

Overview

Origin of the Committee on Workforce Competency (CWC)

The *Alaska Mental Health Trust Authority*, referred to simply as “The Trust,” was established in 1956 to provide leadership in advocating for, planning, implementing, and funding of a comprehensive integrated mental health program in Alaska. The Trust serves people with mental illnesses, developmental disabilities, chronic alcoholism, and Alzheimer’s disease and related disorders. These groups are referred to as the Trust beneficiaries.

Among the five focus areas formally identified by The Trust is the *Workforce Development Focus Area*, which involves a unique partnership between The Trust, the University of Alaska, and the State Department of Health and Social Services. The goal of the Workforce Development Focus Area is to create a competent workforce serving Trust beneficiaries through a number strategies intended to improve recruitment, retention, and training.

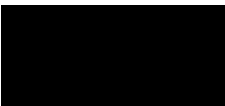
Workforce Development Focus Area Vision: The Alaskan human services workforce supports healthy, quality lives for themselves and those they serve.

A diverse coalition of individuals within Alaska highlighted direct care workers as a priority area in the state’s workforce development efforts. They further prioritized creating a set of core competencies for this population to increase consistency in training and direct care worker skills across service sectors. The resulting priorities included: (1) developing a core set of competencies relevant to the care of diverse populations and disability groups; (2) creating tools that can be used to assess the competency of direct care workers at the conclusion of training or during employment, and (3) building a standardized curriculum to train direct care workers in the competencies.

The Committee on Workforce Competency (CWC), formerly known as the Credentialing and Quality Standards Subcommittee (CQSS), was created in 2007 to oversee work on the priorities identified above. The CWC is a committee of The Trust’s *Workforce Development Focus Area*. In the last year, leaders from the DHSS Division of Behavioral Health and the Division of Senior and Disability Services have stepped up to co-chair the CWC to ensure its momentum, increase the involvement of providers, and promote the dissemination and adoption of CWC products statewide.

Mission:

The mission of the Committee on Workforce Competency (CWC), is to improve the quality of care and the health of Alaskan citizens by strengthening the skills of the direct care health and social services workforce.



Goal of the CWC

The goal of the CWC is to increase the competency of the direct care workforce by developing a standardized set of core competencies, tools to assess competencies, and a curriculum to teach the competencies.

The Direct Care Worker

This project focuses on the direct care workforce across multiple service sectors. Direct care workers are known by many names, including direct service worker, direct support worker, direct support professional, paraprofessional, or technician, to name just a few. In terms of educational background they may have a high school diploma, General Education Diploma (GED), or a college certificate. Workforce sectors (or job families) utilized in this project include: long term care; developmental disabilities; addictions; adult mental health; infant and child mental health; peer support (in behavioral health); child development; traumatic brain injury; and community-based juvenile justice.

Direct care workers are routinely asked to provide care to individuals and families facing complex and serious problems. Yet their educational background is often limited, their preparation for care giving roles tends to be quite brief, and the supervision and supports received while on the job quite minimal. Their challenges are even more significant in rural and frontier regions of the country where they may work autonomously and in relative isolation from other health and social service providers.

The Alaskan Initiative: A Phased Approach

This project is designed in multiple phases, each phase building on the previous one. The information below describes a brief history of the work to date and outlines proposed future directions.

Phase 1: Committee Formation and Feasibility Analysis

Phase one began by identifying the relevant Alaskan job classifications or “job families” and job titles that would guide this initiative. 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. A full report chronicling this phase of work was developed and vetted by the CWC and was distributed for public comment in the Summer of 2008. A copy of this report is available for download at www.mhtrust.org (select “Focus Areas” and “Workforce Development”) or at www.annapoliscoalition.org (select “Alaskan Core Competencies”).

Phase 2: Development of the Alaskan Core Competencies

Phase two of this initiative focused on the development of a competency model for use with the direct care workforce in Alaska. The goal of this stage was to identify and describe the *core* competencies for entry level, direct care health and social service positions serving Trust beneficiaries. The *Alaskan Core Competencies* document was released in January of 2010. Drawing on national competency sets and the experience of Alaskans, it specifies a core set of skills that have relevance for working with multiple populations and disability groups. The quality and utility of the competencies were enhanced by the participation of experts in Alaska (both providers and exceptional direct care workers) who reviewed and rated the content and assisted in developing behavioral descriptors of the competencies. A copy of this report is available for download at www.mhtrust.org (select “Focus Areas” and “Workforce Development”) or at www.annapoliscoalition.org (select “Alaskan Core Competencies”).

Phase 3: Development of Competency Assessment Tools

Assessing trainee and worker knowledge and skills is an essential step in the process of building and maintaining competency. Thus, this phase of work involves developing an assessment approach and specific tools to aid trainers and employers with that task. The development of these tools is based, in part, on a broad search of the best practices



being used for assessment within Alaska and across the nation. The CWC is currently working on this phase, with expected completion in the fall of 2010.

Phase 4: Curriculum Development

Building skills is facilitated by access to a comprehensive curriculum. This phase of work will result in the development of a standardized curriculum for the Alaskan Core Competencies, including an Instructor Guide. This work will take place over a two year period, beginning in the fall of 2010. The training materials will be designed to accommodate in person or distance delivery, tailored to agency training needs.

Phase 5: Credentialing System

Developing a credentialing system is a potential goal of the CWC. However, it is a complex and more controversial endeavor. The intent behind the creation of a credentialing system for direct care workers is to increase the competence and professionalism among employees, quality of care and public safety, and support for employee advancement. However, these potential gains must be evaluated in light of potential costs and other burden that such a system might impose. The Trust and its state partners are committed to a careful review and stakeholder involvement in a decision-making process about whether to pursue credentialing and the form that it would take.

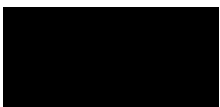
Desired Outcomes

The use of core competencies to drive training and employee assessment can lead to a variety of positive outcomes for direct care workers, employers, and the State of Alaska. Stakeholders identified desired long-term outcomes for this project, as displayed in the table below. This should not be considered an exhaustive list.

Employee Level	1	Increased access to competency-based training.
	2	Increased sense of professionalism.
	3	Improved professional mobility among jobs and service sectors (e.g., being able to demonstrate competence as a direct care worker and move to a different employer).
	4	Enhanced understanding of what training options are available for direct care workers.
	5	Increased professional recognition.
Employer Level	1	Increased access to a more skilled workforce.
	2	Increased recruitment and retention.
	3	Increased access to competency-based training and assessment tools to evaluate direct care worker performance.
State of Alaska	1	A stronger direct care workforce in health and social service sectors.
	2	Increased quality and standardization of training for the direct care workforce.
	3	Increased mobility of the direct care workforce across service sectors.
	4	Improved quality of care for individuals served by the direct care workforce.

Project Partners

The Trust engaged two organizations to provide technical assistance and staffing to this initiative. The Western Interstate Commission for Higher Education, through its Mental Health Program, brings expertise on rural healthcare delivery and workforce development (www.wiche.edu/mentalhealth). It has been assisting Alaska with workforce improvement initiatives for the past six years. The Annapolis Coalition on the Behavioral Health Workforce is recognized nationally for its role in workforce planning, policy development, and implementation of workforce best practices (www.annapoliscoalition.org). It led the effort to create the federally funded national Action Plan on Behavioral Health Workforce Development, which was released in 2007.



CWC Membership

The membership of the CWC is a diverse group of approximately 29 individuals who, as a whole, have expertise regarding the diverse health and social service sectors encompassed in this project. It has always been a priority to incorporate participation from broad array of providers and educators of direct care workers and Native Alaskan perspectives. Leadership is currently provided by two Co-Chairs from DHSS: Melissa Stone, Director, Division of Behavioral Health, and Kimberli Poppe-Smart, Acting Director, Division of Senior and Disability Services.

CWC Responsibilities and Charge

The CWC is responsible for guiding the work process and products, ensuring that the needs of direct care workforce, employers, Trust beneficiaries, and the state are addressed. The charge to CWC members is to provide information, insight, recommendations, and approval of deliverables at each stage of the work. They are also responsible for assisting in the dissemination of CWC products throughout the field. The list below specifies the responsibilities of CWC members:

- ✓ Review, consult and advise on the work plan for each phase of the project;
- ✓ Review, revise and comment on draft products;
- ✓ Represent the interests of their peers and service sector in all discussions of the committee;
- ✓ Provide project staff with information on tools, resources, and best practices in their health or social service sector - both from Alaska and nationally;
- ✓ Consult and advise on a communication plan to keep Alaskans apprised of project activities;
- ✓ Assist in disseminating project communications and products to individuals and organizations within their health or social service sector;
- ✓ Make recommendations regarding committee membership;
- ✓ Communicate concerns from their service sector to project leadership and staff; and
- ✓ Routinely attend committee meetings and conference calls.

