your own experience and wisdom
    b. Knowledge from other competency sets (avoid taking language “verbatim” from other competency sets)

4. Additional suggestions:
    a. Limit word-smithing to 2 MINUTES
    b. Emphasize Quality over Quantity (search for the gems)

5. If you get lost in all the words:
    a. Focus on the “satisfactory” column first.
    b. Just focus on the name of the competency, forget the rest of the words, and brainstorm