
Competency Models In Action:

Aging in Place: Ohio's Direct Service Competency Models Lead the Way

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Introduction

The aging of the United States population is not just a number. When thinking about the needs for long-term care supports and services capability, it's a significant issue.

"Ohio and the United States are facing an "age-boom" because of the aging of the baby boom generation and increasing longevity. By the year 2030, the number of adults 60 years and over will nearly double, and the population over age 85, who are most likely to need long-term care, will increase up to five fold. A long-term workforce that can adequately deliver quality care to the elderly and disabled will need to be developed to meet the needs of this growing population."¹

The Workforce Need

Ohio is being proactive in addressing the long-term care issue. As stated on the Ohio Direct Service Workforce project web site, <http://grc.osu.edu/odsw>, "Ohio's Direct Service Workforce Initiative was established in response to the efforts of multiple state agencies (Job and Family Services, Aging, Education, Health, Mental Health, Developmental Disabilities, Alcohol and Drug Addiction, and the Board of Regents). The goal of the unified task force is to cultivate a highly-trained and flexible direct service workforce and assure that Ohio is prepared to meet the growing demand for affordable, high quality long-term services. A Direct Service Worker is defined as "a provider of personal assistance services or supports to an individual needing assistance in order to participate in activities of daily life."

Ohio is one of 43 states and the District of Columbia to receive funding for the Money Follows the Person (MFP) demonstration projects, which were enacted by Congress as part of the Federal Deficit Reduction Act of 2005. MFP provides funds to support state efforts to move people currently residing in institutions back into their community and to rebalance their long-term care system to emphasize home and community-based care services rather than institutional placement. "To achieve these goals, the State of Ohio will implement a consistent and portable system of (stackable) assessments and certifications for the direct service workforce bring together stakeholders, gather data and sponsor research to support planning and policy."²

¹ Cauley, Katherine. 2011 Identifying Competencies of Ohio's Long Term Care Workers Serving the Elderly Population in Ohio, Boonshoft School of Medicine and School of Professional Psychology, Wright State University, Dayton, Ohio <http://grc.osu.edu/odsw/research/competenciesofdswworkers/index.cfm>

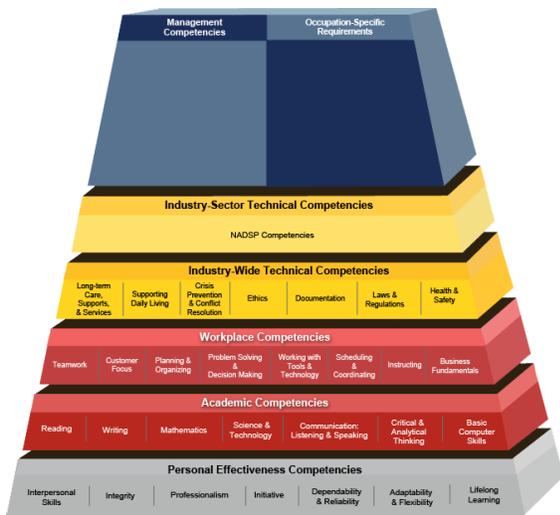
² Project Home Page, <http://grc.osu.edu/odsw>

Ohio’s Direct Service Workforce Initiative is supported by lead partner Ohio Colleges of Medicine Government Resource Center (GRC). The Center on Education and Training for Employment (CETE) at The Ohio State University (College of Education and Human Ecology) in collaboration with GRC, partners with a university experts group and a stakeholder consortium group that includes cross-cutting state agency staff, associations, private firms and other interested parties. These groups meet regularly and have provided valuable input to both the work and research components of the project.

Initiative Work to Date

The Direct Service Workforce Initiative has four phases: 1) What Should Be; 2) What Is; 3) Bridge What is with What Should Be; and 4) Fill Gaps. The first product of phase one (i.e., information gathering) resulted in the development of the [Health and Human Services Long-Term Supports and Services Workforce Synthesis and Recommendations](#) report.

Long-term Care, Supports, and Services Competency Model



The authors repeatedly cited ETA’s Long-term Care, Support, and Services Competency (LTCSS) model in the report, noting that “the LTCSS model, similar to the other industry models, leaves the occupation-specific tiers blank so that end-users can complete them. These tiers could be defined and elaborated through Ohio project activities of the next two phases of the project.”

The report contains a formal recommendation that the Initiative customize the LTCSS competency model found on the Competency Model Clearinghouse for their project.

See the model at <http://www.careeronestop.org/competencymodel/pyramid.aspx?LTC=Y>

“Our intent is to utilize the foundational and industry tiers of ETA’s LTCSS Model as a starting point and to use a modified DACUM (Developing a Curriculum) occupational analysis method to elaborate on the occupation-specific requirements,” says Dr. James Austin, Director of Assessment Services, CETE. The challenge was clear: to identify a core set of knowledge and skills for direct care workers, that are not sector or setting specific, and to articulate clear career pathways for direct care workers resulting in stackable credentials.

CETE researchers convened panels of incumbent direct service workers in four key areas – Home Health Care, Nursing and Facility Care, Developmental Disabilities, and Behavioral Health. Working with each panel of 12-13 workers over two days, they undertook an analysis

to determine what the job duties and tasks were for each sector. Knowledge and skill statements were also generated for the four draft DACUM Research Charts, which are currently being verified through online and paper-pencil surveys of incumbents and supervisors, educators and trainers, and consumers and their family members.

“This approach is a very good way to proceed in this endeavor” notes Traci Lepicki, Director of Evaluation Services, CETE. “We worked with a mix of incumbent direct service workers who had different credentials, starting with the Home Health Care occupation. We worked our way through all four sectors, sharing the information gathered from each group with the next. As a result, each subsequent panel of participants benefitted from the insights of an array of direct care professionals queried before them.”

Utilizing direct service providers in the information gathering process turned out to be a very positive experience for the researchers. “It generates good will and genuine interest in being part of the project. The direct service workers enjoy being part of the story. They’re given a voice in the future of their professions,” says Ms. Lepicki. The researchers will continue to consult with direct care workers throughout the course of the project. A fifth panel, comprised of previous panelists and new participants, was charged with reviewing the draft results from the prior analyses to determine the core knowledge and skills that are necessary for these four direct care sectors. This consolidation panel was carefully selected to include three persons from each area--two each from the original panels and one person new to the process.

CETE has just produced and is distributing verification surveys that will confirm 50-90 tasks for the individual charts as well as a set of 61 core competencies for these four direct care areas embedded within the instruments. As part of that verification process, they will aggregate responses to the core items over the four sectors. The next step will be to conduct a systematic task analysis to drill-down into the tasks deemed most critical. The goal is to elaborate the cross-cutting competencies for the direct support workforce for all age groups. The output will be similar to the 15 categories of competencies already developed by the [National Alliance for Direct Support Professionals](#) for the workforce providing services to the developmental and intellectually disabled populations. Future steps include development of a test blueprint for Home Health that potentially could include selected response (multiple choice), constructed response (short written responses), and performance tasks (e.g., hand washing, documentation logs, and other core tasks).

An additional feature of the overall project is a set of small grants to teams of researchers from Ohio colleges and universities. A competition was held to select grants that informed research questions identified by a faculty expert panel; six projects were selected for funding <http://grc.osu.edu/odsw/research/>. Plans are also underway for a research conference to share these findings with a broader audience of direct care workforce stakeholders for review and validation.

As the project continues, the stakeholder consortium group will receive periodic updates on the status of the Direct Service Workforce Initiative. In addition, a GRC subcommittee, comprised of faculty from Ohio universities and community colleges, is responsible for providing recurrent input to the direct care community of interest on the progress of the Initiative.

Return on Investment

The core set of knowledge, skills and abilities that are not sector- or setting-specific will be useful to articulate transferrable skills. The model will be a framework for identifying stackable credentials that form the basis of career pathways to higher paying jobs. “We foresee significant potential for wider use of these resources once they are finalized,” says Dr. Austin. “We anticipate that other groups will do studies examining overlap between our research and existing education and training resources. Those studies could inform curricula throughout the state. Our main intention is to get information out to the affected constituencies. We want to create more career pathway opportunities to attract more people to direct care occupations. Some entrants may transition on to other healthcare occupations in a ladder or lattice, but others will form the core of the required workforce as valued members of the health care team.”

Related Links

Ohio Direct Service Workforce Initiative

<http://grc.osu.edu/odsw>

Ohio College of Medicine Government Resource Center

<http://grc.osu.edu/projects>

Ohio Direct Service Workforce Initiative: Research Reports

<http://grc.osu.edu/odsw/research/>

Ohio Center for Education and Training for Employment

www.cete.org/projects