



# Public Health and Safety Division Workforce Development Plan 2021-2023

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## Purpose

The purpose of the 2021-2023 Public Health and Safety Division (PHSD) Workforce Development Plan is to address current workforce needs by identifying knowledge and skills gaps, developing targeted training and education programs, and fostering a culture of continuous learning.

## Introduction

Public health workforce development is essential to the effective delivery public health services and protection of the public's health. Central to workforce development is identifying gaps in knowledge and skills through the assessment of staff needs. Once identified, knowledge and skills gaps are addressed via targeted training and education programs. To successfully address PHSD's workforce needs and improve competency, PHSD analyzed current workforce data to create the 2021-2023 PHSD Workforce Development Plan (PHSD WFD Plan).

Data from the 2019 Montana Public Health Workforce Assessment (WF Assessment), the Association of State and Territorial Health Officials' Workforce Development Plan Toolkit, and the Public Health Accreditation Board Standards and Measures (Version 1.5, Standards 8.1 and 8.2), were utilized to create the PHSD WFD Plan. This plan will be used by PHSD to develop and deliver training and education programs to staff, and to monitor and evaluate progress made on related goals and objectives.

## Agency Profile

### Mission and Vision

PHSD's mission is to "improve and protect the health of Montanans by advancing conditions for healthy living." The Division's vision is "healthy people in healthy communities," and its guiding principles are:

- **Evidence-based decision making:** Use scientific evidence to select programs and interventions.
- **Collaboration:** Engage in collaborations to improve the health of Montanans.
- **Equal access and individual rights:** Address and reduce health disparities.
- **Accountability:** Focus efforts on improving customer satisfaction in everyday work.
- **Quality:** Conduct operations in accordance with PHAB's standards and measures.

### Location and Population Served

Located in the state capital Helena, PHSD serves Montana's population of roughly one million residents. Montana delivers public health services through state, local and Tribal public health agencies, Indian Health Services, health systems, community-based organizations, and other statewide partners. The Montana Department of Public Health and Human Services (DPHHS) is the lead public health agency in the state. Authority for overseeing the coordination of the public health system rests with the Public Health and Safety Division (PHSD) and with the maternal and child health programs, which are located in the Early Childhood and Family Services Division (ECFSD), Family and Community Health Bureau (FCHB). PHSD provides resources, expertise, and technical support to enable local and Tribal public health departments and other partners to protect the health of their residents and provide high-quality services. PHSD leads public health efforts in Montana and provides state-level coordination of key public health services to 58 local and tribal public health departments.

Montana operates under a decentralized public health system, which grants local and tribal health departments autonomy from the state health department, the Department of Public Health and Human Services (DPHHS). Local health departments carry out public health activities under authority delegated through state law to local boards of health and public health officers. Tribes have independently governed tribal health departments, as determined by their tribal governments, and maintain sovereign authority related to public health laws and regulations. PHSD supports local and tribal public health departments in their implementation of public health services through its 30 programs, four bureaus, and two support offices, with additional support from FCHB's 18 programs.

### Montana Demographic Profile

<i>Population</i>	1,068,778
Population per square mile	6.8
Land area in square miles	145,545.80
<i>Median Household Income</i>	\$57,153
<i>Education</i>	
High school graduate or higher	93.6%
Bachelor's degree or higher	32.0%
<i>Median Age</i>	40.5
<i>Population by Race</i>	
White alone	88.0%
Black or African American alone	0.7%
American Indian or Alaska Native alone	6.3%
Asian alone	0.8%
Native Hawaiian or Other Pacific Islander alone	0.0%
Some other race alone	0.7%
Two or more races	3.4%
Hispanic or Latino (regardless of race)	3.8%
<i>Languages Spoken at Home</i>	
English only	96.0%
Spanish	1.3%
Other Indo-European languages	1.2%
Asian and Pacific Islander languages	0.4%
Other languages	1.1%
<i>Disabled population</i>	13.5%
<i>Poverty Rate</i>	12.6%
Children under 18 in poverty	14.9%

Data from the [US Census Bureau 2019 American Community Survey 1-Year Estimates](#)

Montana is home to 8 Indian reservations.

<a href="#">Blackfoot Tribe of the Blackfoot Reservation</a> (~15,560 enrolled members)
<a href="#">Chippewa Cree Tribe of the Rocky Boy's Reservation</a> (~2,500 enrolled members)
<a href="#">Confederated Salish &amp; Kootenai Tribes of the Flathead Reservation</a> (~7,753 enrolled members)
<a href="#">Crow Tribe of the Crow Reservation</a> (~10,000 enrolled members)

<a href="#">Fort Belknap Tribes of the Fort Belknap Reservation</a> (~4,000 enrolled members)
<a href="#">Fort Peck Tribes of the Fort Peck Reservation</a> (~10,700 enrolled members)
<a href="#">Little Shell Chippewa Tribe</a> (~4,500 enrolled members)
<a href="#">Northern Cheyenne Tribe of the Northern Cheyenne Reservation</a> (~11,266 enrolled members)

Information from the [Governor’s Office of Indian Affairs](#)

## Governance

Montana’s public health system and its statutory authority are established under Title 50 in the Montana Code Annotated (MCA). The MCA and Montana Administrative Rules provide the legal framework for PHSD operations. PHSD Administrators are responsible for providing leadership and direction as well as the overall management of the Division. PHSD Administrators report to the DPHHS Deputy Director. The DPHHS Deputy Director, the DPHHS Director, and the Governor are the governing entity for the PHSD related to accreditation and the national Public Health Accreditation Board.

## Organizational Structure

In 2019, DPHHS created the Early Childhood and Family Support Division (ECFSD) to consolidate programs and services related to serving children and families into one division. This reorganization included moving the Family and Community Health Bureau (FCHB), which houses the maternal and child health programs, from PHSD to ECFSD. Although FCHB is no longer within PHSD, they work together to maintain public health accreditation through collaboration and resource-sharing, including the trainings and education programs outlined in the PHSD WFD Plan. As a result, this plan includes information on both PHSD and FCHB, and processes are in place to provide FCHB staff with training and education opportunities offered by PHSD.

## Public Health and Safety Division

PHSD is organized into four bureaus and two offices, which includes the following:

- Chronic Disease Prevention and Health Promotion Bureau,
- Communicable Disease Control and Prevention Bureau,
- Financial Operations and Support Services Bureau,
- Laboratory Services Bureau,
- Office of Epidemiology and Scientific Support, and
- Public Health System Improvement Office.

The **Chronic Disease Prevention and Health Promotion Bureau (CDPHP)** works to prevent chronic disease and promote health among Montanans. This is accomplished with activities that promote healthy behaviors, including physical activity, seat belt use, fall prevention, healthy eating, cancer screening, abstinence from tobacco, and tobacco cessation. CDPHP also addresses chronic conditions such as asthma, cardiovascular disease, stroke, diabetes, arthritis, and injury.

The **Communicable Disease Control and Prevention Bureau (CDCP)** works to prevent and control the spread of communicable disease, through disease surveillance and control activities, regulatory activities for public establishments, and the coordination of immunization and IV/AIDS treatment programs. These programs are responsible for assisting with the approximately 6,000 cases of communicable diseases reported each year, working with providers and local and tribal public health agencies to ensure that proper treatment and investigation are conducted to prevent additional illnesses.

The **Financial Operations and Support Services Bureau (FOSSB)** provides budget and financial support to PHSD, including monitoring budgets and expenditures for more than 100 funding sources, and preparing state and federal financial reports. Every year, the Bureau develops more than 500 contracts for services with local and tribal public health agencies, health care providers and facilities, and community-based organizations, as well as budget requests for presentation to the legislature. FOSSB's Office of Vital Records issues over 16,000 birth and death certificates each year and maintains records of vital events including all marriages and divorces.

The **Laboratory Services Bureau (LSB)** includes a clinical public health and environmental laboratory that provide testing to support disease prevention and control across Montana. Laboratory tests performed include both medical tests in support of disease control programs (such as for tuberculosis and HIV) and environmental tests in support of clean drinking water (such as for bacterial contamination and heavy metals). Newborn screening for 28 metabolic and genetic tests are also done in LSB for the 12,000 babies born in Montana each year.

The **Office of Epidemiology and Scientific Support (OESS)** is responsible for monitoring and tracking the health of Montanans and for evaluating environmental health hazards. OESS maintains a variety of public health data sources including birth and death records, hospital discharge data, and survey information. By managing and analyzing these data sources, OESS provides technical assistance to the PHSD bureaus as well as external programs, helping them to use the best available data to make programmatic and budgetary decisions.

The **Public Health System Improvement Office (PHSIO)** supports PHSD, and local and tribal public health departments, with creating plans and processes to ensure efficient and effective public health system management and training of the statewide public health workforce. PHSIO promotes and supports health departments with meeting PHAB accreditation standards. PHSIO's support of local and tribal health departments continues to improve collaboration between health departments, local hospitals, and community stakeholders. PHSIO was instrumental in forming the Montana Public Health Workforce Development Group; as part of this work, PHSIO provides numerous training and development opportunities through universities and professional associations.

### Family and Community Health Bureau

The Family and Community Health Bureau provides coordinated services and resources to promote the well-being, health, and development of children, individuals, families, and communities. This is accomplished through leadership and programs in the areas of preventive health care, maternal child health, supplemental nutrition assistance through WIC, children's special health services, and offers risk prevention education for adolescents.

### Learning Culture

PHSD is committed to a culture of continued learning and development. Staff are encouraged to participate in public health training and education programs, provided by PHSD and partner organizations such as the Montana Public Health Training Center (MPHTC). Supervisors are similarly encouraged to participate in specific training that supports leadership and management skills development. PHSD utilizes time during monthly supervisor meetings to provide this training and learn about current supervisor training needs.

PHSD ensures adequate time and funding are available to support staff training and education. Staff who participate in training and education programs are permitted to take time away from normal duties to actively engage in learning activities, including time needed to complete coursework. PHSIO's Training and Workforce Development Coordinator manages division level funding for

workforce development and provides staff with regular opportunities to participate in training and education programs using these funds. PHSD bureaus and programs also allot funding to support staff training and education when available and allowable through associated funding sources.

The PHSD Management Team maintains the Division’s learning culture within their bureaus, offices, and programs with support from PHSIO and its Training and Workforce Development Coordinator. The Management Team is responsible for ensuring supervisors and staff participate in training and education programs and receive adequate support when doing so.

### Related Policies, Procedures, and Plans

PHSD has policies, procedures, and plans to support its learning culture. Related policies and procedures are maintained on [PolicyTech](#), DPHHS’ policy and procedure management system. The [DPHHS Employee Development and Training Policy](#) describes the Department’s commitment to learning and development for career advancement. PHSD upholds this policy, alongside supplementary procedures on PHSD New Employee Orientation and eLearn, the Department’s learning management system. The [PHSD Strategic Plan](#) also supports the Division’s learning culture through the goal to “recruit, retain, develop, and support a highly effective public health workforce,” as well as associated objectives and strategies. The PHSD Performance Management and Quality Improvement (PM/QI) Plan provides additional support to PHSD’s learning culture through its Integrated Performance Management System (IPMS), which includes Individual Development Plans, Program Plans, and Strategic Plans. PHSD maintains the PM/QI Plan to provide opportunities for quality improvement and workforce development.

### Funding

PHSD has an annual budget of approximately \$39 million. Approximately 8% of the funding is state general fund, 37% is state special revenue (including Tobacco Settlement funds, Food and Consumer Safety licensing revenue, State Public Health Laboratory fee revenue, and Vital Records fee revenue), and 55% is federal funding. FCHB has an annual budget of approximately \$27 million. 3% is of the funding state general fund, 8% is state special revenue, and 89% is federal funding.

PHSD prioritizes spending funding according to grant rules and requirements. Nevertheless, its diverse funding base allows for opportunities to support staff training and development. PHSD spends approximately \$200k annually on statewide public health workforce training and development, which includes PHSD and FCHB staff, and local and Tribal health department staff, with funding that comes primarily from the Centers for Disease Control and Prevention (CDC) Preventive Health and Health Services (PHHS) Block Grant.

## Workforce Profile and Education Requirements

### Current Workforce Demographics

This table summarizes the demographics of the PHSD and FCHB workforce as of March 30, 2021:

<i>Category</i>	<i>Number</i>	<i>Percent</i>
Total Number of Staff	213	-
Number of FTEs	212.15	-
<i>Gender</i>	<i>Number</i>	<i>Percent</i>
Female	166	77.9%
Male	47	22.1%
<i>Age</i>	<i>Number</i>	<i>Percent</i>
<24	0	0.0%

25-34	48	22.5%
35-44	65	30.5%
45-54	37	17.4%
55-64	56	26.3%
65+	7	3.3%
<i>Race</i>	<i>Number</i>	<i>Percent</i>
African American	0	0.0%
American Indian/Alaska Native	5	2.3%
Asian	2	0.9%
Caucasian	197	92.5%
Hawaiian/Pacific Islander	0	0.0%
Hispanic	3	1.4%
Prefer not to answer	6	2.8%
<i>Professional Categories</i>	<i>Number</i>	<i>Percent</i>
Accountant	1	0.5%
Administrative Assistant/Support	3	1.4%
Bureau Chief/Office Coordinator	4	1.9%
Budget/Business Analyst	4	1.9%
Chemist	5	2.3%
Clinical Lab Specialist/Technologist	18	8.5%
Data Specialist/Manager	6	2.8%
Division Administrator	2	0.9%
Emergency Management Specialist	7	3.3%
Epidemiologist	22	10.3%
Financial Specialist	11	5.2%
GIS Programmer Analyst	2	0.9%
Health Education Specialist/Program Representative	23	10.8%
Informatics Specialist	6	2.8%
Lab Systems Improvement Specialist/QA Coordinator	5	2.3%
Management Analyst	2	0.9%
Nurse Consultant	5	2.3%
Program Analyst/Specialist	41	19.2%
Program Assistant/Support Specialist	5	2.3%
Program Manager	5	2.3%
Public Health Sanitarian	6	2.8%
Section Supervisor	15	7.0%
Toxicologist	1	0.5%
Training and Development Specialist	1	0.5%
Vital Records Supervisor/Clerk	2	0.9%
Other	11	5.2%

## Future Workforce

[Montana's Department of Labor and Industry](#) (DLI) projects that the healthcare field will yield strong growth through 2025, including employment growth. DLI estimates that Montana's healthcare sector, which includes public health, will add 1,100 jobs each year across the state. Due to this level of growth, it is important that PHSD develop strategies to meet the needs of its future workforce.

## Post-COVID Public Health Workforce Considerations

- The COVID-19 pandemic has had a significant impact on Montana’s public health workforce. Due to substantial professional and personal pressure caused by the pandemic, Montana has lost numerous public health officials and staff statewide. In partnership with PHSD, the Montana Public Health Training Center launched a [Public Health Wellness Program](#) to address the impacts of COVID-19 on the public health workforce and support their overall health through health coaching, workshops, and other wellness activities. PHSD will continue to monitor the ongoing response efforts and offer workforce development opportunities that are responsive to current and anticipated needs related to public health emergency preparedness.
- The COVID-19 pandemic has demonstrated the importance of collaboration and partnership between the state, local, and Tribal health departments, public health organizations, and other public health stakeholders. The Montana Public Health Institute’s (MTPHI) [Plan to Address Local and Tribal Public Health System Needs Related to the COVID-19 Pandemic in Montana](#) highlighted that collaboration and partnership are key to the success of public health departments statewide, and future workforce development opportunities must be inclusive of these factors.

## Succession, Retention, Retirement Considerations

- Based on demographic information from DPHHS Human Resources, approximately 26% of PHSD’s current workforce is within 10 years of retirement, with about 3% now in the age range for retirement. Succession planning, including planning for retiring employees, and staff retention is an area of ongoing improvement for PHSD. The Division needs to develop methods for documenting institutional knowledge to be passed on to its future workforce and continuously promote a positive workplace culture to retain staff.
- National level findings from the [Public Health Workforce Interests and Needs Survey](#), completed by ASTHO and the de Beaumont Foundation, highlight the importance of planning for staff retention and turnover. The 2017 PH WINS results for Montana indicated that the top five reasons for voluntary turnover are job satisfaction, lack of opportunity for advancement, lack of support, pay, and stress. To adequately address staff retention and turnover, PHSD needs to provide support and opportunities related to these needs.

## Emerging Public Health Considerations

- To work towards the [Public Health 3.0 model](#), PHSD must plan for trainings that are reflective of the main components of this framework: the role of [Chief Health Strategist](#), cross-sector partnerships, public health accreditation, actionable data, and innovative funding models. Public Health 3.0 also demonstrates the importance of addressing factors outside of the typical realm of public health, including social determinants, health inequities, and the relationship between the environment and health.
- PHSD should be proactive in identifying and responding to training needs related to technology and other advancements to support a well-trained and well-informed public health workforce that is prepared to respond to future and emerging public health issues.

## Continuing Education Requirements

The following table outlines continuing education (CE) requirements associated with certifications, credentials, and licensures held by PHSD staff. PHSD supports many public health CE requirements through training and continuing education programs.

<i>Discipline</i>	<i>Montana CE Requirements</i>
Dietitian (RD)	75 CEs every 5 years
Health Educator (CHES, MCHES)	75 CEs every 5 years
Lactation Counselor (CLC)	18 CEs every 3 years
Nurse (RN, LPN)	24 CEs every 2 years
Physician (MD)	100 CEs every 2 years
Public Health Practitioner (CPH)	50 CEs every 2 years
Sanitarian (RS)	15 CEs every 2 years
Social Worker (LCSW, LISW, MSW, etc.)	20 CEs every year
Women, Infants, and Children (WIC) Staff	12 CEs every year (6 CEs every year if part time)

## Required Trainings

The following table outlines required trainings for PHSD staff. All staff are required to complete each training once, within their first year of employment. Although part of the Accredited State Health Department, FCHB staff are not expected to complete PHSD required trainings. ECFSD is currently developing required training for FCHB, which will be implemented and tracked separately from PHSD.

<i>PHSD Required Training</i>	<i>Delivery</i>	<i>Availability</i>	<i>Trainer</i>
Health and Disability 101	Online	Self-paced	National Association of County and City Health Officials
Health Insurance Portability and Accountability Act (HIPAA) Orientation	In-person	Semiannually	DPHHS Human Resources
Integrated Performance Management System Orientation	In-person	Monthly	PHSIO
Incident Command System (ICS) 100, 200, 700	In-person	Semiannually	Public Health Emergency Preparedness
New Employee Orientation	Online	Self-paced	PHSIO
New Employee Orientation	In-person	Quarterly	PHSD Management Team
Public Health 101	Online	Self-paced	CDC
QI Orientation	In-person	Quarterly	PHSIO

## Workforce Assessment and Implementation Plan

### Core Competencies for Public Health Professionals

PHSD has adopted the *Core Competencies for Public Health Professionals*, developed by the Council on Linkages between Academia and Public Health Practice, as a framework for workforce development planning. Based on the 10 Essential Public Health Services, the Core Competencies reflect foundational skills for public health professionals engaging in practice, education, and research. They serve as a starting point for PHSD as it works to understand and meet workforce needs, improve performance, prepare for accreditation, and enhance the health of Montana communities. The Core Competencies are organized into eight domains, reflecting skill areas within public health, and three tiers, representing career stages for public health professionals.

The Core Competency Domains are:

1. Analytical and Assessment Skills

2. Policy Development and Program Planning Skills
3. Communication Skills
4. Cultural Competency Skills
5. Community Dimensions of Practice Skills
6. Public Health Science Skills
7. Financial Planning and Management Skills
8. Leadership and Systems Thinking Skills

The Core Competency Tiers are:

1. Tier 1 – Staff who carry out day-to-day tasks of organization. Not in management/supervisory position. Responsibilities include data collection and analysis, fieldwork, program planning, outreach, communications, customer service, and program support.
2. Tier 2 – Staff in a management or supervisory role. Responsibilities include developing, implementing, and evaluation programs; supervising staff; establishing and maintaining community partnerships; managing timelines and work plans; making policy recommendations; and providing technical expertise.
3. Tier 3 – Senior management and leaders of public health organizations. Typically have staff who report to you, may be responsible for overseeing major programs or operations of the organization, setting a strategy and vision for the organization, creating a culture of quality within the organization, and working with the community to improve health.

### Workforce Assessment Data

The following information is based on results from the statewide 2019 Montana Public Health Workforce Assessment. PHSD respondents to the WF Assessment self-reported their proficiency in the Core Competencies alongside their motivation to participate in related training. The Core Competencies with the lowest reported skill levels and highest reported motivation for training are highlighted, to help prioritize PHSD training and education over the duration of the PHSD WFD Plan. Across all tiers, Financial Planning and Management and Cultural Competency were identified as low competency domains and are the focus areas for training and continued education in this plan. Related goals and objectives are identified in the next section to measure progress towards increased competency in these areas.

Important to note, the data in the tables below are comprised of only complete responses where PHSD staff consented to participate in the report and WFD Plan. There is also a limitation to this data related to the selection PHSD staff made on their place of work. Several PHSD staff mistakenly selected Lewis and Clark Public Health rather than Public Health and Safety Division. Due to the confidentiality of the WF Assessment, these mistakes were unable to be corrected. This lesson learned will be factored into the next WF Assessment design, which is completed every three years to update the PHSD WFD Plan.

#### Tier 1

<i>Lowest Competency Domains:</i>	<i>Highest Motivation to Train:</i>
<ol style="list-style-type: none"> <li>1. Financial Planning and Management</li> <li>2. Public Health Sciences</li> <li>3. Cultural Competency</li> </ol>	<ol style="list-style-type: none"> <li>1. Policy Development and Program Planning</li> <li>2. Communication</li> <li>3. Cultural Competency</li> </ol>

Tier 2

<i>Lowest Competency Domains:</i>	<i>Highest Motivation to Train:</i>
<ol style="list-style-type: none"> <li>1. Cultural Competency</li> <li>2. Financial Planning and Management</li> <li>3. Leadership and Systems Thinking</li> </ol>	<ol style="list-style-type: none"> <li>1. Financial Planning and Management</li> <li>2. Cultural Competency</li> <li>3. Communication</li> </ol>

Tier 3

<i>Lowest Competency Domains:</i>	<i>Highest Motivation to Train:</i>
<ol style="list-style-type: none"> <li>1. Community Dimensions of Practice</li> <li>2. Cultural Competency</li> <li>3. Financial Planning and Management</li> </ol>	<ol style="list-style-type: none"> <li>1. Community Dimensions of Practice</li> <li>2. Cultural Competency</li> <li>3. Communication</li> </ol>

### Workforce Development Goals and Objectives

The PHSD Management Team and Training and Workforce Development Coordinator are responsible for oversight of the following workforce development goals and objectives. Associated data and records will be tracked and maintained by the Training and Workforce Development Coordinator. All will be reviewed annually with the PHSD Management Team to evaluate progress made on goals and objectives, strategize solutions to current and/or potential challenges, and contribute to PHSD’s culture of continuous quality improvement.

The 2021-2023 PHSD Workforce Development Goals are:

1. Improve PHSD staff competency in Financial Planning and Management Skills
2. Improve PHSD staff competency in Cultural Competency Skills

<i>Objective</i>	<i>Core Competency</i>	<i>Target Audience</i>	<i>Responsible Staff</i>
By 2023, 80% of staff report being proficient* in the Financial Management Skills competency.	Financial Planning and Management Skills	All Staff	PHSD Management Team, PHSD Training and Workforce Development Coordinator
By 2023, 80% of staff report being at least proficient* in the Cultural Competency Skills competency.	Cultural Competency Skills	All Staff	PHSD Management Team, PHSD Training and Workforce Development Coordinator
By 2023, 80% of participants in PHSD trainings will report that they agree or strongly agree that training met their expectations.	All	All Staff	PHSD Management Team, PHSD Training and Workforce Development Coordinator

\*Proficient = staff self-reporting proficiency between “a little” and “a lot” in the WF Assessment

## Training Schedule

The training schedule below outlines elective training and education programs planned for PHSD staff from 2021-2023, based on the competency gaps and workforce development needs and interests identified by the Montana Public Health Workforce Assessment. These training and education programs aim to contribute to the achievement of the 2021-2023 PHSD Workforce Development Goals and Objectives. Supplementary training and education programs may be added to the training schedule to address emerging staff needs, with approval from PHSD Management Team and contingent on funding.

<i>Topic</i>	<i>Competency</i>	<i>Audience</i>	<i>Frequency</i>	<i>Resources</i>
Grant Management	Financial Planning and Management	Tier 1-2 Staff	2021	<a href="#">- Center for Children, Families, and Workforce Development - University Of Montana (umt.edu)</a>
Budgeting and Financial Management	Financial Planning and Management	Tier 1-2 Staff	2021	
Social Determinants of Health	Cultural Competency	All Staff	2021	<a href="#">Moving from What and Why to How: Lessons on Addressing the Social Determinants of Health Webinar Recording - Center for Public Health Practice</a>
Contracts 101	Financial Planning and Management	Tier 1-2 Staff	2021	
Excel	Analytical and Assessment	All Staff	2021	
Integrated Performance Management System: Performance Management and Quality Improvement (PM/QI)	Financial Planning and Management; Leadership and Systems Thinking	All Staff	2021	
Certificate Programs: Public Health, Public Health Administration, Epidemiology, and Environmental Health Sciences	All	All Staff	2021	<a href="#">Admission and Application Information - School of Public and Community Health Sciences - University Of Montana (umt.edu)</a>
Public Health 101	Public Health Sciences	Tier 1 Staff	2022	
Diversity, Equity, and Inclusion	Cultural Competency	All Staff	2022	<a href="#">- College of Humanities and Sciences / Women's, Gender and Sexuality</a>

				<a href="#">Studies - University Of Montana (umt.edu)</a>
Systems Thinking	Leadership and Systems Thinking	Tier 2 Staff	2022	<a href="#">Applying Systems Thinking to Public Health (No CE) - Region V Public Health Training Center (mitrainingcenter.org);</a>
Contracts 101	Financial Planning and Management	Tier 1-2 Staff	2022	
Integrated Performance Management System: Performance Management and Quality Improvement (PM/QI)	Financial Planning and Management; Leadership and Systems Thinking	All Staff	2022	
Health Data Communication	Communication	All Staff	2022	
Certificate Programs: Public Health, Public Health Administration, Epidemiology, and Environmental Health Sciences	All	All Staff	2022	<a href="#">Admission and Application Information - School of Public and Community Health Sciences - University Of Montana (umt.edu)</a>
Community Partnerships and Engagement	Community Dimensions of Practice	Tier 2-3	2023	<a href="#">Community Dimensions of Public Health Practice Series   PHTC Online (phtc-online.org)</a>
Budgeting and Financial Management	Financial Planning and Management	Tier 1-2 Staff	2023	
Health Equity and Social Justice	Cultural Competency	All Staff	2023	<a href="#">Health Equity and Social Justice - NACCHO</a>
Contracts 101	Financial Planning and Management	Tier 1-2 Staff	2023	
Integrated Performance Management System: Performance Management and Quality Improvement (PM/QI)	Financial Planning and Management; Leadership and Systems Thinking	All Staff	2023	
Health Data Communication	Communication	All Staff	2023	
Certificate Programs: Public Health, Public Health Administration, Epidemiology, and Environmental Health Sciences	All	All Staff	2023	<a href="#">Admission and Application Information - School of Public and Community Health Sciences</a>

				<a href="http://sciences.umt.edu">Sciences - University Of Montana (umt.edu)</a>
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### Training Resources

PHSD utilizes additional public health training resources available through the Montana Public Health Workforce Development Group to supplement its training and education program offerings.

The Montana Public Health Training Center ([MPHTC](#)), based at the University of Montana, provides high quality training and professional development opportunities to public health professionals throughout Montana. With support from DPHHS and other partners, MPHTC offers free training and educational grants for public health certificate programs.

The Rocky Mountain Public Health Training Center ([RMPHTC](#)), based at the Colorado School of Public Health, provides training to public health professionals throughout the region. With support from the Health Resources and Services Administration (HRSA), RMPHTC offers free training and stipends to support students implementing community-based public health projects.

The Montana Office of Rural Health and Area Health Education Center ([MORH/AHEC](#)), based at Montana State University, provides free training to population health professionals throughout Montana. With support from HRSA, MORH/AHEC offers free training and continued education programs.

Online, on-demand, and self-paced trainings are also available to staff for free through the National Network for Public Health Institute’s [Public Health Learning Navigator](#) and Public Health Foundation’s [TRAIN Learning Network](#). These resources provide public health practitioners with high-quality, relevant, and easily accessible training that can be taken anytime.

### Roles and Responsibilities

The following table outlines roles and responsibilities related to the implementation of the PHSD WFD Plan, including staff training and development.

<i>Who</i>	<i>Roles and Responsibilities</i>
Administrator	Responsible for all PHSD supervisor and staff training and development. Ensures training and development resources and support structures are available to all PHSD staff.
Bureau Chief(s)/Office Coordinator(s)	Responsible for supervisor and staff training and development within bureau. Ensures training and development resources and support structures are available to supervisors and staff within bureau.
Section Supervisor(s)/Program Supervisor(s)	Responsible for coordinating training and development necessary for staff in specific subject matter or program area. Ensures staff complete required training and recommends training, including training identified during annual Performance Evaluations. Facilitates staff access to training and informs staff of training and development opportunities,

	including those related to staff Individual Development Plans.
Staff	Responsible for individual learning and development. Works with supervisors to identify and participate in training and development opportunities through Individual Development Plans.
Training and Workforce Development Coordinator	Responsible for assessment of PHSD workforce needs, and development and implementation of PHSD WFD Plan. Coordinates staff training and development opportunities. Serves as subject matter expert for training development, implementation, and evaluation. Communicates PHSD WFD Plan, training, and development opportunities to staff.

### Training Implementation, Monitoring, and Evaluation

#### Development and Implementation

PHSD utilizes four adult learning models to develop, implement, and evaluate public health training and education programs:

1. [Bloom's Taxonomy](#) – learning objectives
2. [Learning Pyramid](#) – knowledge retention
3. [Kirkpatrick Model](#) – training evaluation
4. [Knowles Adult Learning Theory](#) – principles of andragogy

By integrating the main principles of the four adult learning models into the development, implementation, and evaluation of training and education programs, PHSD ensures that they are effective, impactful, and meet quality standards for adult training and education.

#### Monitoring and Evaluation

Using a Kirkpatrick-based survey, PHSD evaluates training and education program effectiveness. Evaluations take the four adult education models into account, and include a question related to the workforce development objective(s) associated with the training or education program. Evaluation results and reports are communicated by the PHSD Training and Workforce Development Coordinator to the PHSD Management Team during bi-annual meetings to monitor progress towards the achievement of the workforce development objectives.

#### Plan Review

The PHSD Management Team and Training and Workforce Development Coordinator hold bi-annual meetings to evaluate progress on workforce development objectives, consider opportunities for quality improvement in training and education programs, review and approve the annual training plan, and update the PHSD WFD Plan as necessary.

Completed every three years, the Montana Public Health Workforce Assessment informs the update of the PHSD WFD Plan and associated workforce development objectives. The Montana Public Health Workforce Assessment Report and associated PHSD workforce data is reviewed by the PHSD Management Team and Training and Workforce Development Coordinator prior to the update of the WFD Plan, to support prioritization of resources and objectives for workforce development.