



Alaska Core Competencies

for Direct Care Workers in Health and Human Services

Version 1.1
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Developed through a Collaboration of

Alaska Mental Health Trust Authority
State of Alaska Department of Health and Social Services
Western Interstate Commission on Higher Education
The Annapolis Coalition on the Behavioral Health Workforce
Committee on Workforce Competencies
The Alaska Training Cooperative

Electronic copies: Available for download at <http://mhtrust.org/impact/library/>.

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Introduction

The Direct Care Workforce

Every day hundreds of thousands of individuals across the nation receive health and social services from members of the direct care workforce. This workforce is the face of health and human service systems for millions of Americans and families dealing with mental health problems, substance use conditions, medical illnesses, developmental delays and disabilities, and social stressors such as poverty, domestic violence, and homelessness. Direct care workers are the backbone of the country's "safety net" for persons most in need of services, support, and hope for a better future.

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, GED, or a college certificate. Preparation for their current job may have involved a brief course or on-the-job training. With relatively little formal preparation and often without much supervision and support, they are routinely asked to provide care to individuals and families facing complex and serious problems. The challenge for direct care workers is all the more daunting in rural and frontier regions of the country where they may work autonomously and in relative isolation from other health and human service providers.

Strengthening the Workforce through Competencies

There is increasing recognition of the critical role of direct care workers in health and human service systems. With this recognition has come greater understanding of the dire need to improve the training and preparation that individuals receive for these demanding jobs. The traditional approach to training has been to provide information, largely through didactic lectures. Research has shown that this has little effect on what workers actually "do". A much stronger approach involves identifying the competencies that workers must have to do their jobs

effectively, helping workers build specific skills, and assessing their work to ensure that they truly have the capacity to perform the skills competently.

The Project Sponsors and Partners

The Alaska Mental Health Trust Authority, in collaboration with the University of Alaska and the State of Alaska Department of Health and Social Services, is sponsoring multiple efforts to improve the recruitment, retention, training, and education of the state's health and human service workforce. Organized under the Trust's Workforce Development Focus Area, and with broad stakeholder input, the project Oversight Committee set an ambitious multi-year agenda to: (1) build a set of core competencies tailored to Alaska's direct care workforce; (2) create a set of assessment tools for use by educators and employers in evaluating worker competency; and (3) develop a training curriculum for this workforce that would promote professionalism, career mobility and advancement, and greater access for employers to a qualified pool of job candidates.

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.

A Cross-Sector Approach

Efforts to strengthen the workforce are almost always centered on a narrow service sector that is identified by its focus on persons with a specific illness, disability, or problem. However, the Alaskans who crafted the vision for this initiative believed that there was a common or core set of competencies shared by

workers across multiple sectors. This assumption was tested and supported by assembling and comparing existing competency sets from diverse health and social service fields. Thus, work proceeded to build the Alaska Core Competencies as a common or core set of competencies relevant to direct care workers throughout health and social services.

The workforce sectors included in the development process were: 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. The competencies are most relevant to work in office, community-based, home, and residential environments, with less relevance to hospital and locked correctional settings.

How the Competencies were Developed

The Alaska Core Competencies were developed over a period of two years through a multi-step process. The methods have been documented in project reports submitted to the Trust. Further information about the methods is available on request.

In essence, the Alaska Core Competencies were created by distilling and integrating the shared competencies from nationally recognized competency sets developed for specific population or disability groups. These were further informed and modified by competencies crafted for practice in Alaska and by the expert opinion of Alaskans who served as project raters. Specific steps were as follows:

1. The relevant workforce sectors and job categories were identified.
2. The national and Alaskan competency sets for those job categories were obtained and compared to determine the extent to which competencies were common or shared.
3. Broad competency categories were formed.
4. National competency sets were reviewed in order to place the specific competencies within each competency category.
5. Alaskans representing diverse workforce sectors examined the draft competencies and categories to

ensure their relevance to each workforce sector.

6. Behavioral descriptors were drafted, drawing on national and Alaskan competency sets.
7. Alaskans, serving as raters, reviewed and proposed edits to the draft competencies and descriptors. These raters included eight Exceptional Performers who were direct care workers nominated as exceptional employees from diverse workforce sectors. Raters also contributed recommendations about competencies that are considered uniquely important to practice in Alaska and to rural/frontier regions of the country.
8. Competency sets in use in Alaska were reviewed to identify additional competencies uniquely important to practice in rural and frontier regions.
9. Feedback, ratings, and recommendations were integrated into the draft competencies and descriptors.
10. Members of the project Oversight Committee conducted a final review of the competencies and accepted the competency set.

Understanding the Competencies

There are three elements to the Alaska Core Competencies: (1) the broad **competency categories**, (2) the **individual competencies**, and (3) the **behavioral descriptors** that define the competencies.

There are a total of 10 broad **competency categories** (see page 9); the categories are broken down into 42 **individual competencies** (pages 10-11); and then each competency is defined by **behavioral descriptors** and these can be found beginning on page 12.

The competencies and their descriptors focus exclusively on the *skills* that workers need to be able to perform. While skills may require underlying *knowledge* and might be enhanced by the *attitudes* of the worker, the Alaska Core Competencies are intentionally “skill oriented” in order force a sharp focus on the ultimate worker behaviors that are desired.

The behavioral descriptors in this competency model have three levels. **Satisfactory Performance** represents the minimum expected level of skill for an employed direct care worker. While the concept of “minimum”

performance is often used in personnel evaluations and in credentialing and certification processes, service recipients and their families want care that rises above a minimum standard. Many workers and their employers similarly strive to achieve excellence in service delivery. Thus, the **Excellent Performance** level describes exceptional performance in behavioral terms. Descriptors within the **Unsatisfactory Performance** level capture some of the most common sub-par, unacceptable, and even harmful behaviors that are often a focus of concern in performance reviews.

In general, the Alaska Core Competencies are *basic* competencies. Advanced competencies are not covered by this document, though some of the **Excellent Performance** descriptors represent an advanced level of practice. Since this document focuses on common or shared competencies, it does not cover *specialty competencies*, which are unique to only one workforce sector.

Tailoring the Competencies for Alaska

The majority of the Alaska Core Competencies are highly relevant nationally. There are, however, competencies that have special significance for providing care in Alaska and other rural and frontier sections of the country.

An entire competency category (#7) is devoted to the tasks involve in individualizing care. This category subsumes, but is not limited to, what is often referred to as culturally competent practice. It has special relevance in Alaska due to the broad diversity of the State’s citizens with respect to race, ethnicity, culture, religion, and to community characteristics and geography, which play a large role in defining the nature of Alaskans’ daily lives.

The diversity of the state’s citizens necessitates that workers demonstrate an “ease with differences” (competency #1.C.). Since members of the direct care workforce living in small communities and remote areas must often respond to the needs of family members and friends, it is also necessary for each worker to demonstrate skill in managing unavoidable “dual relationships” (competency #1.E.).

The geography of Alaska frequently calls for workers to function independently in situations that offer limited

supervision or support from co-workers and other professionals (competency #4.A.). The competencies, taken as a whole, call for a relatively high level of skill due to the frequency with which direct care workers in rural and frontier regions must act autonomously. When distance is a barrier, it is essential to possess the skill to use technology to deliver services and obtain supervision and training (competency #4.A.).

The scarcity of other health and human service providers means that direct care workers must be capable of mobilizing community support and an organized community response to persons in need (competency #5.C). An ability to pace the delivery of care to match the preferences of the individual and the norms of the local community is also critical (competency #4.A.). This has been a particular challenge for those who have brought their urban ways to rural and frontier Alaska. Seeking educational experiences to learn about local culture and norms is important to developing professionally (competency #10.A.)

How to Use the Competencies

The Alaska Core Competencies can be used in multiple ways to strengthen the direct care workforce, as outlined below:

- ▶ **Initial training** - The Alaska Core Competency Curriculum can be used to provide initial training to direct care workers.
- ▶ **Continuing education** - Service organizations, training providers, and state agencies can review the competencies to identify essential skills that need further development with specific workers or the workforce as a whole. Continuing education can be tailored to address those learning needs.
- ▶ **A Guide for On-the-Job Learning** - Direct care workers develop many of their skills “on the job” through experiences that are organized and monitored by a supervisor. The Alaska Core Competencies can serve as a resource for crafting learning activities for direct care workers in order to build their skills. The behavioral descriptors can be used to instruct workers in desirable and undesirable behaviors for a specific task.
- ▶ **Updating existing training curricula** - Many training curricula are in use in Alaska and throughout the

nation. These can be systematically reviewed to determine the extent to which they adequately cover the core competencies. The project sponsors released a simple tool in 2010 that can be used to “crosswalk” the Alaska Core Competencies with the content of a specific curriculum. While the competencies were developed for the direct care workforce, they contain basic helping skills that should be incorporated in graduate level professional training as well.

- ▶ **Building new curricula** - Efforts to build any new training course or program can use the competencies as a foundation for curriculum planning.
- ▶ **Performance evaluations** - The competencies can be used as the basis of performance reviews for direct care workers. Existing documents used in the performance review process can be updated, incorporating the competencies to make them more competency-based. The project sponsors released in 2010 a performance review template that can be adopted or modified by agencies for use with their employees.

A Note on this Version (1.1)

The Alaska Core Competencies were first published in 2010 as Version 1.0. This current version (1.1) released in 2016 contains an updated design, logo, and contact information. The content of the competencies is unchanged.

Acknowledgements

Many individuals have contributed to this project and the resulting competencies. They include; the leaders and members of the project Oversight Committee; leadership and staff from The Alaska Mental Health Trust Authority, the University of Alaska, and the Alaska Department of Health and Social Services; the many Alaskans who gave of their time to serve as raters; and experts across the country who provided insights into the competencies from various workforce sectors. All of these individuals deserve credit for the vision and comprehensive product that is the result of their input.

Permission to Use the Alaska Core Competencies

Individuals and organizations in Alaska are granted the right to use the Alaska Core Competencies for non-profit purposes that are designed to strengthen the state’s health and human services. Please provide notice of your use of the competencies so that such activity can inform efforts to promote their adoption throughout Alaska. That notice should be provided to Lisa Cauble at lisa@alaskachd.org. Requests to use the competencies outside of Alaska should be directed to Michael Hoge at michael.hoge@yale.edu.

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Competency Categories at a Glance

1. Working with Others
2. Assessing Strengths and Needs
3. Planning Services
4. Providing Services
5. Linking to Resources
6. Advocating
7. Individualizing Care
8. Documenting
9. Behaving Professionally and Ethically
10. Developing Professionally

Competencies at a Glance

Competency Category 1: Working with Others

- A. Listens effectively
- B. Communicates effectively
- C. Builds positive relationships
- D. Collaborates
- E. Maintains appropriate boundaries

Competency Category 2: Assessing Strengths and Needs

- A. Gathers and summarizes information
- B. Assists in identifying personal values, goals, and priorities
- C. Identifies strengths and resources
- D. Identifies problems, deficits, and stressors
- E. Detects warning signs
- F. Communicates results clearly
- G. Reassesses routinely

Competency Category 3: Planning Services

- A. Identifies recommended goals and services
- B. Supports individual and family member decision-making in developing a plan of care
- C. Assists individuals in developing personal plans

Competency Category 4: Providing Services

- A. Implements and coordinates the plan of care
- B. Conducts outreach and engagement
- C. Maintains safety
- D. Creates a therapeutic learning environment
- E. Provides emotional support
- F. Provides physical support
- G. Teaches and trains
- H. Supports problem solving and conflict resolution
- I. Prevents and intervenes in crises
- J. Organizes and conducts group activities
- K. Promotes health and wellness

Competency Category 5: Linking to Resources

- A. Identifies recommended resources
- B. Supports individual and family decision-making in selecting resources
- C. Connects individuals and families to community resources

Competency Category 6: Advocating

- A. Advocates on behalf of the individual and family
- B. Supports self-advocacy

Competency Category 7: Individualizing Care

- A. Assesses the influence of key individual, family, and community characteristics
- B. Tailors services to unique individual, family, and community characteristics
- C. Modifies plans and services based on individual and family experience

Competency Category 8: Documenting

- A. Completes required documentation
- B. Balances privacy with documentation requirements

Competency Category 9: Behaving Professionally and Ethically

- A. Fulfills responsibilities and commitments
- B. Complies with laws, regulations, policies, and ethical codes
- C. Seeks supervision and consultation
- D. Manages stress and maintains personal health

Competency Category 10: Developing Professionally

- A. Seeks opportunities to improve knowledge, skills, and abilities
- B. Uses performance evaluations and feedback to improve performance

Competencies with Behavioral Descriptors

Competency Category 1: Working with Others

A. Listens effectively

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|--|--|--|
| 1 | Uses verbal or non-verbal responses to indicate that he or she is paying attention | Attends to verbal and non-verbal communications from others (individuals, families, co-workers, and other service providers) | Ignores communications from others; walks away as others are talking |
| 2 | Paraphrases what has been heard to ensure that he or she understands correctly | Asks questions to clarify communications or requests | Asks no questions; ends the interaction quickly or abruptly |
| 3 | Pauses from other activities or sits down to give full attention | Shows interest or concern about others through facial expressions or tone of voice | Dismisses communications and requests |

B. Communicates effectively

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|--|--|---|
| 1 | Seeks additional information about communication abilities and preferences (from family, caregivers, records, or formal assessments) | Through interaction, determines an individual's ability to communicate and their preferred method of communication | Uses his or her own preferred methods for communicating without considering the abilities and preferences of others |
| 2 | Adapts communications to the person and situation | Uses multiple communication methods (e.g., verbal and non-verbal) | Uses only verbal methods of communicating |
| 3 | Communicates with individuals whom others have a difficult time relating to | Communicates clearly and slowly enough to be understood | Mumbles or communicates too fast or softly to be understood |
| 4 | Asks an individual to repeat a communication to ensure that they fully understand | Checks whether an individual understands, if they look puzzled or confused | Communicates without any effort to make sure that the individual understands |
| 5 | Remembers and refers to individuals by their preferred name | Uses "person first" language (e.g. "an individual with a disability") | Refers to people by their disability or diagnosis |
| 6 | Stays current with new technical terms and changes in usage of terms | Uses technical language correctly | Uses technical terms incorrectly or not at all |
| 7 | Develops a basic ability to communicate in a second language including sign language | Provides language and sign language interpreters or "assistive" communication technology if needed | Ignores unique communication needs |

C. Builds positive relationships

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|--|---|--|
| 1 | Warmly greets and expresses interest in other individuals | Shows respect for others (individuals, families, co-workers, and other service providers) through words and actions | Uses critical, judgmental, demeaning, or insulting language or gestures |
| 2 | Recognizes and shows respect for the unique characteristics of diverse groups and individuals; demonstrates an ease with “differences” | Identifies and refrains from expressing personal biases | Openly expresses dislike of certain types of people and behaviors; uses ethnic slurs |
| 3 | Rallies others to support individuals in need | Provides support and encouragement to others | Creates conflict and ignores pleas for help |
| 4 | Calms others who are upset by the behavior of an individual | Monitors and manages personal reactions to the behavior of other individuals | Responds negatively and emotionally to the behavior of others |

D. Collaborates

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|--|---|--|
| 1 | Takes the initiative in organizing meetings to accomplish a group task or resolve an issue | Works with others to complete tasks and solve problems (individuals, families, co-workers, and other service providers) | Works alone or leaves others to complete tasks and solve problems |
| 2 | Leads a service team or team-building activities | Participates actively as a member of a service team | Refuses to participate in or frequently misses team meetings |
| 3 | Supports individuals and families in directing their own care | Creates a partnership with individuals and families receiving services and shares decision-making with them | Makes decisions without participation or agreement of individuals and families |
| 4 | Frequently provides information and occasionally meets with family members, engaging them actively in many aspects of care | Communicates with family members occasionally (with client consent) | Excludes or ignores family members |
| 5 | Meets in a location most convenient to others | Schedules meetings and appointments at times convenient to others | Schedules meetings and appointments without considering others |
| 6 | Actively seeks and appropriately uses feedback from others | Accepts constructive feedback from others | Rejects feedback from others |
| 7 | Leads by example, through positive behaviors | Gives constructive feedback to others | Criticizes others harshly |

E. Maintains appropriate boundaries

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|--|---|--|
| 1 | Uses personal touch occasionally and appropriately to reassure an individual | Maintains a reasonable physical distance, showing respect for the personal space of others | Touches individuals inappropriately |
| 2 | Shares sensitive personal information occasionally and appropriately in an effort to educate or provide encouragement and hope to others | Shares some personal information with others in an effort to build a working relationship with them | Refuses to provide any personal or professional information to individuals or families or overwhelms others with personal information |
| 3 | Discourages questionable sexual humor and bantering in the workplace | Reports inappropriate sexual behavior; discusses sexual issues only as they relate to health or functioning | Harasses individuals sexually through comments or gestures; has sex with clients or family members; uses relationships for personal gain |
| 4 | Uses strategies to manage potential conflicts when a “dual” relationship is unavoidable | Avoids “dual” relationships such as providing services to family members | Engages in “dual” relationships without any effort to manage the potential conflicts that this creates |

Competency Category 2: Assessing Strengths and Needs

A. Gathers and summarizes information

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|---|--|---|
| 1 | Seeks new or updated information; encourages individuals and families to share their “personal stories” | Uses multiple sources of information (e.g., self and family report, records, unobtrusive observation, testing) | Ignores available information; relies mainly on one or two sources of information, such as self-report or records |
| 2 | Attempts to understand and resolve discrepancies | Identifies discrepancies or differences between sources of information | Ignores and does not report discrepancies |
| 3 | Creates a comprehensive written assessment or “formulation” based on all available information | Summarizes the information collected verbally or in writing | Places information in client file or record, without creating any type of summary |

B. Assists in identifying personal values, goals, and priorities

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|--|--|--|
| 1 | Helps individuals and families to clarify their personal values | Asks individuals and families to describe personal values | Applies his or her own personal values to the lives of individuals and families |
| 2 | Uses goal setting exercises with individuals and families; identifies hopes and dreams | Asks individuals and families to identify short and long-term goals and priorities | Ignores the goals and priorities of individuals and families; Imposes own personal or professional goals |

C. Identifies strengths and resources

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|--|---|--|
| 1 | Assists individuals and families in identifying personal strengths they were unaware of | Asks individuals and families to describe personal strengths and interests | Focuses exclusively on problems or needs |
| 2 | Assesses an individual’s level or stage of motivation using commonly accepted categories | Discusses with individuals their readiness or motivation to receive services or to change | Makes snap judgments about others level of motivation without discussion |
| 3 | Seeks information to understand the nature of family and social relationships | Identifies family members and friends who are considered supportive | Focuses only on the individual |
| 4 | Seeks to understand the meaning of vocational, community, and spiritual activities to the individual | Identifies vocational, community, and spiritual activities and supports | Focuses only on the individual |

D. Identifies problems, deficits, and stressors

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|---|---|---|
| 1 | Identifies potential causes or precipitants of immediate problems | Identifies immediate, pressing, or “presenting” problems and needs (related to symptoms, behaviors, functioning, development, etc.) | Focuses on more stable problems and misses the reason that the individual seeks assistance at this time |
| 2 | Gathers information on changes in health and functioning over time | Identifies longer-term or more stable problems | Focuses on an immediate problem or crisis and misses more longer-term or more stable problems |
| 3 | Performs formal functional assessments | Identifies functional abilities and limitations | Focuses on symptoms or problems and ignores functional abilities |
| 4 | Explores the potential relationship of physical health to the presenting problems | Identifies health status and medical problems | Ignores or dismisses physical health issues |
| 5 | Explores the potential relationship of stressors to the presenting problems | Identifies stressors including: family, friends, financial, work, school, housing, environment, etc. | Focuses on presenting problems without considering the impact of stressors |
| 6 | Identifies other individuals that “enable” or make a clients problems worse | Identifies those things that tend to make problems get worse | Blames individual for his or her problems |

E. Detects warning signs

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|---|--|--|
| 1 | Uses standardized questions or techniques to assess for substance use/abuse | Identifies signs of substance use/abuse (alcohol, illicit drugs, and prescription medications) | Encourages substance use as a means of coping |
| 2 | Educates individuals, family, community members, and co-workers about subtle signs of potential abuse | Identifies signs of abuse (self-abuse, neglect, physical, psychological, exploitation, and misuse of physical and chemical restraints) | Chooses not to report suspected abuse for fear of angering family members or co-workers |
| 3 | Assists individual and family members in identifying early warning signs | Identifies signs of worsening health or functioning, including suicidal thoughts and behavior | Dismisses health concerns as irrelevant to his/her responsibilities |
| 4 | Teaches clients about potential side effects and drug interactions | Identifies medication side effects and brings them to the attention of the prescriber | Tells individuals that side effects are unavoidable; does not bring to the attention of the prescriber |

F. Communicates results clearly

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|----------|---|--|--|
| 1 | Meets with individual and family members in person to present and discuss the findings; invites them to correct or challenge information or conclusions | Conveys assessment findings to individual and family members | Shares assessment results only with other staff members |
| 2 | Follows-up at a later time to check whether the information provided was understood and what impact it has had | Asks individual and family members to share their reaction to the information received | Shows disinterest in the impact of the information on the individual or family |

G. Reassesses routinely

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|----------|---|--|--|
| 1 | Periodically conducts a complete and thorough review of: goals and priorities; strengths and resources; and problems, deficits, and stressors | Periodically reviews: goals and priorities; strengths and resources; problems, deficits, and stressors | Treats the initial assessment as the permanent assessment |
| 2 | Periodically creates a new, comprehensive written assessment | Updates assessment findings and summaries | Puts a new date on an old assessment |
| 3 | Schedules a meeting with individual and family to review and discuss updated assessment | Shares significant changes with individuals and family members | Files the findings without discussing with individual and family members |

Competency Category 3: Planning Services

A. Identifies recommended goals and services

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|---|--|---|
| 1 | Reviews what has “worked” and “failed” in the past | Recommends goals based on the assessment or can identify the goals set by the treatment team | Recommends services without identifying the goals |
| 2 | Builds a comprehensive plan of recommended care based on the unique needs and interests of the individual | Identifies recommended services, considering the goals, availability of services, eligibility, and affordability | Recommends the same services for all individuals (a “cookie cutter” plan) |

B. Supports individual and family member decision-making in developing a plan of care

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|--|--|--|
| 1 | Highlights the specific advantages and disadvantages of the recommended goals and services | Discusses the recommended goals and services with the individual and family | Presents the service plan as final, without discussion |
| 2 | Highlights the specific advantages and disadvantages of the alternative goals and services | Presents alternative options to the recommendations | Refuses or refrains from discussing alternatives |
| 3 | Supports individuals and families in making their own choices about the plan of care | Seeks individual and family preferences and input into the plan of care and negotiates a plan they find acceptable | Indicates that input into the plan is not welcome |

C. Assists individuals in developing personal plans

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|--|--|--|
| 1 | Connects individuals to persons who can help them develop written plans or “directives” about how crises are to be handled | Encourages individuals to develop contingency plans for future crises or episodes of illness | Responds to crises without considering individual preferences or wishes |
| 2 | Assists individuals in developing formal wellness and recovery plans | Supports individual efforts to pursue wellness and recovery goals | Focuses on formal service goals and ignores personal wellness and recovery goals |

Competency Category 4: Providing Services

A. Implements and coordinates the plan of care

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|--|---|---|
| 1 | Educates co-workers about the plan | Reviews the plan of care occasionally | Provides care without reviewing the plan |
| 2 | Identifies creative ways he or she can support the plan of care | Delivers services directly that support the plan of care | Acts in ways that undermine or conflict with the plan of care |
| 3 | Updates other care providers about significant events or changes that impact on the plan of care | Coordinates activities among care providers and agencies in implementing the plan of care | Fails to notify other care providers of critical information or events |
| 4 | Proactively identifies and addresses individual and family concerns about services | Delivers services at a pace comfortable for individuals and family members | Routinely presses services upon individuals and family members at a pace that they cannot tolerate |
| 5 | Models the use of technology to deliver services and educates others about these tools | Uses technology to deliver services and increase access (e.g., phone, video-conferencing) | Repeatedly uses “distance” as an excuse for not meeting the needs of an individual or family |
| 6 | Adapts to local resource constraints; identifies creative strategies for delivering services when working alone with limited resources | Acts independently when working in situations that offer limited supervision or support from co-workers | Unable to act without direction while employed in a position that requires working with limited supervision |

B. Conducts outreach and engagement

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|---|---|--|
| 1 | Creates engagement activities or groups | Encourages individuals and family members to participate in planned services | Avoids the work of providing care |
| 2 | Helps address basic needs (e.g., food, shelter) as an engagement strategy | Makes phone calls or home and community visits to individuals to develop a relationship and encourage participation in services | Places full burden on individuals for engaging in care and criticizes them for lack of “motivation” and follow-through with care |

C. Maintains safety

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|---|---|---|
| 1 | Routinely assesses risk | Recognizes individual risk to self or others | Misses clear signs of risk |
| 2 | Anticipates risk and takes action to avoid it | Takes action to address immediate risk; adjusts the type and level of care to the level of risk | Detects risks but fails to take action |
| 3 | Works with the employer or family to decrease physical risks in the environment | Addresses hazards to safety in the physical environment | Violates rules regarding hazardous objects or substances in the environment of care |
| 4 | Supports a reasonable level of risk as part of growth and development | Allows individuals to take risks that are authorized by the agency or team | Denys individuals' rights or privileges in an effort to avoid all risk |

D. Creates a therapeutic learning environment

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|--|--|---|
| 1 | Takes action to create a comfortable, calm, and safe environment | Intervenes quickly when the environment of care becomes loud, chaotic, or unsafe | Contributes to noises, distractions, and conflict |
| 2 | Organizes and provides learning opportunities | Provides educational aids | Leaves individuals without structure or direction |

E. Provides emotional support

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|---|---|---|
| 1 | Instills hope through techniques such as story telling or having individuals tell their story | Offers reassurance to individuals and family members | Creates fear among individuals and family members |
| 2 | Constantly conveys realistic optimism about the future | Educates individuals and family members about resilience and recovery | Tells individuals and family members that improvement is not possible |
| 3 | Uses motivational enhancement interviewing techniques | Provides encouragement | Belittles the efforts of individuals and family members |

F. Provides physical support

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|---|--|--|
| 1 | Assists individuals to improve physical abilities | Provides physical assistance with movement | Watches individuals as they struggle physically, but provides no support |
| 2 | Structures and encourages opportunities to increase independence with activities of daily living (ADLs) | Assists individuals with ADLs, including personal hygiene, cooking and eating, shopping, cleaning, budgeting, etc. | Makes minimal efforts to support ADLs, compromising individuals' quality of life |
| 3 | Identifies and obtains adaptive equipment for individual | Teaches the use of adaptive equipment | Creates obstacles to individuals obtaining and using adaptive equipment |

G. Teaches and trains

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|--|--|---|
| 1 | Provides educational materials; runs educational groups and activities | Educates individuals and family members about illnesses, services, resilience, and recovery | Treats individuals as incapable of learning to manage their problems |
| 2 | Uses systematic skill building approaches and organizes instructional activities | Assists individuals and family members in building skills, such as self-care, activities of daily living, stress management, and assertiveness | Tells individuals what to do and discourages the learning of new skills |

H. Supports problem solving and conflict resolution

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|---|---|--|
| 1 | Teaches and models problem solving for individual and family members | Assists individuals and family members in solving problems | Makes decisions for individuals and family members without consulting them (when no immediate risk is present) |
| 2 | Anticipates and helps to resolve emerging tensions between individuals and groups; teaches conflict resolution skills | Mediates conflicts among clients, family members, and other care providers | Engages frequently in conflict with others |
| 3 | Remains calm and constructive when confronted with individuals who are angry, critical, or threatening | Discusses openly with others the conflicts he or she is having with them (including with individuals and family members receiving services) | Displays strong anger and defensiveness when in conflict with others |

I. Prevents and intervenes in crises

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|--|--|--|
| 1 | Educates others about early warning signs for specific individuals and families | Detects early signs of potential problems | Notifies but does not report early signs of trouble |
| 2 | Leads an organized group response to a person in crisis | Deescalates problems in their early phase | Provokes, challenges, or threatens individuals who are experiencing problems |
| 3 | Contributes to efforts to reduce the use of physical holds, restraint, and seclusion | As a last resort to ensure safety, uses physical holds, restraint, and/or seclusion, while following all applicable policies and regulations | Uses seclusion or restraint as punishment; violates rules and procedures regarding their use |
| 4 | Collaborates with and educates law enforcement to improve the community response to individuals in crisis | Accesses emergency assistance when needed | Uses police involvement to punish or inappropriately control individuals and family members |
| 5 | Organizes and leads a review of what happened and what can be done to prevent similar problems in the future | Participates in debriefing discussions, offering opinions on what happened and what could be done to prevent similar problems in the future | Constantly engages in behaviors known to provoke or trigger problems; fails to engage in behaviors identified as essential for avoiding problems |

J. Organizes and conducts group activities

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|--|---|--|
| 1 | Designs new groups to address unmet need | Selects and orients new activity group members | Refuses to participate in or refer individuals to groups |
| 2 | Co-leads groups with other staff in order to teach them how to run activity groups | Runs activity groups effectively (e.g., providing adequate structure, encouraging member interaction, maintaining safety) | Loses control of groups; allows destructive member interaction |

K. Promotes health and wellness

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|---|---|--|
| 1 | Provides educational materials on health and wellness | Teaches individuals to recognize the signs and impact of stress and poor health | Detects health problems but takes no action |
| 2 | Offers or arranges organized health and wellness activities such as smoking cessation and exercise groups; models healthy behaviors | Teaches individual stress management and other self-care techniques | Rewards clients with unhealthy incentives (e.g., cigarettes) |

Competency Category 5: Linking to Resources

A. Identifies recommended resources

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|---|--|---|
| 1 | Creates information files of resources available to individuals and families | Maintains information on available resources, including: treatment, medical, housing/residential, vocational, community/civic, and spiritual | Focuses only on the agency at which he or she is employed, remaining uninformed about other available resources |
| 2 | Creates and updates a written summary of recommended resources; assembles a packet of information about those resources | Identifies resources that may be of interest and value to an individual and family | Focuses only on the services he or she is providing, ignoring needs or interests that might be met by other resources |

B. Supports individual and family decision-making in selecting resources

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|--|--|--|
| 1 | Highlights the specific advantages and disadvantages of the recommended resources | Discusses the recommended resources with the individual and family members | Without considering their preferences, tells an individual or family that they will be using a specific resource |
| 2 | Supports individuals and families in making their own choices about use of the recommended resources | Seeks individual and family preferences and input regarding the recommended resources | Indicates that input into decisions to use specific resources is not welcome |
| 3 | Teaches individuals and family members the value of tackling challenges and taking reasonable risks | Encourages individuals and family members to maximize activities, community engagement, and independence | Discourages activities and independence of individuals served |

C. Connects individuals and families to community resources

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|--|--|--|
| 1 | Supports individual and family efforts to take the lead in accessing selected resources | Makes a referral of the individual or family to selected resources | Suggests that individuals or families try and access resources, while providing no guidance or support |
| 2 | Develops and maintains working relationships with employees at other organizations and uses these contacts to gain access to resources | Follows-up personally to ensure that a connection with the resource has been made; actively addresses any barriers to access | Ends involvement once a referral has been suggested or made |
| 3 | Mobilizes a coordinated plan of support from community members, especially in geographic areas that lack significant services | Draws on individual members of the community to provide support | Leaves individuals in need without support of any kind for extended periods of time |

Competency Category 6: Advocating

A. Advocates on behalf of the individual and family

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|--|---|---|
| 1 | Asks individuals and family members to explain their rights in order to ensure that they understand them | Provides verbal and written information to the individual and family members about their rights and responsibilities (personal, interpersonal, legal, and civic) | Fails to explain or provide information on rights; violates the rights of individuals and family members for personal gain or convenience |
| 2 | Speaks out against or appeals decisions that appear to violate individual and family rights | Represents and supports individual and family member goals and wishes with colleagues, the treatment team, other service providers, benefit providers, patient rights officers, and ombudsmen | Imposes inappropriately the goals and decisions of the service organization or team on individuals and families without consideration of their wishes |
| 3 | Supports individual and family member decisions to exercise their rights when the risks are not serious | Identifies potential risks related to exercising individual and family member rights | Presses for individuals and family members to exercise their rights no matter what the risk |

B. Supports self-advocacy

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|---|--|---|
| 1 | Coaches individuals and family members on how to participate in planning meetings and to ask for what they want | Arranges individual and family member access to planning meetings and to key decision makers about their benefits and services | Excludes individuals and family members from planning meetings |
| 2 | Links individual and family members to peer and family support training programs | Refers individual and family members to peer and family support activities (to receive or provide peer support) | Discourages participation in peer and family support activities |
| 3 | Connects individual and family members with leadership and advocacy training programs | Connects individual and family members with advocates and advocacy organizations | Discourages participation in organized advocacy activities |

Competency Category 7: Individualizing Care

A. Assesses the influence of key individual, family, and community characteristics

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|--|---|--|
| 1 | In the assessment, applies personal knowledge of the influence of race, ethnicity, culture, religion, gender, sexual orientation, disability, occupation, and financial status | Identifies important individual and family characteristics, such as: race, ethnicity, culture, religion, gender, sexual orientation, disability, occupation, and financial status | Treats individuals as if they “are their diagnosis” and ignores their other characteristics |
| 2 | In the assessment, applies personal knowledge of the potential influence of community characteristics and geography on individuals, illnesses, and services | Identifies important characteristics of the individual’s community and its geography | Routinely ignores the impact of community and geography in the assessment process |
| 3 | Educates individual and family members about the potential impact of key personal and community characteristics on their lives | Asks individual and family members to explain the impact of these personal and community characteristics on their lives, goals, strengths, problems, needs, illnesses, treatment, and service preferences | Acts towards clients as if all individuals who share a common characteristic or community are the same (applies stereotypes) |

B. Tailors services to unique individual, family, and community characteristics

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|---|--|--|
| 1 | Assists in building or modifying services and programs to address the needs and preferences of unique groups in the local community | Adapts the services provided to the unique characteristics and preferences of the individual and family members | Provides the same services to all individuals and family members despite their differences |
| 2 | Builds working relationships and collaborates with other organizations that address the needs and preferences of unique groups in the local community | Connects individual and family members to services and resources tailored to their unique characteristics or preferences | Discourages or ignores the individual and family member participation in services tailored to the needs of unique groups |

C. Modifies plans and services based on individual and family experience

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|--|---|--|
| 1 | Uses available tools for measuring individual satisfaction and progress | Periodically assesses individual and family member satisfaction with plans, services, and progress | Dismisses individual and family member feedback and concerns |
| 2 | Assists treatment team and employer agency to improve services based, in part, on feedback from individuals and family members | Adjusts plans and services being provided based on the feedback received and the progress made on achieving goals | Refuses to change plans or services despite individual and family member concerns and requests |

Competency Category 8: Documenting

A. Completes required documentation

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|--|---|--|
| 1 | Serves as a resource and mentor to other staff on documentation guidelines and procedures | Completes all required documentation correctly, efficiently and in a timely manner, including: assessments, service records, incident reports, billing forms, and human resources forms | Misses deadlines for preparing documents on a frequent basis |
| 2 | Produces documentation that conveys a comprehensive and descriptive view of the individual and family, service plan, and services provided | Produces documentation that is objective, accurate, and legible | Documents subjective impressions rather than objective facts; creates illegible documents |
| 3 | Uses technical language in documentation, improving the quality of the information being conveyed | Uses clear and appropriate language, grammar, and spelling in documentation | Routinely creates documentation that is unclear, contains poor grammar, and is riddled with inaccurate spellings |

B. Balances privacy with documentation requirements

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|--|---|--|
| 1 | Discusses with individual and family members the advantages and disadvantages of documenting sensitive information | Identifies sensitive information that could be harmful or uncomfortable for an individual or family members if shared | Treats all information obtained as appropriate for documentation |
| 2 | Consults with supervisor on whether to include sensitive information in documentation | Includes essential information in documentation, while excluding non-essential, sensitive information | Includes non-essential highly personal information in documentation |
| 3 | Reviews records with individuals and discusses their reaction to the information it contains | Provides individual and family members with access to their records | Refuses individual and family access to records when required consent has been given |

Competency Category 9: Behaving Professionally and Ethically

A. Fulfills responsibilities and commitments

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|--|---|--|
| 1 | Serves as a model for others in terms of attendance and timeliness | Minimizes absences from work, arrives on time, and completes a full work day | Absent, late, or leaves early on a frequent basis |
| 2 | Volunteers for additional duties, beyond assigned responsibilities | Manages his or her time effectively | Acts without planning how all necessary work will be accomplished |
| 3 | Helps the organization find ways to improve the quality and efficiency with which services are delivered | Completes assigned duties in a timely way and follows through on reasonable requests or promises made to others | Misses deadlines routinely, leaves assigned work unfinished, and fails to follow-through on commitments made to others |
| 4 | Goes above and beyond required duties, without violating employer rules and policies | Provides employer-approved services and approaches to care, working within the limits of assigned job duties and role | Violates employer rules and policies about the delivery of services |
| 5 | Provider leadership in meetings, in either a formal or informal role | Participates routinely and actively in staff, team, and agency-wide meetings | Misses meetings frequently or attends without contributing |

B. Complies with laws, regulations, policies, and ethical codes

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|---|--|---|
| 1 | Educates colleagues about confidentiality rules and procedures | Maintains confidentiality of protected health information; informs individuals and family members of the limits of confidentiality | Violates confidentiality through actions such as releasing protected information without permission |
| 2 | Searches for information on changes to laws, regulations, policies, and codes of conduct | Adheres to all laws, regulations, policies and ethical codes of conduct that apply to the worker and the job | Violates laws, regulations, policies, and codes of conduct routinely |
| 3 | Follows up after submitting mandated reports to ensure that information was received and appropriate action was taken | Submits mandated reports regarding abuse or risk of harm | Detects but does not report abuse or risk of harm |

C. Seeks supervision and consultation

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|--|---|---|
| 1 | Partners in delivering care with others who complement his or her knowledge and skills | Recognizes the personal limits of his or her knowledge and skills | Delivers services for which he or she is unqualified |
| 2 | Provides supervision to others when authorized by the employer | Participates routinely and constructively in formal supervision | Misses supervision sessions frequently; rejects suggestions or direction offered during supervision |
| 3 | Offers consultation to others in areas of his or her expertise | Seeks additional supervision or consultation when uncertain about the best course of action or concerned about performance of co-workers or other service providers | In non-urgent situations, takes action when uncertain without requesting guidance from a supervisor |

D. Manages stress and maintains personal health

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|--|---|---|
| 1 | Recognizes signs of burnout or distress | Recognizes signs of personal stress | Ignores personal signs of stress |
| 2 | Teaches or shares stress management techniques with others | Uses self-care strategies to manage and reduce stress and prevent burnout | Becomes irritable and angry with others when stressed |
| 3 | Engages in prevention and health promotion behaviors | Ensures adequate work performance by maintaining personal health | Impaired work performance because of failure to seek medical care |
| 4 | Volunteers to assist co-workers with physical support tasks to minimize their risk of injury | Uses proper “body mechanics” when physically assisting others | Uses unsafe practices for lifting, creating a risk of injury |

Competency Category 10: Developing Professionally

A. Seeks opportunities to improve knowledge, skills, and abilities

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|--|--|---|
| 1 | Creates a written professional development plan | Sets personal goals for professional development | Sets no goals for professional development or takes no action to achieve goals |
| 2 | Enrolls in continuing education programs and/or certification and degree granting programs | Participates routinely in employer organized inservice training and other competency building activities | Misses employer organized inservice trainings; passes on other opportunities for continuing education |
| 3 | Seeks experiential opportunities to learn about local cultures and norms | Learns about local cultures and norms | Practices without knowledge or awareness of local cultures and norms |

B. Uses performance evaluations and feedback to improve performance

| | Excellent Performance | Satisfactory Performance | Unsatisfactory Performance |
|---|--|--|---|
| 1 | Identifies strengths and weaknesses; uses competencies in performance evaluation documents to shape professional development goals | Participates in the performance evaluation process and accepts constructive feedback | Refuses to participate in the performance evaluation process; rejects constructive feedback |
| 2 | Uses feedback from performance reviews to set new professional development goals | Uses evaluation feedback to improve work performance | Repeats problematic behaviors despite feedback about them |

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