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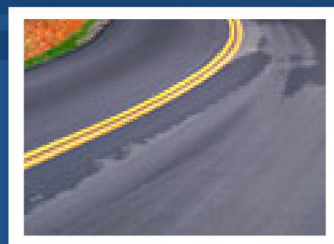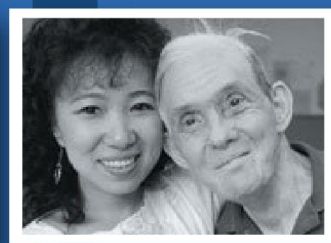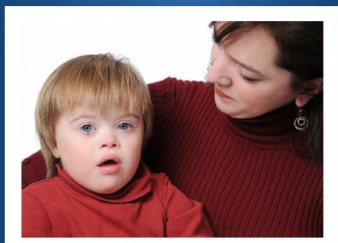
Phase III-B: Road Map of Core Competencies for the Direct Service Workforce Project Validation

December 2014

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Executive Summary

Since 2011, the National Direct Service Workforce Resource Center (DSW RC) has researched, developed and validated a set of core competencies for the direct service workforce (DSW) funded by the Centers for Medicaid & Medicare Services (CMS). The DSW RC's Road Map of Core Competencies sought to systematically determine if core skills exist across the different human service sectors where direct support comprises a primary component of the long-term services and supports (LTSS) system and, if so, to disseminate this core skill set throughout LTSS systems to guide the development of education and training programs. Education and competency based training programs based on the development of these core skills have the potential to strengthen the quality of the DSW and thereby improve service delivery. The DSW Core Competencies will inform and improve training efforts on multiple levels, including state- and agency-levels and across systems. Service recipients who self-direct their services could also choose to implement the Set of Core Competencies into their own training of direct service workers.

Project activities focused on the four largest LTSS sectors that employ the most direct service workers:

▶ Aging and senior services
▶ Behavioral health services, including mental health and substance abuse
▶ Intellectual/developmental disabilities services
▶ Physical disabilities services

From 2011-2013, the DSW RC conducted extensive formative research to inform the development of a Set of Core Competencies for Direct Service Workers:

Phase I	An inventory and overview of competency initiatives developed in the United States to improve training and proficiency of the DSW within and across LTSS sectors.
Phase II	A comparative analysis and systematic review of DSW competency sets identified during Phase I. Results of the analysis indicated that a significant number of common competencies across sectors.
Phase IIIA	Synthesized the results of the competency analysis (Phase II) in collaboration with stakeholders across sectors to reach consensus on an initial set of core competencies for direct service workers.

In 2014, the DSW RC began a validation study (Phase IIIB) of the Set of Core Competencies to determine the applicability of each competency statement included across all four sectors. To do so, it held over 40 focus groups and fielded an online survey reaching over 2,500 key ground-level stakeholders including:

▶ Service recipients
▶ Family members and guardians of service recipients
▶ Direct service workers

▶ Front-line supervisors of direct service workers
▶ Agency administrators and supervisors

Using data from both the survey and the focus groups, the DSW Resource Center staff found that 60 applicable skill statements within each LTSS sector. These skill statements were organized into twelve broad competency areas:

Competency Area	Number of Statements
1. Communication	3
2. Person-Centered Practices	7
3. Evaluation and Observation	4
4. Crisis Prevention and Intervention	7
5. Safety	5
6. Professionalism and Ethics	6
7. Empowerment and Advocacy	5
8. Health and Wellness	7
9. Community Livings Skills and Supports	4
10. Community Inclusion and Networking	4
11. Cultural Competency	5
12. Education, Training and Self Development	3

Ultimately, the value of the Set of Core Competencies will be measured by its utility across the four LTSS sectors and the translation of the identified skills into a broad range of applications including:

▶ Establishment of evidence-based practices for training and employment of direct service workers.
▶ Facilitation of interagency collaboration on federal and state levels in activities related to workforce development.
▶ Creation of a consistent basis for states and organizations to assess workforce capacity and promote effective training policies in order to meet individuals' service needs.
▶ The provision of a foundation for merit based career and wage advancement.
▶ The integration of direct service work as an important element of career paths in human services.

With its aim to strengthen the competence of direct service workers, the **Core Competencies for the Direct Service Workforce** makes a vital contribution to the CMS mission of helping people with disabilities and chronic conditions who need the assistance of direct service workers to live at home and participate in community life similar to people without disabilities or chronic conditions.

Background

Project Purpose

This report presents the fourth chapter of the **Road Map of Core Competencies for the Direct Service Workforce Project,** a multi-phased research project implemented through the DSW RC. Funded by CMS, the project sought to systematically determine whether common direct service skills existed across the different human service sectors where direct support comprised a primary component of the LTSS system, develop a core set of competencies, and disseminate this core competency set throughout LTSS systems to guide the development and implementation of education and competency based training programs. Education and competency based training programs that focus effectively on core skills have the potential to strengthen the quality of the DSW. Project activities focused on the four largest LTSS sectors that employ the most direct service workers. These sectors are: aging and senior services; behavioral health services, including mental health and substance use; intellectual/ developmental disabilities services (I/DD); and physical disabilities services.

The **Road Map of Core Competencies for the Direct Service Workforce Project** aims to improve the competence and quality of the DSW. This supports the CMS mission and 2009 Community Living Initiative to increase opportunities for Americans with disabilities and older adults to enjoy meaningful and contributing lives within the community.

The presence of a sufficient number of knowledgeable and competent direct service workers emerges as a key factor essential to advance and fulfill the vision of full inclusion and participation in community life. Across all sectors of community-based LTSS services, the primary responsibility for providing the day-to-day assistance that some people need over the course of their lives to live as independently and safely as possible rest with the DSW. Given the primary role of the DSW in supporting good health, self-determination and a satisfying quality of life, a stable and competent DSW emerges as fundamental to making community life accessible to all regardless of age, disability or other potentially limiting life circumstances.

The project used a range of quantitative and qualitative research methods to explore and identify skills commonly used across the four LTSS sectors and to systematically obtain the views of stakeholders in each sector on whether identified skills constitute valid items of a core skill set commonly used by direct service workers in each sector. Methods and results of previous phases of the project are fully detailed in three prior reports available through the CMS website (http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Workforce/Workforce-Initiative.html). Individuals seeking detailed information about preceding phase activities, research method and results should consult the three prior reports in the series.

The Roadmap Project's three year research-based validation process culminated in the major product of this final phase: Stakeholders endorsed the DSW Core Competencies (Appendix A) tas valid core skills associated with effective direct service practice across the four major

human services LTSS sectors. This skill framework has the potential to serve as a powerful tool to strengthen the skills of direct service workers and to engage job seekers and students in choosing human service careers. DSW jobs constitute a substantial portion of the American workforce, estimated at 4,170,010 in 2013 and among the fastest growing jobs in the United States. The Bureau of Labor Statistics projects demand for health care support to grow 48% between 2012 and 2022, faster than any other sector of labor force demand[1]. With access to the DSW Core Competencies, state human services agencies, direct service workers, employers of direct service workers (including service recipients, family members and guardians), job applicants, students, educators, trainers and workforce development experts will have a guideline for what workers need to be able to do to provide direct service. For example, workers can use the framework to guide their own professional development; instructional designers will have access to contemporary and valid skills when developing curricula content, credentials and degrees; and employers can use the framework to design on-the-job training and performance appraisal systems with confidence that they are focused on the most important skills.

Human service organizations that employ direct service workers will find the core skill set especially useful to offer a wide range of services across the four LTSS sectors and diverse service recipients. Faced with the challenge of preparing new employees for different service environments, a core skills approach will help support education and training programs that begin with the fundamental core skills used in all sectors and then branch to cover specialized skills needed in a specific sector. "One-Stop" career centers and other workforce development agencies will have essential information to use when helping applicants to explore the nature of health and human services work and consider a human services career. Engaging job seekers will be an increasingly important workforce development task as DSW jobs rapidly increase at the same time that the projected available workforce decreases. State programs and policy makers can use the framework to structure stacked[2] and articulated skill certificate programs that coordinate learning goals across training and education settings to assure relevance and to eliminate duplication of content. Advances in each of these areas will improve the availability of skilled workers to help people with human service needs to live at home and actively participate in community life.

Recap of Prior Project Phases

During the initial project phase, the team verified the lack of a single nationally recognized and validated competency set to guide the training and development of the entire LTSS workforce. Each LTSS sector had identified training needs and competency sets, but these standards had limited application and influence across all four LTSS sectors.

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[1] Bureau of Labor Statistics, Fastest Growing Occupations, 2012-2022. Retrieved from: http://www.bls.gov/ooh/fastest-growing.htm

[2] "Stacked" credentials refers to a series of related skills certificates that are sequentially organized to provide a learner with access to a job with the completion of the first credential, while increasing knowledge and employability in a specific area with the completion of subsequent credentials.

With little interdisciplinary research and dialogue about entry and mid-level direct service skills, most of the existing competency sets were not developed or validated for use by more than one LTSS sector. Due in part to the unique histories and varied philosophies of different areas of human services, the competency sets document varied practices and used terminology often specific to each sector to describe core skills, making it difficult to equate skills across sectors. The competency sets also reflect inconsistencies due to various methods that human service sectors have applied in developing, validating and implementing competency standards. Without detailed and nationally endorsed competencies for direct service work, it follows that hiring practices, workforce education and training programs, performance expectations and resulting service quality will vary significantly throughout the country. The effect of this variation, along with low wages for direct service workers, is an unstable workforce with high vacancy and turnover rates (The Lewin Group, 2008) and inconsistent pre-service preparation. Also, the under-emphasis on a unified skill, knowledge and ethical foundation for direct service workers has been a barrier to recognition of the occupation in Department of Labor (DOL) occupational coding systems and in the development of skills certificate programs in job or educational settings. It has also created a barrier to linking direct service work to post-secondary skill certificate and degree programs in human services and allied health programs. This has made it difficult to introduce the field to job seekers and students and to enable DSWs to identify and pursue career paths.

In a collaborative effort to resolve these challenges across sectors in the DSW, the recent report based on the *CMS Leadership Summit on the Direct Service Workforce and Family Caregivers* recommended an immediate next step: "Convene stakeholders across populations to reach consensus on a common set of core competencies…" (DSW RC, 2011, p. vii). Interdisciplinary workforce researchers recommended a strategy to identify core competencies for these sectors. Such a foundational and coordinated approach was deemed "critical to preparing greater numbers of workers for direct service work as well as ensuring the quality of supports and services provided to consumers" (The Lewin Group, 2008, p. 30).

CMS adopted these recommendations and this has resulted in implementation of the *Road Map of Core Competencies for the Direct Service Workforce* project through the *DSW RC*. In support of the implementation of the Road Map, CMS funded Phase I and II of this project during Fiscal Year (FY) 2011, Phase IIIA during FY2012 and Phase IIIB during FY2013. Phase I and II accomplished the first key steps towards a more unified approach to competency development, encompassing the identification and analysis of existing competency standards among sectors of the DSW:

▶ *Phase I of the Road Map of Core Competencies (2011)* project provided an inventory and overview of competency initiatives developed in the United States to improve training and proficiency of the DSW within and across LTSS sectors. It also identified the roles of Federal agencies in the development, improvement, and oversight of this workforce. Additionally, it contextualized how government initiatives relate to one another in the area of workforce development.

▶ ***Phase II of the Road Map of Core Competencies (2011)*** project provided findings from a comparative analysis and systematic review of DSW competency sets identified during Phase I. Results of the analysis indicated that a significant number of "common" competencies exist across sectors, which supported the notion that building consensus and validating these competencies as core competencies across sectors is an effective strategy toward resolving workforce challenges. This phase included a proposal for next steps related to competency development.

▶ ***Phase IIIA of the Road Map of Core Competencies (2012)*** synthesized the results of the competency analysis (Phase II) in collaboration with stakeholders across sectors to reach consensus on a set of core competencies for DSWs through a modified Delphi research process. This effort engaged representatives of Federal agencies who contribute to DSW competency development initiatives and supported the participation of stakeholders across sectors. Phase IIIB built directly on this research to continue the validation process.

These reports may be accessed at http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Workforce/Workforce-Initiative.html

Methods

Phase IIIA of the Road Map of Core Competencies resulted in a draft competency set consisting of 14 competency areas and 77 skill statements across all competency areas. Using this draft set as a starting point, in Phase IIIB, the DSW RC initiated validation data collection using focus groups and a national online survey to obtain the perspectives of a representative sample of key stakeholders regarding which skill statements in the draft competency set (if any) should be endorsed as a "core" skill. Following Office of Management and Budget (OMB) approval of the survey package, survey data collection began.

The Focus Group Validation Protocol called for four state partners to join the DSW RC in this study to assist with logistics, planning and recruitment of the focus groups. In developing the protocol, the DSW RC team determined that the states involved in the focus group process would need demonstrated capacity to deliver a sufficient level of participation among the targeted stakeholder groups. The four selected states also needed to deliver almost 1,000 responses each as part of the national survey dissemination for the validation study.

Given this, the DSW RC team identified an initial group of states (n=13) that had previously worked with the DSW RC in varying capacities (e.g. special projects, intensive technical assistance collaborations) and from there utilized rankings from national organizations representing the LTSS sectors, including the National Alliance on Mental Illness (NAMI) and United Cerebral Palsy (UCP). The DSW RC also aimed to select states in various regions of the country that had racial and ethnic diversity to help ensure diversity in focus groups and survey respondents.

Based upon this analysis, New York, North Dakota, Texas and Washington were selected and offered a partnership in the validation study. Three states confirmed, however North Dakota declined and was replaced by Iowa. Appendix B provides the full decision table used to determine the selected states. The DSW RC project team then worked with contacts in Iowa, New York, Texas and Washington to organize and schedule the focus groups and also to disseminate validation surveys.

Focus Group Methods:

The project team designed a Universal Focus Group Validation Protocol to obtain stakeholders' views on the types of skills important to direct service work (Appendix C) and then customized focus group questions and prompts through slight modifications for each of the targeted stakeholder groups: service recipients, family members and guardians, DSWs and administrators and supervisors of DSWs.

The project team provided each state partner with recruitment and coordination guidelines outlining the categories of stakeholders sought for the focus groups, informed consent requirements, strategies for recruitment, the recommended schedule for the meetings and the meeting requirements for staff, refreshments and meeting space. The project team recommended that, if possible, states should provide incentives for participation. Most states provided participating service recipients, family members and guardians with some form of modest cash incentive and, in some cases, reimbursed travel costs.

Focus group participants completed an initial registration process onsite directly before the focus group meeting. All group participants had an opportunity to review and discuss the risks and benefits of participation and provided informed consent to participate. Informed consent forms had been distributed to registrants in advance and these were collected during the initial registration. In some cases, service recipients with guardians participated in the focus groups and, in these instances, the individual provided assent and the guardian provided informed consent for participation. Participants who did not bring in the consent form received another form to complete. Participants could request support if needed. After completing the consent form and a brief demographic questionnaire, participants were directed to the appropriate meeting rooms. Each of the three stakeholder groups met separately, guided by a skilled facilitator, a note-taker and other project team members providing additional support if needed. Any additional support requested by a participant or identified as necessary by the facilitator was provided to the participant needing assistance.

Focus group facilitators with an average of 20 years of human service and meeting facilitation experience led the meetings using the Facilitator's Guide. The facilitator welcomed the group and reviewed the voluntary nature of participation and confirmed that participants had completed consent forms. The facilitator described the primary activity for the group as identifying important DSW skills and provided participants with a working definition of "skill". Facilitators also provided participants with examples that met the definition and skills that did not meet the definition, explaining the differences. The group then engaged in a learning activity where participants were asked to identify a DSW skill followed by the facilitator leading

the group members in a discussion using the examples supplied by participants to determine if it met the project definition of "skill." This activity continued until the facilitator was satisfied that participants had mastered the project definition of skill.

After the learning activity, the facilitator asked the participants to identify skills needed by DSWs to do their job well and provide quality services to the individual(s) they supported. The participants worked individually to write as many DSW skills as they could. Facilitators provided a series of prompts periodically to help participants visualize DSW skills and write them down. Additional project team members were available in each meeting room to provide assistance to focus group participants who required help to complete the task. Skills were written on large "post it" notes with one skill per note. When the group finished this task, the facilitator revealed the 14 categories representing major competency areas identified in the previous phases of this project. The facilitator reviewed each of these competency areas with the panel members and then participants were asked to post each of their skills in the skill category that seemed like the best "fit".

Prior to the focus groups and based on results from Phase IIIA, the draft set of core competencies were categorized into 14 areas:

1. Communication
2. Facilitation of Individualized Services
3. Evaluation and Observation
4. Participant Crisis Prevention and Intervention
5. Safety
6. Professionalism and Ethics
7. Participant Empowerment
8. Advocacy
9. Supporting Health and Wellness
10. Community Living Skills and Supports
11. Interpersonal and Family Relationships
12. Community and Service Networking
13. Cultural Competency
14. Education, Training and Self-Development

Following the skills nomination activity, the facilitator then posed a series of questions regarding training and education of DSWs that were discussed by the group members; responses were recorded and later analyzed to identify common themes. *Table 1* provides a list of the questions discussed by the groups:

Table 1: DSW Training and Education Questions

DSW Training and Education Questions
Do you think that DSWs have sufficient training in each area (referring the 14 categories posted in the room) where skills were clustered to do their job well?
What type of training have DSWs received? Online, onsite, classroom, blended, mentoring, on the job, other?
What do you think are the most effective ways to educate-train DSWs? How do DSWs learn best?
What do you see as barriers to or ways to facilitate DSW training and education?
What is the impact on people served by well-trained DSWs or poorly trained DSWs?

The team collected all responses and later entered them verbatim into a computer based format to facilitate comparison with the draft core competency set. The focus group skills data were cleaned to eliminate any responses that were unclear or so broad that the meaning could be interpreted in multiple ways. Using the DOL Competency Model for LTSS as a guideline (http://www.careeronestop.org/competencymodel/competency-models/long-term-care.aspx), the team identified responses that were interpreted by the DSW RC team as too general to be a part of the DSW technical skill set, such as a Personal Effectiveness Competencies, Academic Prerequisite Competencies and Work Preparedness Competencies that the DOL model defines as the foundation on which occupational specific skills are built. These included responses, such as reading, writing and other basic academic skills that would be required of a person entering the field.

Each participant generated skill was assigned the category or competency area to which they aligned best. The facilitators devised codes for responses. Using these codes, one facilitator coded the focus group results and summarized them for the study. Two raters, blind to the other's activity, independently assigned focus group participant skill examples that would associate each skill nominated by focus group participants to a corresponding skill or competency area. Participant generated responses that did not fit within the competency areas were then examined separately. Skills were organized into categories and later examined for inclusion in the skill set or theme that needed to be addressed within the framework of the competency set.

Initial review of the focus group results indicated that the original set of 14 competency areas should be collapsed into just 12 competency areas, and the coding document was structured to reflect the 12 competency areas. The change in competency areas was also supported by pilot testing of the draft online survey instrument, which was undergoing pilot testing concurrently with the focus groups. The overall feedback from the pilot test respondent pool was that the skill statements needed substantial simplification to be understood and reduction in number to be manageable as a set. Thus, the statements were simplified and in some cases merged and/or collapsed, reducing the number of skill statements to 64. The focus group results coding document was structured using the revised 64 statements, organized into 12 competency areas. The revised statements and competency areas were also reflected in the on-line survey described in the next section.

Survey Methods

The project team developed a Technical Assistance Guide for Core Competency Project Survey Completion. This specified the characteristics of the desired sample and identified outreach and final respondent target numbers for each state and each of the three stakeholder sub-groups: 1) DSWs; 2) administrators and supervisors; and 3) service recipients, family members and guardians. The Technical Assistance Guide also provided information about effective online survey outreach strategies and follow-up strategies to support fulfillment of the target numbers. Before and during the survey dissemination process, the project team held regular conference calls with the four participating states to provide technical assistance.

The survey began with a demographic section that included acknowledgement of consent. To assure voluntary informed participation in the online survey, service recipients with guardians had to participate with their guardians. The administrator and supervisor version asked respondents to select one of the four service sectors - aging and senior services, behavioral health, intellectual/ developmental disabilities or physical disabilities that best described the area in which they worked. The service recipients, family members and guardians survey version did not ask respondents to identify the sector in which they receive services. This decision was based on the view that service recipients may receive services from multiple LTSS sectors and it would be confusing to the respondent to be required to select one sector.

The online survey prompted respondents to provide a rating for each core skill statement identified in previous phases of the project and subsequently simplified and condensed in the pilot phase of the survey. For each skill statement, respondents selected their level of agreement with each statement as a necessary skill for direct service workers using a five point Likert scale: Strongly Agree, Agree, Neither Disagree nor Agree, Disagree, Strongly Disagree. Respondents were also able to select "I don't understand the skill statement".

The project team piloted the initial survey draft with the aid of volunteers recruited from focus group participants. The volunteers were asked to complete the survey online in the presence of a project team member who observed, documented and discussed the experience with the volunteer.

Pilot activity revealed two weaknesses of the survey: 1) the reading level was too high; and 2) the survey was too long. The reading level of the competency area descriptions (categories in which related skills were clustered) and skill statements were too complex for service recipients, family members, guardians and direct service workers. They reported difficulty in comprehending many of the skill statements. Due to this difficulty most volunteers from these sub-groups were unable to complete the survey. The administrator and supervisor group was more successful than DSWs and service recipients, family members and guardians in survey completion, but they also indicated that it was somewhat difficult to understand survey content and the project team noted that they asked many questions to clarify content. The feedback from the pilot survey group, in combination with the results of focus group activities informed the development of the set of core competencies to be validated through this final survey instrument.

In response, the project team revised the survey content to shorten it and to make it more accessible to all respondents, while maintaining the meaning of the skill statement. The team: 1) identified any redundancies across skill statements that could be eliminated by collapsing or otherwise modifying a statement; 2) simplified language and grammar construction; 3) used a consistent skill statement format that described the observable skill and did not reference the knowledge base needed to perform the skill; and, 4) began the statement with the verb in the skill statement rather than repeating the phrase "The DSW" in each statement.

For example, this skill statement was revised using these rules:

Original skill statement:

> *The DSW fosters a supportive environment, providing person-centered supports and services using a strengths-based approach to promote the participant's development of knowledge, skills, and attitudes necessary to achieve goals.*

███████████████

> *Provides person centered supports and uses a strengths-based approach to promote achievement of goals.*

In addition, the final section of the original survey included questions about aspects of DSW education and training that were the same as the questions explored in the focus groups. This section was deleted from the survey in order to reduce its length. Appendix D provides the final survey formats.

Survey results were analyzed to determine the respondents' level of agreement that a DSW should have the specific skill described in each skill statement. Agreement was defined as the combined average of all people responding on a specific statement who checked "Agree" or "Strongly Agree". Frequencies in each of the response categories were tabulated by sector for DSWs and administrators and supervisors. Responses of service recipients, family members and guardians were tabulated as a whole for analysis because they were not identified by sector.

The project team determined statement validity by applying a decision algorithm to the frequencies. The algorithm had been developed and applied to validation activities conducted in Phase IIIA and specifies decisions to make about statement validity based upon numerical thresholds of responses. For this phase, the algorithm was modified slightly to include an initial sector level analysis of data on administrators and direct service workers, followed by application of cross-sector service recipient and family responses and to accommodate the integration of focus group results in the decision process.

Decision Algorithm Used to Assess Validation Results

DSW – Administrator and Supervisor By-Sector Analysis

1. Skill statements with a total of 80% or more of "Agree" and "Strongly Agree" statements in each of the four LTSS sectors were retained as part of the core skill set.

2. Skill statements with a total of "Agree" and "Strongly Agree" responses that fall below 70% in two or more sectors were removed from the set.

3. Skill statements with a total of "Agree" and "Strongly Agree" responses that fell between 70 and 79.9% underwent a secondary analysis to determine significance of variance in both those sectors.

Service Recipient, Family Member and Guardian Analysis

4. Statements with less than 80% "Agree" and "Strongly Agree" responses that remained after step 2 of the sector analysis were reviewed by the team to determine the level of service recipient, family member and guardian agreement with the skill statement. If the service recipient, family member and guardian "Agree" or "Strongly Agree" responses were below 70% then the statement was discarded.

5. Remaining statements were reviewed by the team to reach consensus on whether the statement should be deleted, modified, or retained without modification.

Focus Group Analysis

1. Identified potential competency content mentioned frequently by focus groups participants that were not captured by current skill statements.

2. Determined if there were sufficient numbers of focus group statements referencing the same missing skill content to include the content in the core skill set.

3. Missing content was included if at least 50% of participants in all sectors identified the same missing content to include the content.

4. Developed team consensus on best method to incorporate missing content recommended by a substantial number of participants. Options were to:

    a. Modify an existing statement to incorporate recommended content;

    b. Create a new statement to capture missing content; or

    c. Modify the competency area description to clarify the statement's context.

Final Review

1. Reviewed final core skill set to determine that there were sufficient skill statements remaining within each competency area.

2. Modified to accommodate any skill concepts frequently identified by focus group participants that appeared to be unaddressed in the competency area.

Results

Focus Group Sample

From February to May of 2014, four project states (Iowa, New York, Texas, and Washington) recruited people representing three groups of stakeholders, 1) direct service workers (DSWs); 2) administrators and supervisors; and 3) service recipients, family members and guardians

from each of the four LTSS sectors to meet in Validation Focus Groups. Each state partner was moderately successful in reaching participation goals resulting in a total of 40 focus groups with 210 participants across the four states. *Table 2* provides a detailed overview of the sample of participants in each group and state:

Table 2: Focus Group Participants by State and Stakeholder Type

	Direct Service Workers	Supervisors and Administrators	Service Recipients, Family Members and Guardians	Total
All States				
Aging	15	22	8	45
Behavioral Health	6	19	24	49
I/DD	26	30	17	73
Physical Disabilities	12	14	17	43
Total	59	85	66	210
Washington				
Aging	2	4	3	9
Behavioral Health	2	4	5	11
I/DD	6	6	3	15
Physical Disabilities	1	None	6	7
Total	11	14	17	42
New York				
Aging	8	4	5	17
Behavioral Health	4	6	14	24
I/DD	7	9	5	21
Physical Disabilities	7	5	4	16
Total	26	24	28	78
Iowa				
Aging	4	7	None	11

	Direct Service Workers	Supervisors and Administrators	Service Recipients, Family Members and Guardians	Total
Behavioral Health	None	9	5	14
I/DD	6	4	5	15
Physical Disabilities	None	3	4	7
Total	10	23	14	47
Texas				
Aging	1	7	None	8
Behavioral Health	None	None	None	0
I/DD	7	11	4	22
Physical Disabilities	4	6	3	13
Total	12	24	7	43

Skills Validation

Collectively the 210 focus group participants generated 3,336 individual responses identifying skills or actions necessary for a DSW to do his/her job well. Each response had been sorted by focus group participants into one of 12 categories of similar skills called competency areas. The number of responses coded within each competency area ranged from a high of 685 in the competency area of *Community Living Skills and Supports* to a low of 60 in the area of *Cultural Competency*. In addition, responses from representatives in each service sector were identified in all competency areas, though some sectors offered significantly fewer responses in some competency areas, such as Evaluation and Observation and Cultural Competence.

Table 3 presents the number of skill statements identified by focus group participants within each competency area.

Table 3: Skill Statements Nominated by Service Sector in each Competency Area

Competency Area	AG	PD	I/DD	BH	Total Skill Statements Nominated
1. Communication	131	70	153	108	461
2. Facilitation of Individualized Services	53	41	132	115	342
3. Evaluation and Observation	22	16	35	24	97
4.Participant Crisis and Intervention	5	8	65	46	123

Competency Area	AG	PD	I/DD	BH	Total Skill Statements Nominated
5. Safety	24	26	55	6	115
6. Professionalism and Ethics	130	86	119	85	423
7. Participant Empowerment and Ethics	15	23	94	51	183
8. Supporting Health and Wellness	51	36	131	32	252
9. Community Living Skills and Supports	145	164	336	39	685
10. Community Inclusion and Networking	17	14	116	11	158
11. Cultural Competency	17	4	21	18	60
12. Education, Training and Self Development	19	21	34	28	103
Total number of responses coded w/in Competency Area					**3,000**

AG=Aging, PD = Physical Disability, I/DD = Intellectual/ Developmental Disability, BH = Behavioral Health

A number of additional responses (336) were found to not fit into any of the draft core competency areas. These responses were initially coded as neither matching with a skill statement nor within a competency area. These responses were then analyzed for themes or similar topics and additional codes were generated to reflect what was represented in these outliers. This information was brought back to the project team to determine if the outliers appeared to represent key skills missing in the draft core skill set. Seven skill content themes were found within the 336 responses that were not explicitly described in any of the draft core competency statements. Three themes identified were supported across at least three sectors:

1. Providing transportation or assisting with public transportation;

2. Assisting with or completing budgeting and financial activities; and

3. Supporting employment or assisting with finding jobs.

The team examined the numbers of responses in each sector for these three areas and determined that there was insufficient support from sectors other than I/DD to endorse adding skill statements on transportation support and budgeting/finance support. The third area, employment, was addended to statement 10A, which was modified to incorporate support for reaching employment goals. The areas of "budgeting/financial assistance" and "providing or assisting with transportation" both have strong support from the I/DD sector and should become part of any sector specific training and education for DSWs in I/DD.

The fourth theme was the ability to prioritize, organize and manage time. These types of skill statements were determined by the project team to fit well with the competency area on "Professionalism" with slight modifications to a statement in the draft core skill set. The fact

that focus group respondents did not assign these skills to the Professionalism competency area suggests that this competency area may benefit from a more explicit description of the competency area.

The fifth theme identified while coding the unassigned statements addressed physical abilities and strength. The team concluded that this type of statement refers to a specific qualification that may be a prerequisite to a DSW job in some situations, but does not represent a core skill.

The sixth theme was interpersonal attributes and skills that facilitate human services work as well as other jobs that have a customer service focus. These include empathy, compassion, sense of humor, and caring. While these attributes are important to direct service work, the purpose of the Set of Core Competencies is to identify more operational skills rather than behavioral and personality traits. More occupational specific interpersonal skills are thought to be adequately incorporated in the final DSW Core Competencies particularly in the areas of communication, person-centered support skills and ethically guided skills referenced in various areas of the validated core skill set.

The seventh theme consisted of statements that referred to more generalized attributes and competencies that are associated with effectiveness across many occupations. In the team's view, this type of competencies are foundation skills for DSW work, but are not part of the technical skill set for the DSW occupation. The skills include ways of thinking and approaching work tasks, such as being flexible, adaptable and resourceful. With guidance from the DOL skills hierarchy structure found in the competency models for major employment sectors, these foundation attributes, thinking skills and job prerequisites were deemed to be too general to be included as occupational specific skills for DSWs.

In summary, the focus group results enabled the project team to: clearly define twelve competency areas and to identify redundancies in skill statement content; identify skills or components of skills not previously identified that should be considered for inclusion in the final DSW Core Competency set; and to obtain information about focus group participant support or lack of support for skill statements to augment survey data.

Focus group results on their own were not sufficient to validate each of the skill statements. Accepted practice in validation research is to draw validation evidence from multiple research methods (Johnson, Onwuegbuze & Turner, 2007) and to examine the results from the multiple vectors to draw final conclusions. For these reasons, the project team used the results from prior validation phases to structure this final phase and, in this phase, to integrate the focus group results with the online Core Competency Survey results. These two sources determined which skill statements had sufficient evidence of being meaningful to stakeholders in each of the four LTSS sectors and guided the team's decision regarding skills that should be considered for inclusion or elimination in the final core set.

Education and Training Questions

Analysis of the open-ended questions asked during the focus groups (listed in the Focus Group Methods section) involved identifying the number of focus groups that mentioned a specific coded concept in a focus group discussion and noting how many groups contributed a response to that coded concept. The team did not track frequency of repetition of codes (responses on the same theme/topic) within groups due to the differences in group size, as well as the variability across groups in the time available to discuss these questions. Differences in time available for open-ended question discussion also meant that not all questions were addressed in all groups.

Given the small numbers of participants in each stakeholder category across the focus groups and variations in the time available in each group to address the questions, it is not possible to make statistical inferences from these data. They are presented here as qualitative data that provides some contextual information regarding the status of DSW education as some stakeholders perceive it. While statistical inferences cannot be drawn, it is fair to say that issues identified by several groups are important to consider as factors that describe or influence DSW education and training nationally.

Question 1: Do you think that DSWs have sufficient training in each area to do their job well?

Opinions regarding training were mixed. The overall consensus across groups in two of the four states was that there is insufficient training for DSWs, and, in the other two states, opinions were mixed with no clear consensus that educational preparation was sufficient or insufficient. None of the states offered a resounding "Yes" to the sufficiency of education and training. One panel of service recipients with physical disabilities was emphatic in their opinions that "Certified Nurse Assistants need people training" suggesting that there should be a shift away from a "medical model" focus to a "person-centered" focus. The theme of providing more training on "individual" needs and "client-based" approaches was echoed through many groups.

> *One service recipient's perspective was that "People who manage DSWs need access to training on how to negotiate and train their own workers." Another group raised this same point stating that "Clients and families also need training as to what to expect from their DSW."*

> *Several groups mentioned that there is sufficient training on the basics, but not enough on such topics as technology, ethics and professionalism and cultural competency including LGBT, and trans-gender cultures. Another common theme across groups was that education and training have their limitations, DSWs must have "passion", the desire to work and an ethical framework.*

Several groups voiced a concern that training must focus less on "cleaning" and other specific tasks and more on global approaches, such as the positive behavior supports approach and "strength-based" approaches or other empowering ways of working. One respondent described it this way: "Globally, the work's becoming less task-oriented, and more service-oriented."

In one state that had increased pre-service training requirements, one group with family members noted that "Ramp up training has been a big challenge in finding respite providers; many are qualified but [its] hard to keep them certified." This group expected a dramatic reduction in respite workforce availability when the new regulations were fully implemented.

Question 2 and 3: What type of training have DSWs received? (Online, onsite (classroom), blended, mentoring, on the job, other) and how do DSWs learn best?

Respondents indicated that the most common modes of delivering education and training are online/computer and classroom formats followed by on-the-job training, job shadowing and mentoring. In terms of efficacy of various educational methods, respondents identified classroom-based and on-the-job training as the best methods for DSW teaching and learning followed by job-shadowing, computer/online and mentoring. Several groups mentioned the importance of "authentic" teaching methods, including the use of simulation equipment (mannequins) and scenarios. Several groups of DSWs indicated that they benefit significantly from networking and group discussions. One worker put it this way: "A DSW who is connected to other DSWs is more likely to stay on the job and be a good DSW." Another strand of comments focused on the importance of learning incrementally over time with the opportunity for ongoing feedback.

Question 4: What do you see as barriers and facilitators to quality DSW education and training?

Participants identified a wide range of factors that present barriers to DSW education and training. Three areas emerged as significant barriers to training: 1) Insufficient time available to the DSW to participate in training. In this area, group members mentioned that high turnover and vacancy rates make it difficult for the DSW to take time away from the job to learn. The large number of non-benefited, part-time workers in many DSW roles are unable to take time for training due to the loss of work hours and income. 2) Resource limitations that affect the ability to pay workers to participate in training or to pay for "release" time for hours spent in training and to support the development of quality educational programs. 3) The "content" of the training programs can be a barrier to learning with several content-related reasons mentioned: as mentioned earlier, training was often criticized for an over-emphasis on tasks, medical model orientation and insufficient content focused on person-centered approaches, customer service, ethics and communication. A number of groups indicated that training was too basic and limited in its depth resulting in programs that did not provide relevant information about specific populations or disabilities. . Language barriers were mentioned in several groups suggesting that planners need to shape content to support DSWs with limited English

proficiency. Content flexibility was also mentioned as a barrier – DSWs are usually unable to customize content to avoid repeating content previously mastered and accessing more relevant content.

When discussing what facilitates DSW learning, several groups mentioned the importance of content and delivery methods closely related to the work they will encounter (authentic), especially emphasizing on-the-job training and job-shadowing. Authentic methods in the classroom that facilitate learning include the use of simulation equipment, role-playing, scenarios/problem-based learning and the ability to connect with other DSWs from different settings to share information and stories and talk through work experiences. (Reigluth, 2013). One respondent said: "It would be nice to have training sessions to pick and choose from." Inappropriate content was also a concern mentioned in several groups as one participant put it:

> *"[I] always worry about paternalism in the system. Most people who received personal care don't need someone to say how to train, to be observed and reported on. ...Run into people acting as if they're the parents who need to control the person and keep them safe."*

State and agency policies also affect access to training, especially the specifications of home and community-based waiver programs regarding how resources can be used for education and training. Several groups mentioned that direct service work is often not treated as a profession with defined, skills, knowledge-base and an explicit ethical framework. This makes it more difficult to build quality education and training programs and to motivate DSWs to pursue education and training to enrich or advance their career. One participant said this about training:

> *"We empower our workers, make it suit lifestyle, make it fun, encouraging, supportive, positive....{we} keep people for years. We have found people with no experience, great heart and trained them to be great workers."*

Other factors mentioned less frequently as factors influencing DSW training and education include: Union rules regarding work activity; DSW access to information about current/future training and education programs; capacity of the system to develop training; the availability of knowledgeable trainers; changing regulations/standards regarding training; access to a national framework or system for DSW education and training; and DSW ability to get to training locations.

Question 5: What is the impact on people served by well-trained DSWs or poorly trained DSWs?

When discussing education and training, it is critical to think about outcomes. The classic "Kirkpatrick" training evaluation methodology (Kirkpatrick & Kirkpatrick, 2005) used extensively to judge training quality notes that the "Holy Grail" of training effectiveness is the fourth level that measures the extent to which learners apply what they have learned on the job. In the human services sector, this begs the question of what happens in people's lives when they are

supported by well trained and qualified DSWs and the outcomes that occur when a DSW is not well prepared to work competently. Respondents in several groups mentioned that service recipients lose hard-won skills if a DSW is not well-trained to help the individual reinforce and maintain those skills. There is also an emotional toll on the service recipient served by poorly prepared DSWs. As one person described: "If poorly trained, it's depressing to the worker and individual, increases anxiety, stress and frustration." This stress and frustration is not limited to the service recipient, but also experienced by DSWs who, due to staff shortages, may be moved into service delivery before they are adequately prepared. One group noted that there is an increase in crisis situations when staff are not well trained.

Groups that addressed this question most frequently mentioned threats to health and safety as the most serious impact of poorly trained DSWs. One woman described it as: "Bad care, really bad care...abuse, neglect and exploitation." Another characterized it as "A total wreck if DSW's aren't trained." Several groups noted that there are poor outcomes if DSWs are not trained. For example, one person said: "[The] impact is profound if not trained. Sometimes [the] difference in being sober versus not being sober." Another group said that trained staff "could potentially save a person's life." Another group said well-trained staff can "diffuse a crisis situation... staff that is not well-trained can make a crisis situation worse."

One participant poignantly described the impact on her life and her image when she is accompanied by a DSW who has not been trained in how to dress appropriately for work: "I take time to look appropriate, pretty, respectable and I'm going to appointments and board meetings, and it didn't work to have her behind me poorly dressed," another focus group participant said: "If they don't do the right stuff, it just ruins your day."

On the positive side, several groups discussed that better outcomes occur when a DSW is competent. As one panel member said: "If you have better workers, they help people to be more independent, the people need less support,[the] state saves money."

Looking forward to a desired future where the rapidly increasing senior population and others with human service needs will have an ample supply of well-trained DSWs, it will be necessary to appeal to younger generations to engage them in the first step of human services careers as a DSW. As one participant put it "It's important to talk, not just to people working for us, but to the younger generation to share how rewarding giving support to others can be."

Validation Survey Data Analysis

Survey Sample

The second strand of validation data collected in this final project phase was derived from a national web based survey disseminated via online portals to a purposive sample of people who consider DSW to be very important. This group was stratified into the same three key stakeholder sub-groups targeted in focus group activity to assure that survey results adequately reflect the views of the people who are most concerned with direct service work

including: 1) self-directing service recipients or guardians of service recipients; 2) DSWs; and 3) administrators and supervisors of DSWs.

To field the survey, the project team worked with staff in the same four states that served as focus group host sites: Iowa, New York, Texas and Washington.

A total of 2,812 people responded across the four states. Due to the online method of dissemination, the response rate is unknown. Moreover, there is insufficient state level and national data to determine how many people are in each stakeholder group in each sector at the state and national level. We do know that the numbers are large enough to employ power statistics. Accordingly, we implemented methods to obtain a large sample of respondents in each stakeholder group. *Table 4* shows the distribution of respondents by state and stakeholder group

Table 4: Total Survey Respondents and Distribution across States and Stakeholder Groups

	DSWs	Administrators/ Supervisors	Service Recipients/Family Members/ Guardians	Did Not Identify	TOTAL
Iowa	248	162	50	2	462
New York	864	663	357	16	1,900
Texas	15	13	8	0	36
Washington	78	78	250	8	414
TOTAL **% of Sample**	1,205 43%	916 32%	665 24%	26 1%	2,812 100%

DSWs represent 43% of the sample (N=2,812), DSW administrators and supervisors comprise 32% of the sample and service recipients, family members and guardians represent 24% of the sample. Those who did not identify a stakeholder sub-group are 1% of the sample.

New York constituted one-half of the service recipient/guardian respondents with 8% representing aging, 8% representing physical disabilities, 25% representing intellectual/developmental disabilities, 59% representing behavioral health. The remaining service recipients, family members and guardians in the three other states did not identify a service sector.

The overall size of the sample is quite large and provides the research team with a good picture of the response distribution, including how much agreement about skills exists. The large sample size also provides the opportunity to statistically test DSWs and administrators in each sector differ in their responses. The sample also includes multiple stakeholder perspectives within each service sector.

Survey Skill Statement Data Analysis

Survey results were first examined to determine the level of agreement by sector on whether a DSW "should have" the referenced skill statement. Full agreement was defined at a threshold of 80% of respondents in each of the four service sectors identifying that they "agreed" or "strongly agreed" with the skill statement. If one or more sectors fell below the 80% agreement threshold, that statement was flagged for further analysis. Respondents who indicated that they did "not understand" the skill statement were excluded from the calculation for that skill statement.

Any statement that fell below the defined agreement threshold was subject to additional analysis. The deeper analysis included a non-parametric analysis of variance (ANOVA) statistical model due to the non-normal distribution of ordinal data. Like traditional ANOVA this uses a two-step process:

a. Omnibus testing allowed the research team to determine if sector mattered – in other words, do differences exist in agreement across sectors?

b. If the omnibus test was determined to be significant – pairwise testing occurred to determine how sectors differed by comparing all sectors with each other.

   i. If the omnibus test was not significant than sector differences were not found, meaning sectors did not statistically differ.

c. All statistical tests used a significance cutoff value of $p < 0.05$.

Once these calculations were complete, the project team applied the Decision Algorithm described in the Methods section.

In testing the level of agreement among administrator and DSW respondents across sectors, 49 of 64 statements reached the threshold agreement level (80%) in each sector. The 15 statements with one or more sectors falling below 80% were tested with Pairwise Analysis to identify the sector(s) with significant differences. Using these results the Team applied the Decision Algorithm to determine which statements should be retained, modified, or deleted. *Table 5* displays the results of the Pairwise Analysis and the decisions the team made about each of the 15 statements.

Table 5: Draft Core Skill Statements below the 80% Sector Agreement Threshold And Resulting Team Decisions

| ID | Statement Text | Administrators and DSWs | | | | | 90%+ A/SA | 80-90% A/SA | <80% A/SA | Decision |
		AG	I/DD	Phys	BH	Total	SRF Total	Number of SRF Responses		

	Statements with one or more sectors below the 80% agreement threshold					90%+ A/SA	80-90% A/SA	<80% A/SA	
3A	Helps with the assessment process by gathering information from many sources.	75.4	85.3	80.9	96.1	87.4	78.9	582	Retain
3B	Uses the results of assessments to discuss options with team members and to guide support work.	76.7	87.3	86.8	96.7	88.9	83.0	582	Retain
7D	Provides access to information about human, legal, and civil rights, and supports the individual to make informed choices about his or her life.	65.9	88.9	72.3	96.4	87.6	82.4	562	Delete. Statement "a" already addresses informed choices. Two sectors fell below 80% (aging at 65.9 and physical disability at 72.3) May be more a role for case managers and others.
7E	Assists the individual past barriers to get needed services.	74.5	91.5	82.5	98.0	91.0	88.8	562	Retain
7F	Tells the individual and his or her family about their rights and how they are protected.	71.9	89.8	73.4	97.2	89.2	83.3	558	Retain
8B	Gives medications or assists the individual to take medication while following all laws and safety rules.	79.3	93.1	83.1	79.5	85.9	85.5	559	Retain
9A	Assists the individual meet his or her physical and personal care needs (i.e. toileting, bathing, grooming) and provide training when needed.	93.8	95.6	97.0	76.1	88.6	88.9	558	Retain
9C	Teaches and assists the individual with household tasks such as laundry and cleaning.	87.5	94.8	92.3	75.2	86.8	81.5	556	Retain
9D	Assists the individual to learn about meal planning and shopping, and safe food preparation.	85.2	93.7	87.7	79.8	87.4	79.1	555	Retain
10A	Encourages and assists the individual to develop valued social roles based on his or her choices.	78.8	96.4	88.9	96.3	93.5	83.8	554	Retain. Edit to say "valued social and/or work roles based on his or her choices".
10B	Gathers information about family and friends in the individual's life.	60.0	79.2	71.4	90.6	80.1	72.3	553	Delete

	Statements with one or more sectors below the 80% agreement threshold					90%+ A/SA	80-90% A/SA	<80% A/SA	
10C	Supports the individual to get help from friends, families, neighbors and others.	69.7	94.2	82.5	92.4	89.6	78.6	551	Delete
10E	Supports the individual to be included in community life and to live in the community of his or her choice.	78.5	89.3	81.0	94.0	89.1	84.4	553	Retain. Edit. "supports the individual to connect with and/or get help from friends....."
11D	Respects the cultural needs and preferences of each individual.	77.6	92.3	81.3	96.1	91.1	80.8	547	Retain
11E	Assists the person to find social, learning and recreational opportunities valued in his or her culture.	76.5	92.0	82.5	93.5	89.9	82.4	547	Retain

Discussion

The Road Map to Core Competencies Project addressed the question of whether direct service workers within the four major LTSS sectors (aging, physical disabilities, intellectual/developmental disabilities, and behavioral health) have a set of common skills they employ, and if so, what are those skills. Throughout this project a number of qualitative and quantitative research activities have been implemented to answer these questions. By the completion of Phase II, we found that within each sector, a number of similar skills were employed in each of the other sectors providing a draft set of core competencies. The set used terminology that was acceptable and meaningful within each sector. The findings from the final phase, which employed two methods of validation, *Focus Group Results* and the *Validation Survey Results,* have confirmed a common or core DSW skill set currently used across four major sectors of human services activity that rely heavily on DSW work. These strategies have:

   a. Validated twelve major clusters or competency areas of similar skills;
   b. Surfaced redundancies in the draft core set;
   c. Identified critical skills or aspects of skill statements that were missing from the draft core;
   d. Indicated where skill statements needed expansion or modifications for clarity; and,
   e. Identified skill statements that were not endorsed as a core skill.

The validation activities resulted in a DSW Core Competency set consisting of 60 skill statements across 12 competency areas.

Limitations

Several limitations to the study should be noted. There is no way to determine the overall "response rate" of the study because survey distribution was not limited to specific potential respondents. State partners used a variety of strategies including their online networks to disseminate the survey as widely as possible to the relevant stakeholders, but there is no information about the numbers of potential respondents in each stakeholder group that were contacted with survey materials. To the extent that online strategies were used, survey participation was likely to be less accessible to people with lower utilization of electronic mediums, such as people with disabilities and seniors, and more accessible to people with greater access, such as service administrators causing some groups to be over or under-represented.

Current data are insufficient to accurately estimate the number of stakeholders in each of the three targeted groups in each state posing another limitation to determining the representativeness of the sample. Survey activity was limited to four states, Iowa, New York, Texas and Washington. While these states were selected to represent different parts of the country, the study results cannot be proven to represent the entire nation. These sample limitations are somewhat mitigated by the large size of the respondent sample.

The same survey was used across all stakeholder groups in the four service sectors, including people with intellectual/ developmental disabilities and other physical or cognitive conditions that might affect participation. It is unknown what type of support was provided to survey takers when assistance was needed, or how respondents were screened to assure understanding of the survey process. These conditions can contribute to less valid results but the amount of error cannot be accurately determined.

Proposed Next Steps

Ultimately, the value of this study will be measured by the utility of the validated core skill set across the four LTSS sectors and the translation of the identified skills into a broad range of applications including: the development of education and training programs with updated content; the recognition of the direct service occupation as a role with a unified core of skill, knowledge and ethical practices; providing a foundation for merit based career and wage advancement and by integrating direct service work as an important element of career paths in human services.

Creation of the Core Skill Set is just the first step toward fulfillment of these goals. Widespread and robust application of the skills will require the support of additional tools, activities and scaffolds for application.

A list of these activities follows:

▶ Disseminate Core Skills to governments, human services policy leaders, professional associations, educators, self-advocates, employers workers and workforce development organizations such as One-Stop Career Centers.

▶ Provide access through an online repository of the core skills and perhaps a wiki for people to add information on how people are using the product and to showcase tools used in application. Add web-links to other education-training resources – ethics codes, curricula, best practices in teaching and learning, skills certificate educational program models – employer based, high school based, college based, state based, apprenticeship, and national across all sectors.

▶ Create and pilot financial incentives in waiver programs to use the skill set for training.

▶ Seek funding for further development of performance indicators, assessment tools and curricula rooted in effective educational methods.

▶ Create and pilot intensive skills certification educational model for career changers, displaced and unemployed workers that incorporates work-based learning component with theory – assure that it's approved for access to Workforce Incentive Act (WIA) training dollars.

▶ Provide technical assistance to colleges/universities that agree to articulate a DSW fundamentals course with existing human services degrees equating competencies to existing technical courses and to offer college credit for prior experiential learning to engage long-time DSWs in post-educational pathways.

▶ Promote creation of DSW occupation in DOL data bases.

▶ Design, pilot and disseminate skills certificate programs that utilize the DSW Core Competencies.

▶ Track the applications of the DSW Core Competencies throughout the country to provide benchmarking content to others seeking technical assistance in application.

Given the rapidly growing demand for quality direct service now and in the future, these activities serve as an investment in a secure and inclusive life for all people who rely on direct support.

List of Acronyms

ANOVA: Analysis of variance

CMS: The Centers for Medicaid & Medicare Services

DOL: Department of Labor

DSW: Direct Service Workforce; sometimes Direct Service Worker

DSW RC: The National Direct Service Workforce Resource Center

LTSS: Long-Term Services and Supports

NAMI: National Alliance on Mental Illness

OMB: Office of Management and Budget

UCP: United Cerebral Palsy

WIA: Workforce Incentive Act

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Appendix A Final Competency Set

CMS Direct Service Workforce Core Competencies

Preamble

The Centers for Medicaid & Medicare Services (CMS) funded the **Road Map of Core Competencies for the Direct Service Workforce**, a multi-phased research project implemented through the National Direct Service Workforce Resource Center (DSW RC) to identify a common set of core competencies across community-based LTSS sectors: aging, behavioral health (including mental health and substance use), intellectual/developmental disabilities and physical disabilities. This research aims to assist states, CMS and other federal agencies to take a more comprehensive and standardized approach to DSW education and training and quality improvement through the creation of a nationally validated core competency set. The DSW Core Competencies supports the DHHS Federal Agency Community Living Initiative developed in 2009 to implement innovative strategies increase opportunities for people with disabilities and older adults to enjoy meaningful community living.

This project supports the **CMS** goal to achieve a **coordinated, inclusive and person-driven** system in which people with disabilities and chronic conditions have choice, control and access to a full array of quality services that assure optimal outcomes, such as independence, health and quality of life. It is necessary to develop a highly competent workforce prepared to carry out this mission. A highly competent DSW is critical to the wellbeing and safety of individuals who need support to live in the community. The achievement of optimal outcomes among service participants is dependent on the delivery of quality direct services and supports.

Purpose

The core competency set is designed to inform direct support service delivery and promote best practices in community-based LTSS. These competencies have relevance to currently employed and new direct service workers and serve as a resource in developing worker training and performance improvement practices for the community-based DSW across LTSS sectors. Moreover, the core competency set is intended to serve as the foundation for career lattices and ladders that further recognize the many competencies needed for direct service workers across service sectors. The core competency set is not intended to impose requirements for community-based LTSS direct service workers upon entry to the workforce. Rather, they provide guidance for the development of initial and ongoing DSW education and training resulting in improved direct support practice.

The DSW Core Competencies may be customized in practice to reflect the specific needs of people supported in community based LTSS. This set of competencies can form the basis for practical tools to strengthen the DSW; workforce development tools such as

individual learning plans, coaching guidelines, performance evaluation tools, recruitment, hiring, selection strategies and post-secondary certificate and degree programs.
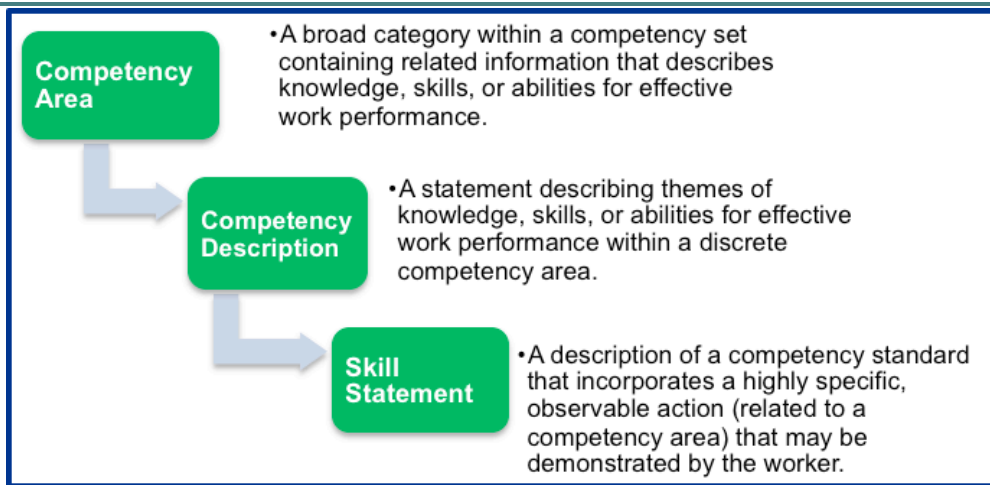
These tools can build a larger and stronger DSW that is better prepared to help people make choices, define goals and achieve outcomes leading to improved quality of life for people who rely on direct service workers. Further specialized competencies may be developed to inform specific LTSS sectors and delivery models. Through sustained efforts to apply the Core Competencies, a more competent and stable community-based LTSS DSW will be developed to meet the growing nation-wide demand for direct service workers.

Research Methodology

The core competency set has been developed and validated through a multi-phased research study implemented through the DSW RC. A large sample of workforce stakeholders, including state and provider representatives from different sectors, competency development experts, direct service workers, service recipients and family members participated in a range of evidence-based validation activities.

The initial draft of potential core competencies was developed through a comprehensive inventory of existing and relevant competency frameworks across LTSS sectors identified in Phase I followed by a content analysis and cross-walk of the identified competency sets. During project Phase IIIA, stakeholders across sectors were identified by partners of the DSW Resource Center and invited to participate in the modified Delphi study. Stakeholders completed multiple surveys and participated in facilitated dialogue through this process. Quantitative and qualitative data was collected to inform the ongoing development of this core competency set. Phase IIIB was the final phase of the Road Map, a national validation study of the Set of Core Competencies. Through a series of focus groups in four states and a national online survey targeting service recipients and family members, direct service workers, agency administrators and front-line supervisors across LTSS sectors, the DSW Resource Center has arrived on a final, validated set of core competencies. The structure of the competency set is described as follows.

Competency Area	• A broad category within a competency set containing related information that describes knowledge, skills, or abilities for effective work performance.
Competency Description	• A statement describing themes of knowledge, skills, or abilities for effective work performance within a discrete competency area.
Skill Statement	• A description of a competency standard that incorporates a highly specific, observable action (related to a competency area) that may be demonstrated by the worker.

Acknowledgements

The DSW Resource Center gratefully acknowledges the stakeholder organization representatives who participated in this process for their significant contribution to this research. The overall research findings were derived from the integrated feedback of all participants in Phase IIIA and IIIB and should not be interpreted as expressing the views of any individual participant or the policies of the organizations she or he represents.

Set of Core Competencies for the Direct Service Workforce

1. Competency Area: Communication (3)
The DSW builds trust and productive relationships with people s/he supports, co-workers and others through respectful and clear verbal and written communication.

Skill Statements

The Direct Service Worker:

a. *Uses positive and respectful verbal, non-verbal and written communication a way that can be understood by the individual, and actively listens and responds to him or her in a respectful, caring manner.*

b. *Explains services and service terms to the individual being supported and his or her family members.*

c. *Communicates with the individual and his or her family in a respectful and culturally appropriate way.*

2. Competency Area: Person-Centered Practices (7)

The DSW uses person-centered practices, assisting individuals to make choices and plan goals, and provides services to help individuals achieve their goals.

Skill Statements

The Direct Service Worker:

   a. *Helps design services or support plans based on the choices and goals of the individual supported, and involves the individual in the process.*
   b. *Builds collaborative, professional relationships with the individual and others on the support team.*
   c. *Provides supports and services that help the individual achieve his or her goals.*
   d. *Participates as an active member of service or support team.*
   e. *Works in partnership with the individual to track progress toward goals and adjust services as needed and desired by individual.*
   f. *Gathers and reviews information about an individual to provide quality services.*
   g. *Completes and submits documentation of services on time.*

3. Competency Area: Evaluation and Observation (4)

The DSW closely monitors an individual's physical and emotional health, gathers information about the individual, and communicates observations to guide services.

Skill Statements

The Direct Service Worker:

   a. *Helps with the assessment process by gathering information from many sources.*
   b. *Uses the results of assessments to discuss options with the individual and with team members to guide support work.*
   c. *Collects data about individual goals and satisfaction with services.*
   d. *Observes the health and behavior of the individual within his or her cultural context.*

4. Competency Area: Crisis Prevention and Intervention (7)

The DSW identifies risk and behaviors that that can lead to a crisis, and uses effective strategies to prevent or intervene in the crisis in collaboration with others.

Skill Statements

The Direct Service Worker:

   a. *Recognizes risk and works to prevent an individual's crisis in a way that meets the individual's need.*
   b. *Uses positive behavior supports to prevent crisis and promote health and safety.*
   c. *Uses appropriate and approved intervention approaches to resolve a crisis.*
   d. *Seeks help from other staff or services when needed during a crisis.*
   e. *Monitors situations and communicates with the individual and his or her family and support team to reduce risk.*
   f. *Reports incidents according to rules.*

g. *Sees own potential role within a conflict or crisis and changes behavior to minimize conflict.*

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5. Competency Area: Safety (5)

The DSW is attentive to signs of abuse, neglect or exploitation and follows procedures to protect an individual from such harm. S/he helps people to avoid unsafe situations and uses appropriate procedures to assure safety during emergency situations.

Skill Statements

Abuse and Neglect

The Direct Service Worker:
   a. *Demonstrates the ability to identify, prevent, and report situations of abuse, exploitation, and neglect according to laws and agency rules.*
   b. *Recognizes signs of abuse and neglect, including the inappropriate use of restraints, and works to prevent them.*

Emergency Preparedness

The Direct Service Worker:
   a. *Maintains the safety of an individual in the case of an emergency.*
   b. *Helps individuals to be safe and learn to be safe in the community.*
   c. *Uses universal precautions and gives first aid as needed in an emergency.*

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6. Competency Area: Professionalism and Ethics (6)

The DSW works in a professional and ethical manner, maintaining confidentiality and respecting individual and family rights.

Skill Statements

The Direct Service Worker:
   a. *Follows relevant laws, regulations and is guided by ethical standards when doing work tasks.*
   b. *Supports individual in a collaborative manner and maintains professional boundaries.*
   c. *Shows professionalism by being on time, dressing appropriately for the job, and being responsible in all work tasks.*
   d. *Seeks to reduce personal stress and increase wellness.*
   e. *Respects the individual and his or her families right to privacy, respect, and dignity.*
   f. *Maintains confidentiality in all spoken and written communication, and follows in the rules in the Health Insurance Portability and Accountability Act of 1996 (HIPAA).*

7. Competency Area: Empowerment& Advocacy (5)

The DSW provides advocacy, and empowers and assists individuals to advocate for what they need.

Skill Statements

The Direct Service Worker:
   a. Helps the individual set goals, make informed choices, and follow-through on responsibilities.
   b. Supports the individual to advocate for him or herself by encouraging the individual to speak for his or her self.
   c. Supports the individual to get needed services, support and resources.
   d. Assists the individual get past barriers to get needed services.
   e. Tells the individual and his or her family their rights and how they are protected.

8. Competency Area: Health and Wellness (7)

The DSW plays a vital role in helping individuals' to achieve and maintain good physical and emotional health essential to their well-being.

Skill Statements

The Direct Service Worker:
   a. Supports the spiritual, emotional, and social wellbeing of the individual.
   b. Gives medications or assists the individual to take medication while following all laws and safety rules.
   c. Assists the individual to learn disease prevention and maintain good health.
   d. Assists the individual to use infection control procedures and prevent illness.
   e. Helps the individual make and keep regular health and dental care appointments.
   f. Helps the individual follow health care plans and use medical equipment as needed.
   g. Helps the individual to learn the signs of common health problems and take actions to improve health.

9. Competency Area: Community Living Skills and Supports (4)

The DSW helps individuals to manage the personal, financial and household tasks that are necessary on a day-to-day basis to pursue an independent, community-based lifestyle.

Skill Statements

The Direct Service Worker:
   a. Assists the individual meet his or her physical and personal care needs (i.e. toileting, bathing, grooming) and provides training in these areas when needed.
   b. Teaches and assists the individual with household tasks such as laundry and cleaning.
   c. Assists the individual to learn about meal planning and shopping, and safe food preparation.
   d. Provides person centered support and helps the individual to build on his or her strengths in life activities.

10. Competency Area: Community Inclusion and Networking (4)

The DSW helps individuals to be a part of the community through valued roles and relationships, and assists individuals with major transitions that occur in community life.

Skill Statements

The Direct Service Worker:

a. Encourages and assists individuals in connecting with others and developing social and valued social and/or work roles based on his or her choices.
b. Supports the individual to connect with friends and to live and be included in the community of his or her choice.
c. Helps the individual transition between services and adapt to life changes, including moving into home and community based settings.
d. Respects the role of family members in planning and providing services.

11. Competency Area: Cultural Competency (5)

The DSW respects cultural differences, and provides services and supports that fit with an individual's preferences.

Skill Statements

The Direct Service Worker:

a. Provides or accesses services that fit with the individuals' culture or preferences.
b. Seeks to learn about different cultures to provide better support and services.
c. Recognizes own biases and doesn't let them interfere in work relationships.
d. Respects the cultural needs and preferences of each individual.
e. Assists the individual to find social, learning and recreational opportunities valued in his or her culture.

12. Competency Area: Education, Training and Self-Development (3)

The DSW obtains and maintains necessary certifications, and seeks opportunities to improve their skills and work practices through further education and training.

Skill Statements

The Direct Service Worker:

a. Completes training and continues to develop skills and seek certification.
b. Seeks feedback from many sources and uses to improve work performance and skills.
c. Learns and stays current with technology used for documentation, communication and other work activities.

Appendix B: State Selection Chart

State	DSW Initiatives through MFP	Existing DSW initiative with active stakeholder process	NBIP state	Current training Guidelines	Ranking in I/DD[3]	Grade in Mental Health[4]	Personal Care Services in Medicaid HCBS Waivers?	Past activity with DSW?	Part of country	Decision
AR	No	Yes	Yes	Yes	50	F grade	State plan & 1 waiver	Yes	South	No
CT	Yes	Yes	No	Yes	9	B grade	4 waivers	Yes	Northeast	No
IA	Yes	Yes	No	No	43	D grade	3 waivers	No	Midwest	Yes
LA	Yes	Yes	No	Yes	21	D grade	No waivers or State plan	No	South	No
ME	No	Yes	Yes	Yes	38	B grade	State plan & 3 waivers	Yes	Northeast	No
MI	No	Yes	Yes	No	7	D grade	State plan & 2 waivers	Yes	Midwest	No
MN	No	Yes	Yes	Yes	25	C grade	State plan & 4 waivers	Yes	Midwest	No
NY	No	Yes	No	Yes	8	B grade	State plan & 3 waivers	No	Northeast	Yes
NC	No	Yes	No	Yes	45	D grade	State plan & 4 waivers	Yes	South	No

3 From United Cerebral Palsy's 2013 annual ranking of how well state Medicaid programs serve Americans with intellectual and developmental disabilities
4 From the National Alliance on Mental Illness's 2009 Grading the States Report

National Direct Service Workforce Resource Center

State	DSW Initiatives through MFP	Existing DSW initiative with active stakeholder process	NBIP state	Current training Guidelines	Ranking in I/DD[3]	Grade in Mental Health[4]	Personal Care Services in Medicaid HCBS Waivers?	Past activity with DSW?	Part of country	Decision
OH	Yes	Yes	No	Yes	22	C grade	6 waivers	Yes	Midwest	No
TX	Yes	Yes	No	Yes	49	D grade	6 waivers	Yes	South	Yes
VA	No	Yes	No	Yes	47	C grade	3 waivers	Yes	South	No
WA	No	Yes	No	No	6	C grade	State plan & 6 waivers	Yes	West	Yes

Appendix C: Universal Focus Group Protocol

Focus Group Staff Protocol
To Be Implemented by the DSW Resource Center Research Team *Within Four States Selected by CMS MFP State Projects*

Purpose of Focus Group

The purpose of this focus group is to learn more about the skills that direct service workers (DSW) need to provide quality supports to individuals receiving services in home and the community. These skills will be compared against the competency area and statements that have been identified through Phases I – IIIA of the Road Map of DSW Core Competencies Project. Stakeholders' input will help the DSW Resource Center research team to validate competencies based on their experiences either working in LTSS or receiving Medicaid funded services. The researchers also intend to learn more about training opportunities, barriers to training, and systemic issues that affect the ability to provide quality training that results in a competent prepared workforce for people receiving services in behavioral health, aging, physical disabilities, and intellectual/ developmental disabilities sectors.

Description of Process and Participants

Potential participants in each of these categories will be recruited and selected from across long-term service and support sectors: (1) aging, (2) behavioral health, (3) intellectual/ developmental disabilities, and (4) physical disabilities. Within each state, there shall be four workshop sessions conducted for each discrete service population sector (i.e., each focus group will be specific to one sector only).

Focused "break-out" focus group meetings shall be conducted within sub-groups: (A) direct service workers, (B) service recipients who receive LTSS, and family members, guardians/conservators of recipients, and (C) supervisors and administrators of provider agencies/employer organizations that serve adults through Medicaid-funded programs. Through facilitation of focus groups within sectors and by sub-groups, questions and discussion shall be tailored to specific roles in the service system. The questions will address the same data elements, in order to determine skills and competencies that direct service workers need to perform their jobs well. The focus groups are structured to last approximately 2 hours in duration.

Recruitment and Coordination Methods Overview

Potential focus group participants will be contacted and recruited via social service agency partners within four states who have relationship with the DSW Resource Center per CMS Money Follows the Person (MFP) grant activities. In using the recruitment and coordination protocol provided by the research team, the state partners will have guidance to ensure that potential participants receive consent forms to consider participation in advance of focus group

meetings. Further information is detailed in the State Recruitment and Coordination Protocol documentation.

Focus Group Staff & Preparation

▶ Three focus group facilitators – one for each sub-group: (A) direct service workers, (B) service recipients who receive LTSS, and family members, guardians/conservators of recipients, and (C) supervisors and administrators of provider agencies/employer organizations that serve adults through Medicaid-funded programs.

▶ Three note takers – one for each sub-group (Provided by DSW Resource Center and/or State staff)

Set-Up Instructions: Ensure the environment is comfortable and participants have access to snacks and beverages. Let participants know that this is a safe place and they are encouraged to answer all questions, though it is also ok to pass.

Risks/Benefits and Consent: The facilitator shall review the risks and benefits of participating in this focus group. See attached consent forms and screening protocol (to assess participant understanding) for more information. In addition, note takers in each room shall capture the themes of discussion. Focus groups are also to be recorded by note takers with audio technology to make sure that all information is captured in summary of the focus group.

Note Taking Recommendations: The note takers will not participate in the conversation. If possible, you should try to sit outside the group's circle. The goal is to fade into the background to not influence or interrupt conversation. As much as possible you should avoid reacting to discussion through nodding or facial expressions.

Since focus groups will be recorded, you do not need to attempt to capture everything being said. Your notes will also help us to identify which participants are saying what in the recording. You may wish to start by drawing a diagram of the room.

The emphasis is on capturing broad themes and nonverbal communication. For example, people nodding in agreement, getting excited, laughing, or other cues that might not be captured in a recording.

The focus group outline and questions that will be asked by the facilitator are presented below. You can organize your notes using a similar outline. Please read through the questions before the focus group to better prepare yourself to take notes. If you have any questions, please talk to a DSW Resource Center staff member.

Focus Group Facilitator Instructions and Outline: Administrators and Supervisors

Important: Tailor Questions to Specific Stakeholder Roles as Noted

(A) Direct service workers, (B) service recipients who receive LTSS, and family members, and (C) supervisors and administrators of provider agencies/employer organizations that serve adults through Medicaid-funded programs.

This outline is to be used for the Agency Administrator/Supervisor focus groups.

1. *Welcome: 20 minutes (10:00 – 10:20)*

   a. Introduce facilitator and note taker

   b. Thank you for joining us today. We are here to discuss skills and competencies that are important to delivering good direct service work. For this focus group, a skill is something that a direct service worker needs to do their job well.

   c. We will use these results to help us understand if the competencies that we have identified are truly those that are needed based on the input from people doing the work, overseeing the work, and receiving the services.

   d. Individual rights, risks and benefits will be discussed at this point. Participants will also have a paper copy that they will have seen before, but this will be a brief discussion to ensure understanding and acceptance before moving forward. Each of these conversations will be tailored to the specific groups.

   e. Guidelines:

      i) There are no right or wrong answers, only differing points of view.
      ii) We are tape recording, so please only one person speaking at a time.
      iii) You don't need to agree with others, but you do need to respectfully listen to their opinions.
      iv) We ask that you turn any cell phone or pagers off or if you must be accessible please put them on vibrate.
      v) My role as a facilitator is to guide the discussion and activities.
      vi) Your role is to participate in the activities and discussion. You each have name tags, but let's also quickly introduce ourselves to one another.

2. *Focus Group Questions and Activities: 45 minutes (10:20-11:15)*

   Opening Question:
   On a typical day, what is the most important thing your employees do for service recipients? What skills did he/she/they need to do that?

   Activity:
   Explain the activity. Each person will be asked to write down at least one skill or competency their employees or reports who provide direct services must have to do

their job well and provide good services on sticky notes. Make clear that they should only be thinking about staff that provides direct services, not others. They can provide as many skills as needed. Provide a few examples (different job – mine – writing, good communication skills, working with others, etc.) If needed, use the stimulus questions on pg. 5 to help participants brainstorm skills. We will spend the next 10-15 minutes doing this. If needed, use the stimulus questions on pg. 5 to help participants brainstorm skills. After people look like they are finished, remove the cover of the competency area on each of the flip chart sheets and ask people to place their sticky notes under the competency area in which it best fits (where they think it is needed). After participants have finished this, guide a discussion to elicit more detail about the skills or competencies they noted. Each competency area will have a clearly visible number next to it. If needed, work with the note taker and others as needed to assist people in placing the sticky notes. Do not make suggestions, and only provide assistance if someone is physically or otherwise unable to place the sticky note themselves. Have the person denote which competency area is most appropriate by writing the associated number on the sticky note(s).

Questions to Clarify and Summarize:

a. Was it hard to put it under just one area?

b. Now that you see these competency areas do you see that there are skills missing?

Anything else you would like to share about skills that your staff needs to provide the best possible services/care?

3. *Training Questions: 30 minutes (11:15 – 11:45)*

a. Do you feel your staff has sufficient training in each of these areas to do their jobs well? Why or Why not?

b. What type of training does your staff receive? Classroom, online, on the job/mentoring, reading, etc.

c. In your experience what is the most effective type of training/job preparation for DSWs?

d. What type of educational/training format do DSWs seem to prefer?

e. Would you be able to use this skill framework to create a career path within your organization tied to skill development? In general do you feel people are trained well enough to do their job?

f. What do you see as barriers and facilitators to training?

4. *Closing Question: 10 minutes (11:45-11:55)*

a. Anything else you want us to know?

b. How did this process go for you? *(Include probes for more information and note various responses related to personal and project evaluation)*

5. *Thank you for your participation: 5 minutes (11:55 – 12:00)*

a. What happens next? When we have completed focus groups in all four states, we will be comparing this information to the drafted competency set and making revisions based on your information. We will then be sending out surveys to DSWs, Supervisors, individuals who receive supports and their family members or legal guardians. This survey will ask respondents to agree or disagree that the statement listed is a necessary competency. The results of this survey will be analyzed and this will be the last step in validating the *Direct Service Worker Core Competencies* resource. This information will be published and an online toolkit full of resources will be developed based on this information. If you'd like, please leave your email address with [designated person] and they will make sure that you are notified when the publication is released.

b. Thank you for your time and participation. The information you have provided is instrumental in helping us to understand your job and the skills needed to do your job. We could not be conducting this work without your participation.

Stimulus Questions for Focus Groups

▶ What skills must a DSW have to do their job well?
▶ What are the most important skills needed by a DSW?
▶ What are the skills that a DSW uses most frequently?
▶ When you last saw DSWs at work what skills were they using?
▶ From your perspective as a supervisor or administrator, which DSW skills have the most positive impact on the people the DSW is serving?
▶ What skills might other supervisors or administrators say are most important for DSWs?

CENTERS FOR MEDICARE & MEDICAID SERVICES

Focus Group Facilitator Instructions and Outline: Direct Service Workers

Important: Tailor Questions to Specific Stakeholder Roles as Noted

(A) Direct service workers, (B) service recipients who receive LTSS, and family members, and (C) supervisors and administrators of provider agencies/employer organizations that serve adults through Medicaid-funded programs.

This outline is to be used for the DSW focus groups.

1. *Welcome: 20 minutes (10:00 – 10:20)*

   a. Introduce facilitator and note taker

   b. Thank you for joining us today. We are here to discuss skills and competencies that are important to delivering good direct service work. For this focus group, a skill observable act that is performed to deliver direct service.

   c. We will use these results to help us understand if the competencies that we have identified are truly those that are needed based on the input from people doing the work, overseeing the work, and receiving the services.

   d. Individual rights, risks and benefits will be discussed at this point. Participants will also have a paper copy that they will have seen before, but this will be a brief discussion to ensure understanding and acceptance before moving forward. Each of these conversations will be tailored to the specific groups.

   e. Guidelines:

      i) There are no right or wrong answers, only differing points of view.
      ii) We are tape recording, so please only one person speaking at a time.
      iii) You don't need to agree with others, but you do need to respectfully listen to their opinions.
      iv) We ask that you turn any cell phone or pagers off or if you must be accessible please put them on vibrate.
      v) My role as a facilitator is to guide the discussion and activities.
      vi) Your role is to participate in the activities and discussion. You each have name tags, but let's also quickly introduce ourselves to one another.

2. *Focus Group Questions and Activities: 45 minutes (10:20-11:15)*

   Opening Question:

   a. What was an important thing you did yesterday at your job? What skills did you need to do that?

   Activity:

   Explain the activity. Each person will be asked to write down one skill or competency they must have to do their job well (or what they do in their jobs) per sticky notes. They can provide as many skills as needed. Provide a few examples (different job – mine –

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writing, good communication skills, working with others, etc.) We will spend the next 10-15 minutes doing this. If needed, use the stimulus questions on pg. 5 to help participants brainstorm skills. After people look like they are finished, remove the cover of the competency area on each of the flip chart sheets and ask people to place their sticky notes under the competency area in which it best fits (where they think it is needed). After participants have finished this, guide a discussion to elicit more detail about the skills or competencies they noted. Each competency area will have a clearly visible number next to it. If needed, work with the note taker and others as needed to assist people in placing the sticky notes. Do not make suggestions, and only provide assistance if someone is physically or otherwise unable to place the sticky note themselves. Have the person denote which competency area is most appropriate by writing the associated number on the sticky note(s).

Questions to Clarify and Summarize:

a. Was it hard to put it under just one area?

b. Now that you see these competency areas do you see that there are skills missing?

c. Anything else you would like to share about competencies that you need to have for your job?

3. *Training Questions: 30 minutes (11:15 – 11:45)*

a. Do you feel you have sufficient training in each of these areas to do your job well? Why or Why not?

b. What type of training have you received? Classroom, online, on the job/mentoring, reading, etc.

c. What is your preferred method of training? How do you think you learn best?

d. In general do you feel people are trained well enough to do their job?

e. What do you see as barriers or facilitators to training and education?

f. Does access to quality training/education provide an incentive or disincentive for you to continue your career in direct support and human services?

4. *Closing Question: 10 minutes (11:45-11:55)*

a. Anything else you want us to know?

b. How did this process go for you? *(Include probes for more information and note various responses related to personal and project evaluation)*

5. *Thank you for your participation: 5 minutes (11:55 – 12:00)*

a. What happens next? When we have completed focus groups in all four states, we will be comparing this information to the drafted competency set and making revisions based on your information. We will then be sending out surveys to DSWs, Supervisors, individuals who receive supports and their family members or legal guardians. This survey will ask respondents to agree or disagree that the statement listed is a necessary competency. The

results of this survey will be analyzed and this will be the last step in validating the *Direct Service Worker Core Competencies* resource. This information will be published and an online toolkit full of resources will be developed based on this information. If you'd like, please leave your email address with [designated person] and they will make sure that you are notified when the publication is released.

b. Thank you for your time and participation. The information you have provided is instrumental in helping us to understand your job and the skills needed to do your job. We could not be conducting this work without your participation.

Stimulus Questions for Focus Groups

▶ What skills must you have to do your job well?
▶ What are the most important skills needed for your job?
▶ What are the skills that you use most frequently?
▶ What are the skills you used during the last day you worked?
▶ Which of your skills have the most positive benefit for individuals (or clients) and their family members?
▶ What direct support skills are most important to you?

Focus Group Facilitator Instructions and Outline- Service Recipients, Family Members and Guardians

Important: Tailor Questions to Specific Stakeholder Roles as Noted

(A) Direct service workers, (B) service recipients who receive LTSS, and family members, and (C) supervisors and administrators of provider agencies/employer organizations that serve adults through Medicaid-funded programs.

This outline is to be used for the Service Recipient focus groups.

1. ***Welcome: 20 minutes (10:00 – 10:20)***

   a. Introduce facilitator and note taker

   b. Thank you for joining us today. We are here to discuss skills and competencies that are important to delivering good direct service work. For this focus group, a skill is something that a direct service worker needs to do their job well.

   c. We will use these results to help us understand if the competencies that we have identified are truly those that are needed based on the input from people doing the work, overseeing the work, and receiving the services.

   d. Individual rights, risks and benefits will be discussed at this point. Participants will also have a paper copy that they will have seen before, but this will be a brief discussion to

ensure understanding and acceptance before moving forward. Each of these conversations will be tailored to the specific groups.

e. Guidelines:

    i) There are no right or wrong answers, only differing points of view.

    ii) We are tape recording, so please only one person speaking at a time.

    iii) You don't need to agree with others, but you do need to respectfully listen to their opinions.

    iv) We ask that you turn any cell phone or pagers off or if you must be accessible please put them on vibrate.

    v) My role as a facilitator is to guide the discussion and activities.

    vi) Your role is to participate in the activities and discussion. You each have name tags, but let's also quickly introduce ourselves to one another.

2. *Focus Group Questions and Activities: 45 minutes (10:20-11:15)*

a. Opening Question:

What was an important thing that your DSW did to assist you yesterday or today? Why was that important to you?

Activity:

Explain the activity. Each person will be asked to write down at least one skill their direct service worker must have to do their job well and provide good services on sticky notes. They can provide as many skills as needed. Provide a few examples (different job – mine – writing, good communication skills, working with others, etc.) We will spend the next 10-15 minutes doing this. If needed, use the stimulus questions on pg. 5 to help participants brainstorm skills. After people look like they are finished, remove the cover of the competency area on each of the flip chart sheets and ask people to place their sticky notes under the competency area in which it best fits (where they think it is needed). After participants have finished this, guide a discussion to elicit more detail about the skills or competencies they noted. Each competency area will have a clearly visible number next to it. If needed, work with the note taker and others as needed to assist people in placing the sticky notes. Do not make suggestions, and only provide assistance if someone is physically or otherwise unable to place the sticky note themselves. Have the person denote which competency area is most appropriate by writing the associated number on the sticky note(s).

Questions to Clarify and Summarize:

i. Great Job! That was a lot of creative work…was it hard to decide where to put each skill? Look again at the 14 competency areas and the skills we have posted under each area. Have we missed any skills that are important?

ii. Anything else you would like to say about the skills that your DSW needs to provide the best possible services/care?

3. *Training Questions: 30 minutes (11:15 – 11:45)*

a. Do you feel your DSW has sufficient training in each of these areas to do their job well? Why or why not? In your opinion, which competency area is most important to good quality support?

b. What type of training have you they received? Classroom, online, on the job/mentoring, reading, etc.

c. What is your preferred method of training? How do you think you learn best?

d. In general do you feel people in the direct service workforce are trained well enough to do their job?

e. What do you see as barriers and facilitators to training?

4. *Closing Question: 10 minutes (11:45-11:55)*

a. Anything else you want us to know?

b. I hope you enjoyed the discussion, I certainly did. We will be meeting with other groups and we would love to know how you would change this focus group to make it better and what you would keep the same? *(Include probes for more information and note various responses related to personal and project evaluation)*

5. *Thank you for your participation: 5 minutes (11:55 – 12:00)*

a. What happens next? When we have completed focus groups in all four states, we will be comparing this information to the drafted competency set and making revisions based on your information. We will then be sending out surveys to DSWs, Supervisors, individuals who receive supports and their family members or legal guardians. This survey will ask respondents to agree or disagree that the statement listed is a necessary competency. The results of this survey will be analyzed and this will be the last step in validating the *Direct Service Worker Core Competencies* resource. This information will be published and an online toolkit full of resources will be developed based on this information. If you'd like, please leave your email address with [designated person] and they will make sure that you are notified when the publication is released.

b. Thank you for your time and participation. The information you have provided is instrumental in helping us to understand more about direct service work and the skills needed for DSWs to do their job. We could not be conducting this work without your participation.

Stimulus Questions for Focus Groups

▶ What skills must a DSW have to do their job well?
▶ What are the most important skills needed by a DSW?
▶ What are the skills that a DSW uses most frequently?
▶ When you last saw DSWs at work what skills were they using?

► From your perspective as an individual receiving services, family member, guardian or conservator, which DSW skills have the most positive impact on the people the DSW is serving?

► What skills might other individuals, family members, guardians and conservators say are most important for DSWs?

Appendix D: Online Survey Documents

> ## *Welcome!*

Welcome to this survey, which is sponsored by the Centers for Medicare & Medicaid Services. This survey will take about 30 minutes to complete.

You are being asked to complete this survey because: a) you receive services and supports, b) you are a family member or guardian of someone who receives services and supports; c) you are a direct service worker; or d) you are a supervisor or administrator.

You can either fill out the survey on paper and mail it back to us in the envelope enclosed or you can fill out the survey online by connecting to the Internet and going to: http://www.DSWSurveyXX.com.

Purpose

This survey asks your opinions about the skills needed by direct service workers (DSWs) to provide services and support to people who are living at home or in other community settings. This includes older adults, people with mental health and substance use problems, intellectual/developmental disabilities, and physical disabilities.

The services and supports provided by direct service workers can vary greatly depending on who is being served, what their needs are and who is providing the services. The information you provide will help to identify which skills are most commonly needed by direct service workers.

This survey is <u>not</u> about the skills of people who provide therapy services, like occupational therapy or psychotherapy. It is also <u>not</u> about people who work in institutions like nursing homes or schools for children.

Definitions

Here are definitions of words used in this survey.

- ▶ <u>Direct service workers</u> are paid employees whose main job is to provide services and supports to individuals in their homes and in the community. This includes full-time and part-time workers who spend at least 50% of their work hours doing direct service tasks. The type of supports and services provided by direct service workers vary widely.
- ▶ <u>Individual</u> refers to the people who receive services and supports from a direct service worker. Individuals who receive services and want to complete this survey must be their own guardian. **If you receive services and are *not* your own guardian please stop at this point**.
- ▶ <u>Family member or guardian</u> refers to a family member, guardian, or conservator of a person who receives support from a direct service worker.

- ▶ <u>Frontline Supervisor or manager</u> refers to a paid employee who hires, trains, and/or supervises direct service workers. Supervisors often spend a portion of their time also providing direct services.
- ▶ <u>Program directors or agency administrator</u> refers to a paid employee who oversees the delivery of services to individuals.

Risks and Benefits
We are not aware of any risks or benefits to your participation in this study.

Notice of Privacy/Confidentiality
Your name will be kept private, will not be shared with others, and will not be printed in any report. Your responses to this survey are confidential and will not affect your job or the services you receive.

Voluntary Participation
Your participation is voluntary, you do not have to fill out the survey. You do not have to answer any questions you do not want to answer. You can stop at any time. Your decision whether or not to participate will not affect your job or the services you receive. By completing this survey you consent or agree to participate in this study.

For More Information
If you have questions about the purpose of the survey or how to respond to the questions, please contact the Direct Service Workforce Resource Center toll-free at 1-877-822-2647, or by email: info@dswresourccenter.org.

PRA Disclosure Statement
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1229. The time required to complete this information collection is estimated to average 30 min per response, including the time to review instructions, search existing data resources, gather the data needed and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Background Questions

1. Which of the following best describes you?
- ▶ Direct service worker
- ▶ Person who receives direct services
- ▶ Family member or guardian of person who receives services

▶ Supervisor of direct service workers, program director or agency administrator

2. If you are a direct service worker or a supervisor, program director or agency administrator, how long have you worked in this field?

Years: _____
Months: _____

3. If you are a direct service worker or a supervisor, program director or agency administrator, which service area do you currently work in? (Select the main area that you work in most of the time. Click on the link options for full descriptions)

▶ Aging and Elderly Services
▶ Behavioral Health Services (mental health or substance abuse)
▶ Intellectual and Developmental Disabilities Services
▶ Physical Disabilities Services

4. Which of the following services do you currently provide or receive? (Check all that apply)

▶ Community living support services
▶ Personal care services
▶ Home maker/home chore services
▶ Adult day care services
▶ Adult day health services
▶ Respite services
▶ Employment services
▶ Peer support services
▶ Residential services
▶ Addiction services
▶ Mental health services
▶ Recreational services
▶ Other (Please describe)

5. Do you provide or receive participant-directed services? (Individual receiving services controls how their service dollars are spent.)

▶ Yes
▶ No
▶ Don't know

Skill Questions

Below you will find statements that describe skills that direct service workers might need to do their jobs well.

Please mark the box next to the response that shows how much you agree or disagree that Direct Service Workers should have each of these skills.

1. Competency Area: Communication

1a. Uses positive and respectful verbal, non-verbal and written communication that can be understood by the individual.
- ☐ strongly agree
- ☐ agree
- ☐ neither agree nor disagree
- ☐ disagree
- ☐ strongly disagree
- ☐ I don't understand the skill statement

1b. Explains services including any technical terms to the individual, and his or her family members.
- ☐ strongly agree
- ☐ agree
- ☐ neither agree nor disagree
- ☐ disagree
- ☐ strongly disagree
- ☐ I don't understand the skill statement

1c. Listens and communicates with the individual and family in a respectful and culturally appropriate manner.
- ☐ strongly agree
- ☐ agree
- ☐ neither agree nor disagree
- ☐ disagree
- ☐ strongly disagree
- ☐ I don't understand the skill statement

2. Competency Area: Providing Individualized Services

2a. Builds collaborative, professional relationships with the individual and others on the support team.
- ☐ strongly agree
- ☐ agree
- ☐ neither agree nor disagree
- ☐ disagree
- ☐ strongly disagree
- ☐ I don't understand the skill statement

2b. Helps design a service or support plan based on the choices and goals of the individual, and promotes active involvement of participant in the process.
- ☐ strongly agree
- ☐ agree
- ☐ neither agree nor disagree
- ☐ disagree
- ☐ strongly disagree
- ☐ I don't understand the skill statement

2c. Provides supports and services that help the individual achieve his or her goals.
- ☐ strongly agree
- ☐ agree
- ☐ neither agree nor disagree
- ☐ disagree

☐ strongly disagree
☐ I don't understand the skill statement

2d. Participates as an active member of individual service or support team.
☐ strongly agree
☐ agree
☐ neither agree nor disagree
☐ disagree
☐ strongly disagree
☐ I don't understand the skill statement

2e. Works in partnership with the individual to track progress toward goals and to change goals, as needed and desired by individual.
☐ strongly agree
☐ agree
☐ neither agree nor disagree
☐ disagree
☐ strongly disagree
☐ I don't understand the skill statement

2f. Helps the individual transition between services and adapt to life changes, including moving into home and community based settings.
☐ strongly agree
☐ agree
☐ neither agree nor disagree
☐ disagree
☐ strongly disagree
☐ I don't understand the skill statement

2g. Gathers and reviews information about an individual to provide quality services.
☐ strongly agree
☐ agree
☐ neither agree nor disagree
☐ disagree
☐ strongly disagree
☐ I don't understand the skill statement

3. Competency Area: Evaluation and Observation

3a. Helps with the assessment process by gathering information from many sources.
☐ strongly agree
☐ agree
☐ neither agree nor disagree
☐ disagree
☐ strongly disagree
☐ I don't understand the skill statement

3b. Uses the results of assessments to discuss options with team members and to guide support work.
☐ strongly agree
☐ agree
☐ neither agree nor disagree
☐ disagree
☐ strongly disagree

☐ I don't understand the skill statement

3c. Collects information about individuals' goals and asks about his or her satisfaction with services.
☐ strongly agree
☐ agree
☐ neither agree nor disagree
☐ disagree
☐ strongly disagree
☐ I don't understand the skill statement

3d. Observes health and behavior of individual within the cultural context of individual and his or her family.
☐ strongly agree
☐ agree
☐ neither agree nor disagree
☐ disagree
☐ strongly disagree
☐ I don't understand the skill statement

4. Competency Area: Participant Crisis and Intervention

4a. Recognizes risk and works to prevent crisis situations in a way that meets the individual's need.
☐ strongly agree
☐ agree
☐ neither agree nor disagree
☐ disagree
☐ strongly disagree
☐ I don't understand the skill statement

4b. Uses positive behavior supports to prevent crisis and promote health and safety.
☐ strongly agree
☐ agree
☐ neither agree nor disagree
☐ disagree
☐ strongly disagree
☐ I don't understand the skill statement

4c. Uses appropriate and approved intervention approaches to resolve a crisis situation.
☐ strongly agree
☐ agree
☐ neither agree nor disagree
☐ disagree
☐ strongly disagree
☐ I don't understand the skill statement

4d. Seeks help from other staff or family members when needed during a crisis.
☐ strongly agree
☐ agree
☐ neither agree nor disagree
☐ disagree
☐ strongly disagree
☐ I don't understand the skill statement

4e. Monitors situations and communicates with the individual and his or her family and support team to reduce risk.

- ☐ strongly agree
- ☐ agree
- ☐ neither agree nor disagree
- ☐ disagree
- ☐ strongly disagree
- ☐ I don't understand the skill statement

4f. Reports incidents according to rules.
- ☐ strongly agree
- ☐ agree
- ☐ neither agree nor disagree
- ☐ disagree
- ☐ strongly disagree
- ☐ I don't understand the skill statement

4g. Sees own role within a conflict or crisis and changes behavior to minimize conflict.
- ☐ strongly agree
- ☐ agree
- ☐ neither agree nor disagree
- ☐ disagree
- ☐ strongly disagree
- ☐ I don't understand the skill statement

5. Competency Area: Safety

Abuse and Neglect

5a. Demonstrates ability to identify, prevent, and report situations of abuse, exploitation, and neglect according to laws and agency rules.
- ☐ strongly agree
- ☐ agree
- ☐ neither agree nor disagree
- ☐ disagree
- ☐ strongly disagree
- ☐ I don't understand the skill statement

5b. Recognizes the signs of abuse and neglect, including the improper use of restraints, and works to prevent them.
- ☐ strongly agree
- ☐ agree
- ☐ neither agree nor disagree
- ☐ disagree
- ☐ strongly disagree
- ☐ I don't understand the skill statement

Emergency Preparedness

5c. Maintains the safety of an individual in the case of an emergency.
- ☐ strongly agree
- ☐ agree
- ☐ neither agree nor disagree
- ☐ disagree

☐ strongly disagree
☐ I don't understand the skill statement

5d. Helps individuals to be safe and learn to be safe in the community.
☐ strongly agree
☐ agree
☐ neither agree nor disagree
☐ disagree
☐ strongly disagree
☐ I don't understand the skill statement

5e. Uses basic precautions and gives first aid as needed in an emergency.
☐ strongly agree
☐ agree
☐ neither agree nor disagree
☐ disagree
☐ strongly disagree
☐ I don't understand the skill statement

6. Competency Area: Professionalism and Ethics

6a. Follows all relevant laws, regulations and is guided by ethical standards when doing work tasks.
☐ strongly agree
☐ agree
☐ neither agree nor disagree
☐ disagree
☐ strongly disagree
☐ I don't understand the skill statement

6b. Supports individual in a collaborative manner and maintains professional boundaries.
☐ strongly agree
☐ agree
☐ neither agree nor disagree
☐ disagree
☐ strongly disagree
☐ I don't understand the skill statement

6c. Shows professionalism by being on time, dressing appropriately for the job, and being responsible in all work tasks.
☐ strongly agree
☐ agree
☐ neither agree nor disagree
☐ disagree
☐ strongly disagree
☐ I don't understand the skill statement

6d. Seeks to reduce personal stress and increase wellness of himself or herself (the DSW).
☐ strongly agree
☐ agree
☐ neither agree nor disagree
☐ disagree
☐ strongly disagree
☐ I don't understand the skill statement

6e. Respects the individual and his or her family's right to privacy, respect, and dignity.
- ☐ strongly agree
- ☐ agree
- ☐ neither agree nor disagree
- ☐ disagree
- ☐ strongly disagree
- ☐ I don't understand the skill statement

6f. Maintains confidentiality in all spoken and written communication, and follows in the rules in the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- ☐ strongly agree
- ☐ agree
- ☐ neither agree nor disagree
- ☐ disagree
- ☐ strongly disagree
- ☐ I don't understand the skill statement

6g. Completes and submits documentation of services in a timely manner.
- ☐ strongly agree
- ☐ agree
- ☐ neither agree nor disagree
- ☐ disagree
- ☐ strongly disagree
- ☐ I don't understand the skill statement

7. Competency Area: Participant Empowerment & Advocacy

7a. Helps the individual set goals, make informed choices, and follow-through on responsibilities.
- ☐ strongly agree
- ☐ agree
- ☐ neither agree nor disagree
- ☐ disagree
- ☐ strongly disagree
- ☐ I don't understand the skill statement

7b. Supports the individual to advocate for him or herself by encouraging the individual to speak for his or her self.
- ☐ strongly agree
- ☐ agree
- ☐ neither agree nor disagree
- ☐ disagree
- ☐ strongly disagree
- ☐ I don't understand the skill statement

7c. Supports the individual to get needed services, support and resources.
- ☐ strongly agree
- ☐ agree
- ☐ neither agree nor disagree
- ☐ disagree
- ☐ strongly disagree
- ☐ I don't understand the skill statement

7d. Provides access to information about human, legal, and civil rights, and supports the individual to make informed choices about his or her life.
- ☐ strongly agree
- ☐ agree
- ☐ neither agree nor disagree
- ☐ disagree
- ☐ strongly disagree
- ☐ I don't understand the skill statement

7e. Assists the individual past barriers to get needed services.
- ☐ strongly agree
- ☐ agree
- ☐ neither agree nor disagree
- ☐ disagree
- ☐ strongly disagree
- ☐ I don't understand the skill statement

7f. Tells the individual and his or her family about their rights and how they are protected.
- ☐ strongly agree
- ☐ agree
- ☐ neither agree nor disagree
- ☐ disagree
- ☐ strongly disagree
- ☐ I don't understand the skill statement

8. Competency Area: Supporting Health and Wellness

8a. Supports the spiritual, emotional, and social wellbeing of the individual.
- ☐ strongly agree
- ☐ agree
- ☐ neither agree nor disagree
- ☐ disagree
- ☐ strongly disagree
- ☐ I don't understand the skill statement

8b. Gives medications or assists the individual to take medication while following all laws and safety rules.
- ☐ strongly agree
- ☐ agree
- ☐ neither agree nor disagree
- ☐ disagree
- ☐ strongly disagree
- ☐ I don't understand the skill statement

8c. Assists the individual to learn disease prevention and maintain good health.
- ☐ strongly agree
- ☐ agree
- ☐ neither agree nor disagree
- ☐ disagree
- ☐ strongly disagree
- ☐ I don't understand the skill statement

8d. Assists the individual to use infection control procedures and prevent illness.
- ☐ strongly agree

☐ agree
☐ neither agree nor disagree
☐ disagree
☐ strongly disagree
☐ I don't understand the skill statement

8e. Helps the individual make and keep regular health and dental care appointments.
☐ strongly agree
☐ agree
☐ neither agree nor disagree
☐ disagree
☐ strongly disagree
☐ I don't understand the skill statement

8f. Helps the individual follow health care plans and use medical equipment as needed.
☐ strongly agree
☐ agree
☐ neither agree nor disagree
☐ disagree
☐ strongly disagree
☐ I don't understand the skill statement

8g. Helps the individual to learn the signs of common health problems and take actions to improve health.
☐ strongly agree
☐ agree
☐ neither agree nor disagree
☐ disagree
☐ strongly disagree
☐ I don't understand the skill statement

9. Competency Area: Supporting Daily Community Living

9a. Assists the individual meet his or her physical and personal care needs (i.e. toileting, bathing, grooming) and provide training when needed.
☐ strongly agree
☐ agree
☐ neither agree nor disagree
☐ disagree
☐ strongly disagree
☐ I don't understand the skill statement

9b. Provides person centered support and helps the individual to build on his or her strengths in life activities.
☐ strongly agree
☐ agree
☐ neither agree nor disagree
☐ disagree
☐ strongly disagree
☐ I don't understand the skill statement

9c. Teaches and assists the individual with household tasks such as laundry and cleaning.
☐ strongly agree
☐ agree

☐ neither agree nor disagree
☐ disagree
☐ strongly disagree
☐ I don't understand the skill statement

9d. Assists the individual to learn about meal planning and shopping, and safe food preparation.
☐ strongly agree
☐ agree
☐ neither agree nor disagree
☐ disagree
☐ strongly disagree
☐ I don't understand the skill statement

9e. Respects the role of family members in planning and providing services.
☐ strongly agree
☐ agree
☐ neither agree nor disagree
☐ disagree
☐ strongly disagree
☐ I don't understand the skill statement

10. Competency Area: Community Inclusion and Networking

10a. Encourages and assists the individual to develop valued social roles based on his or her choices.
☐ strongly agree
☐ agree
☐ neither agree nor disagree
☐ disagree
☐ strongly disagree
☐ I don't understand the skill statement

10b. Gathers information about family and friends in the individual's life.
☐ strongly agree
☐ agree
☐ neither agree nor disagree
☐ disagree
☐ strongly disagree
☐ I don't understand the skill statement

10c. Supports the individual to get help from friends, families, neighbors and others.
☐ strongly agree
☐ agree
☐ neither agree nor disagree
☐ disagree
☐ strongly disagree
☐ I don't understand the skill statement

10d. Supports the individual in making and keeping friends and other types of relationships.
☐ strongly agree
☐ agree
☐ neither agree nor disagree
☐ disagree
☐ strongly disagree

☐ I don't understand the skill statement

10e. Supports the individual to be included in community life and to live in the community of his or her choice.
   ☐ strongly agree
   ☐ agree
   ☐ neither agree nor disagree
   ☐ disagree
   ☐ strongly disagree
   ☐ I don't understand the skill statement

11. Competency Area: Cultural Competency

11a. Provides or accesses services that fit with the individuals' culture or preferences.
   ☐ strongly agree
   ☐ agree
   ☐ neither agree nor disagree
   ☐ disagree
   ☐ strongly disagree
   ☐ I don't understand the skill statement

11b. Seeks to learn about culture of individual to provide better support and services.
   ☐ strongly agree
   ☐ agree
   ☐ neither agree nor disagree
   ☐ disagree
   ☐ strongly disagree
   ☐ I don't understand the skill statement

11c. Recognizes own biases and does not let them interfere in work relationships.
   ☐ strongly agree
   ☐ agree
   ☐ neither agree nor disagree
   ☐ disagree
   ☐ strongly disagree
   ☐ I don't understand the skill statement

11d. Respects the cultural needs and preferences of each individual.
   ☐ strongly agree
   ☐ agree
   ☐ neither agree nor disagree
   ☐ disagree
   ☐ strongly disagree
   ☐ I don't understand the skill statement

11e. Assists the person to find social, learning and recreational opportunities valued in his or her culture.
   ☐ strongly agree
   ☐ agree
   ☐ neither agree nor disagree
   ☐ disagree
   ☐ strongly disagree
   ☐ I don't understand the skill statement

12. Competency Area: Education, Training and Self-Development

12a. Completes training and continues to develop skills and seek certification.
- ☐ strongly agree
- ☐ agree
- ☐ neither agree nor disagree
- ☐ disagree
- ☐ strongly disagree
- ☐ I don't understand the skill statement

12b. Seeks feedback from many sources and uses it to improve work performance and skills.
- ☐ strongly agree
- ☐ agree
- ☐ neither agree nor disagree
- ☐ disagree
- ☐ strongly disagree
- ☐ I don't understand the skill statement

12c. Learns and stays current with technology used for documentation, communication and other work activities.
- ☐ strongly agree
- ☐ agree
- ☐ neither agree nor disagree
- ☐ disagree
- ☐ strongly disagree
- ☐ I don't understand the skill statement

Thank you for completing this survey!

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Appendix E: Direct Service Workforce Training Resources Toolkit: A Companion Resource

This toolkit provides information about and links to 18 existing training resources related to the competencies identified in the Direct Service Workforce Resource Center core competency set. Information is provided about how to access each training resource, the delivery mode (e.g., online, in person), the cost associated with taking the training, what topics the training addresses, and the target audience. This toolkit is intended to help LTSS program administrators, agency employers, individuals who employ their own workers, and direct service workers identify training programs and stand-alone curricula that help build staff competencies identified in the core set. The DSW RC core competency set was developed based on a comprehensive review of existing competency sets and related credentialing and apprenticeship programs, some of which are included in this toolkit. All training programs/curricula in this toolkit are for services for all adults, regardless of state, organization, or program, and are for people who work in home and community-based services (though the training program/curriculum might also apply to institutional settings).

There are 12 core competency areas into which the skill statements in the Core Competency Set have been organized. This toolkit identifies training programs and curricula that contain content addressing statements in one or more competency area. The table below indicates how many resources we identified that address each area. There are at least four and as many as 13 training resources described in this toolkit that address each broad competency area.

Number of Training Programs and Curricula Addressing DSW Core Competency Areas

Core Competency Area	# Related Training Programs/Curricula Identified in this Toolkit
1. Communication	8
2. Person-Centered Practices	8
3. Evaluation and Observation	8
4. Crisis, Prevention and Intervention	6
5. Safety	5
6. Professionalism and Ethics	7
7. Empowerment and Advocacy	7
8. Health and Wellness	13
9. Community Living Skills and Supports	5
10. Community Inclusion and Networking	6
11. Cultural Competency	5
12. Education, Training, and Self-Development	10

Summary of Training Programs and Curricula Addressing DSW Core Competency Areas

Training Programs and Curricula	DSW Core Competency Area											
	1.	2	3	4	5.	6	7	8	9	10	11	12
Training Program												
1 Addiction Counseling Competencies (Tap 21)		●	●			●		●		●	●	
2 Certified Psychiatric Rehabilitation Practitioner (CPRP) Prep Course	●		●	●		●				●	●	
3 DirectCourse: College of Direct Support Core Curriculum				●	●	●	●	●	●	●		●
4 DirectCourse: College of Direct Support Intermediate Curriculum	●		●			●	●	●	●		●	
5 DirectCourse: College of Employment Services Core Curriculum		●								●		
6 DirectCourse: College of Personal Assistance and Caregiving Core Curriculum	●	●			●	●	●	●	●		●	
7 DirectCourse: College of Recovery and Community Inclusion Core Curriculum						●		●		●	●	●
8 Community Residential Core Competencies (CRCC)	●		●	●			●	●		●		●
9 Home Health Aide Apprenticeship	●	●			●	●	●	●				
10 SAMHSA/CSAT Treatment Improvement Protocols 42		●	●					●				●
Curriculum												
11 Adult Abuse & Neglect Prevention (AANP) Training	●	●		●				●				
12 Best of the 2013 PRA Annual Conference Series (Webinar)			●					●				●

	Training Programs and Curricula	DSW Core Competency Area											
		1.	2	3	4	5.	6	7	8	9	10	11	12
13	Emerging Leaders in Psychiatric Rehabilitation Webinar Series (Webinar)												●
14	Fall Prevention Awareness (NCOA)			●		●				●			
15	Health and Wellness in Psychiatric Rehabilitation Webinar Series (Webinar)								●				
16	The Peer Empowerment Program (Institute for Community Integration)	●		●	●			●		●	●		●
17	Peer Mentoring (PHI)	●	●					●					●
18	Personal Care Services Curriculum (PHI)		●		●	●		●	●				●

Training Programs

1. Addiction Counseling Competencies (Tap 21)

Name of Organization: Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA)
Website: http://store.samhsa.gov/product/TAP-21-Addiction-Counseling-Competencies/SMA13-4171
Target Users: Substance abuse treatment counselors
Consumer Populations: Substance use disorders
Online/in-person/combination: Online manual
Fees Associated: Free (shipping charges may apply)
Topics: Individual assessment and screening, treatment planning, referral, service coordination, counseling, family and community education, and cultural competency
DSW Core Competency Areas Addressed: 2, 3, 6, 8, 11, 12

2. Whole Career Practitioner Training & Continuing Education: Certified Psychiatric Rehabilitation Practitioner (CPRP) Prep Course

Name of Organization: U.S. Psychiatric Rehabilitation Association (USPRA)
Website: http://uspra.org/practitioner-training-continuing-education/cprp-prep-course
Target Users: Practitioners working within the adult mental health system, psychiatric rehabilitation workforce
Consumer Populations: Mental health, psychiatric rehabilitation
Online/in-person/combination: Combination
Fees Associated: Members: $255; Non-members: $355
Topics: Interpersonal competencies; professional role competencies; community integration; assessment, planning, and outcomes; systems competencies; interventions for goal achievement; diversity and cultural competency, PRA multicultural principles; practitioner code of ethics
DSW Core Competency Areas Addressed: 1, 3, 4, 6, 10, 11

3. DirectCourse: College of Direct Support Core Curriculum

Name of Organization: College of Direct Support
Website:
http://secure.mcstrategies.com/Commerce/ProductCatalog.aspx?Passthrough=oVYASje+Ij3QR7dzIajXitfXXdUbaskHEmhtyVy9who=
Target Users: Direct support professionals
Consumer Populations: All populations
Online/in-person/combination: Online
Fees Associated: Total $309; also available per course
Topics: Developmental disabilities, services, and policies; supporting safe and healthy lives; individual empowerment/self-determination; community service and networking; positive behavioral supports/crisis intervention; documentation; building and maintaining friendships; education, self-development, and access to information
DSW Core Competency Areas Addressed: 4, 5, 6, 7, 8, 9, 10, 12

4. DirectCourse: College of Direct Support Intermediate Curriculum

Name of Organization: College of Direct Support
Website:
http://secure.mcstrategies.com/Commerce/ProductCatalog.aspx?Passthrough=oVYASje+Ij3QR7dzIajXitfXXdUbaskHEmhtyVy9who=
Target Users: Direct support professionals
Consumer Populations: All populations
Online/in-person/combination: Online
Fees Associated: Total $279; also available per course
Topics: Cultural Competence; Medication Support; Employment Supports for People with Disabilities; Person-Centered Planning and Supports; Personal Care; Functional Assessment;

Working with Families and Support Networks; Civil Rights & Advocacy; Everyone Can Communicate
DSW Core Competency Areas Addressed: 1, 3, 6, 7, 8, 9, 11

5. DirectCourse: College of Employment Services Core Curriculum

Name of Organization: College of Employment Services
Website:
http://secure.mcstrategies.com/Commerce/ProductCatalog.aspx?Passthrough=oVYASje+Ij3QR7dzIajXitfXXdUbaskHEmhtyVy9who=
Target Users: Professionals who support people with disabilities and other challenges
Consumer Populations: People with disabilities and other challenges
Online/in-person/combination: Online
Fees Associated: Total $670; also available per course
Topics: Strategies for Job Development, Part I and II; Principles of Career Development; Foundation of Employment Services; Business Perspectives; Using Work Incentives To Increase Self-Sufficiency; Performance Coaching Part I; Performance Coaching and Support Part II; Funding Employment Services; Ticket to Work; Employment Services for People with Mental Health Disabilities; Networking
DSW Core Competency Areas Addressed: 2, 10

6. DirectCourse: College of Personal Assistance and Caregiving Core Curriculum

Name of Organization: College of Personal Assistance and Caregiving
Website:
http://secure.mcstrategies.com/Commerce/ProductCatalog.aspx?Passthrough=oVYASje+Ij3QR7dzIajXitfXXdUbaskHEmhtyVy9who=
Target Users: Home health care providers
Consumer Populations: People with disabilities and older adults
Online/in-person/combination: Online
Fees Associated: Total $680; also available per course
Topics: Personal Care; Disability Rights and Independent Living; Healthy Lives One; Health Lives Two; Cerebral Palsy Care; Diabetes Care; Safety at Work: Information for Home Care Providers; Roles and Responsibilities of a Home Care Provider; Being Prepared for an Emergency
DSW Core Competency Areas Addressed: 1, 2, 5, 6, 7, 8, 9, 11

7. DirectCourse: College of Recovery and Community Inclusion Core Curriculum

Name of Organization: College of Recovery and Community Inclusion
Website:
http://secure.mcstrategies.com/Commerce/ProductCatalog.aspx?Passthrough=oVYASje+Ij3QR7dzIajXitfXXdUbaskHEmhtyVy9who=
Target Users: Community mental health practitioners

Consumer Populations: Individuals with psychiatric disabilities
Online/in-person/combination: Online
Fees Associated: Total $290; also available per course
Topics: The Effective Use of Documentation; Universal Precautions and Infection Control; Mental Health Treatments, Services, and Supports; Seeing People First: Understanding Mental Health Conditions; Cultural Competence in Mental Health Service Settings; Introduction to Mental Health Recovery and Wellness
DSW Core Competency Areas Addressed: 6, 8, 10, 11, 12

8. Community Residential Core Competencies (CRCC)

Name of Organization: National Alliance for Direct Support Professionals (NADSP)
Website: http://www.rtc.umn.edu/docs/analysis.pdf; https://www.nadsp.org/2011-09-22-14-00-06.html
Target Users: Direct service workers working in community residential services for people with developmental disabilities
Consumer Populations: I/DD
Online/in-person/combination: Online document
Fees Associated: Free
Topics: Household management, facilitation of services, health and wellness, organizational participation, documentation, consumer empowerment, assessment, advocacy, community and service networking, building and maintaining friendships and relationships, communication, crisis intervention, staff pursues knowledge and information necessary to perform job duties, vocational, education, and career support
DSW Core Competency Areas Addressed: 1, 3, 4, 7, 8, 10, 12

9. Home Health Aide Apprenticeship

Name of Organization: Paraprofessional Healthcare Institute (PHI)
Website: http://phinational.org/workforce/resources/apprenticeships-long-term-care
Target Users: Workers assisting elders and people with disabilities in their homes
Consumer Populations: Elders and people with disabilities living in their homes
Online/in-person/combination: In-person
Fees Associated: Free
Topics: The apprenticeship offers the opportunity to obtain specialties in at least two areas, including mentoring, dementia care, hospice and palliative care, geriatric care, and working with people with physical disabilities and mental illness
DSW Core Competency Areas Addressed: 1, 2, 5, 6, 7, 8

10. SAMHSA/CSAT Treatment Improvement Protocols 42

Name of Organization: Substance Abuse and Mental Health Services Administration and Center for Substance Abuse Treatment
Website: http://www.ncbi.nlm.nih.gov/books/NBK64197/
Target Users: Substance abuse treatment clinicians
Consumer Populations: People with co-occurring substance use and mental disorders
Online/in-person/combination: Guidelines or manual; order online
Fees Associated: Free (shipping charges may apply)

Topics: Definitions, terms, and classification systems for co-occurring disorders; keys to successful programming; assessment; strategies for working with clients with co-occurring disorders; traditional settings and models; special settings and specific populations; a brief overview of specific mental disorders and cross-cutting issues; substance-induced disorders
DSW Core Competency Areas Addressed: 2, 3, 8, 12

Curricula

11. Adult Abuse & Neglect Prevention (AANP) Training

Name of Organization: The leadership of BEAM, the Michigan Office of Services to the Aging, and researchers from Michigan State University, with assistance from Paraprofessional Healthcare Institute (PHI)
Website: http://phinational.org/workforce/resources/phi-curricula/adult-abuse-neglect-prevention-training
Target Users: All people working in LTSS settings and programs
Consumer Populations: All populations
Online/in-person/combination: Online
Fees Associated: Free
Topics: Person-centered care, identifying potential signs of abuse and neglect, abuse and neglect – defining and reporting, stress triggers and trigger busters – life influences, stress triggers and trigger busters – job challenges, stress triggers and trigger busters – client behaviors, stress trigger signals, active listening, de-escalation – conflict resolution, de-escalation – client behaviors, when abuse happens, active communication
DSW Core Competency Areas Addressed: 1, 2, 4, 8

12. Best of the 2013 PRA Annual Conference Series (Webinar)

Name of Organization: U.S. Psychiatric Rehabilitation Association (USPRA)
Website: http://uspra.org/practitioner-training-continuing-education/best-2013-pra-annual-conference
Target Users: Psychiatric rehabilitation, mental health professionals
Consumer Populations: Mental health, psychiatric rehabilitation
Online/in-person/combination: Online (webinars)
Fees Associated: Per webinar and full webinar series (4 parts); per webinar: member: $55; non-member: $85; full webinar series: member: $195; non-member: $295
Topics: Strategic planning for recovery programs, recovery strategies for medical health homes, performance measurement
DSW Core Competency Areas Addressed: 3, 8, 12

13. Emerging Leaders in Psychiatric Rehabilitation Webinar Series (Webinar)

Name of Organization: U.S. Psychiatric Rehabilitation Association (USPRA)
Website: http://psychrehabassociation.org/emerging-leaders-psychiatric-rehabilitation-webinar-series
Target Users: Emerging leaders in psychiatric rehabilitation
Consumer Populations: Psychiatric rehabilitation

Online/in-person/combination: Online (webinars)
Fees Associated: Per webinar and full webinar series (4 parts); per webinar: member: $55; non-member: $85; full webinar series: member: $195; non-member: $295
Topic: Leadership in psychiatric rehabilitation
DSW Core Competency Areas Addressed: 12

14. Fall Prevention Awareness

Name of Organization: A joint project between Paraprofessional Healthcare Institute (PHI) and the National Council on Aging (NCOA)
Website: http://phinational.org/workforce/resources/phi-curricula/fall-prevention-awareness
Target Users: Home health aides
Consumer Populations: All populations in long-term care
Online/in-person/combination: In-person (curriculum available online)
Fees Associated: Free
Topics: Recognizing risk factors for falling, enhancing skills to address risk factors
DSW Core Competency Areas Addressed: 3, 5, 9

15. Health and Wellness in Psychiatric Rehabilitation Webinar Series (Webinar)

Name of Organization: U.S. Psychiatric Rehabilitation Association (USPRA)
Website: http://uspra.org/practitioner-training-continuing-education/health-and-wellness-psychiatric-rehabilitation
Target Users: Psychiatric rehabilitation, mental health professionals
Consumer Populations: Mental health and substance use
Online/in-person/combination: Online (webinars)
Fees Associated: Per webinar and full webinar series (4 parts); per webinar: member: $55; non-member: $85; full webinar series: member: $195; non-member: $295
Topics: Health and wellness, sexual wellness, psychiatric rehabilitation, assisting persons with co-occurring substance use disorders to prevent relapse
DSW Core Competency Areas Addressed: 8

16. The Peer Empowerment Program (PEP)

Name of Organization: Institute on Community Integration
Website: http://rtc.umn.edu/docs/pep_facguide.pdf
Target Users: Direct support staff within a community-based human service organization
Consumer Populations: All populations
Online/in-person/combination: In-person (toolkit available online)
Fees Associated: Toolkit is free
Topics: Community Support Skill Standards, including participant empowerment, communication, assessment, community and service networking, facilitation of services, community living skills & supports, education, training, & self-development, advocacy, vocational, educational, & career support, crisis intervention, organization participation, and documentation
DSW Core Competency Areas Addressed: 1, 3, 4, 7, 9, 10, 12

17. Peer Mentoring

Name of Organization: Paraprofessional Healthcare Institute (PHI)
Website: http://phinational.org/workforce/resources/phi-curricula/peer-mentoring
Target Users: Direct-care workers in home and residential care serving as peer mentors
Consumer Populations: Home and residential care
Online/in-person/combination: In-person
Fees Associated: Provided through train the trainer program
Topics: Eight modules prepare mentors to: 1) Model good caregiving skills; 2) Model effective communication and problem-solving skills; 3) Support the mentee to build confidence in his or her abilities; 4) Give mentees constructive feedback; and 5) Provide mentees with current information about job responsibilities and the workplace.
DSW Core Competency Areas Addressed: 1, 2, 8, 12

18. Personal Care Services Curriculum

Name of Organization: Paraprofessional Healthcare Institute (PHI)
Website: http://phinational.org/workforce/resources/phi-curricula/personal-care-services-curriculum
Target Users: Personal care workers
Consumer Populations: Elders and people with disabilities, including mental illness and developmental disabilities, living in homes or assisted living or other residential settings; also, those living in nursing facilities
Online/in-person/combination: In-person (curriculum available online)
Fees Associated: CD with all material can be ordered for $25; curriculum is free as long as there is full attribution to PHI
Topics: Foundational knowledge, attitudes, and skills, person-centered care, and other issues that apply across work settings
DSW Core Competency Areas Addressed: 2, 4, 5, 7, 8, 12

Appendix F: Frequently Asked Questions (FAQ) on Self-Direction

June 2014

Q1. What are core competencies?

A1. Competencies are skills that workers need to have in order to do their jobs well. The "core competencies" in this draft set are limited to those competencies that are commonly needed by workers who support older adults, adults who have behavioral health or mental health needs, adults with intellectual or developmental disabilities, and/or adults with physical disabilities who live at home or other community-based settings. They represent the core set of competencies that are needed by most workers in home and community-based settings. The final set will be released after it has been validated through an effort to survey a broad sample of workers, individuals who receive services, supervisors and administrators.

Q2. What kinds of direct service workers use these competencies?

A2. These competencies are used by workers who provide direct supports and services to adults with disabilities and/or older adults in homes and in community-settings. This includes workers who support people with different kinds of disabilities and who may use titles such as home health aide, personal care aide, case manager, peer support specialist, personal assistance provider, direct care worker, counselor aide, direct support professional, home attendants, and many others. While there may be some overlap, this set is not intended to describe the competencies needed by workers providing supports and services in nursing homes and institutional settings or the competencies needed by workers supporting children with disabilities.

Q3. Why is having a core competency set for the direct service workforce important?

A3. Many states are working independently to develop competency sets and create or improve training programs for this workforce because they recognize that the quality of services being provided depends in large part on the quality and stability of the workforce. There is currently a shortage of workers available to provide direct supports in community settings. The field is characterized by low wages, few benefits, high rates of occupational injury, and limited access to training and career pathways, which makes it difficult for individual and agency employers to attract and retain workers. A core competency set will inform policy makers and employers of the skills commonly needed by this workforce to support people with disabilities to live in community settings. It will

provide a common language and framework that will help states and employers with capacity building, training development, policy planning, and practice.

Q4. Does every direct service worker need to have all of these competencies?

A4. No, every worker will not necessarily need to have every skill in the set. The competencies in the final set will be included because workers, people who receive services, supervisors and administrators will have consistently confirmed that they are important skills commonly needed by workers. Some workers will not need some of the skills in the set to perform their jobs well. Other workers will need additional skills that are not in this set – skills that help them to support a particular individual, provide a particular or specialized type of service or provide services in a specialized program.

Q5. Are states and employer agencies supposed to require training for workers in all of these competency areas?

A5. No, CMS is not developing this competency set as a way to tell states, employers or workers what training should be required. CMS is offering this set of core competencies as a point of reference for states, employer agencies, individual employers, and workers to assist with the following: identifying training needs; developing or updating training curricula and training programs; addressing skills that are most commonly needed by workers in home and community-based settings; and informing public policy and employer policy with regard to training requirements.

Q6. What if I direct my own services through a self-directed program? How do these competencies apply to me and the people I hire to support me?

A6. This set of competencies is not intended to describe skills needed by workers in self-directed programs. There are skills in this set that workers in self-directed programs may not need. There are other skills a worker might need that do not appear in this set because they are specific to the individual being supported or specific to the circumstances of the worker's relationship with the individual they support or the specific to the programs. However, workers in self-directed programs, including workers supporting their own family members, have contributed to this draft set and report that they need many of these competencies to perform their jobs well. CMS believes the final set of competencies could be a valuable resource to individuals and workers in self-directed programs as a tool to help them identify what skills they want their workers to have, to help select the right worker from multiple job candidates, to help evaluate job performance, and/or to help workers acquire needed skills, either through training provided directly by the individual employer or through some other training or educational program.

Q7. Is having one set of core competencies consistent with the vision and principles of self-direction?

Q7. CMS strongly discourages states from implementing training policies that limit the personal choice and control of individuals who receive long term services and supports. It is CMS's position that all individuals receiving long term services and supports should receive supports and services in a highly individualized and person-centered manner. In particular, individuals in self-directed programs should have ultimate control and authority over what kinds of services they receive, who delivers the services and how those services are delivered. CMS encourages states to leave training in self-directed programs to the discretion of the individual employer. States could help many individuals receiving supports and workers by offering them access to formal training programs and resources that address the skills most commonly needed by workers, but these programs and resources should be offered to individuals and workers in these programs on a voluntary basis.

Q8. Is this the final set of core competencies?

Q8. The set is not yet final. Starting in February 2014 and going through July 2014, CMS will ask a broad sample of workers, individuals receiving services, supervisors and administrators in four states (Iowa, New York, Texas and Washington) to review and validate the draft set of competencies. Through focus groups and a web-based survey, these states will contact several thousand individuals and ask them to confirm whether or not each competency in the draft set describes a skill they think is important to do the job well. This feedback will be used to finalize the set of core competencies.