MISSOURI DEPARTMENT OF
HEALTH &
SENIOR SERVICES

— DHSS —
WORKFORCE
DEVELOPMENT
PLAN

RE-ENVISIONING AND
STRENGTHENING THE PUBLIC
HEALTH WORKFORCE

Table of Contents

Signature Page

This plan has been approved and adopted by the following individuals:

Paula F. Nickelson
_____
Paula F. Nickelson, Director

December 20, 2023
_____
Date

[signature]
_____
Eric Endsley, Chief of
Organizational Health and
Workforce Development

December 20, 2023
_____
Date

Date	Revision Number	Description of Change	Reviewed or changed by
12-06-23	1.0	Final draft	Brenna Davidson

Introduction & Purpose

The Missouri Department of Health & Senior Services (DHSS) recognizes that training and development of the workforce is the foundation to providing the essential services of public health. This involves assessing the workforce and identifying gaps in knowledge, skills, and abilities, and addressing those gaps through training and workforce development opportunities. Workforce development refers to efforts to build skills and expand the performance of our teams to help us carry out our mission. These efforts start with the recruitment of talented new team members and continue through the ongoing development of our existing team members.

DHSS places value, focus, and resources toward creating and sustaining a culture of learning. DHSS has devoted team members, funding, and key elements of its strategic plan to the topic of workforce development, reflecting the importance of the work to be done to ensure a healthy and responsive public health workforce. "Re-envision and strengthen the workforce" is one of five priorities central to the DHSS strategic plan, with 14 specific action items designed to ensure progress towards a strong workforce for both DHSS and its local public health agency partners.

This workforce development plan will serve as the roadmap for providing opportunities to enhance and strengthen the capacity of our public health workforce. Efforts included opportunities for all team members to be reflected in the plan as we invest in our workforce and bring professional development and critical training opportunities to employees.

Agency Profile

Missouri Department of Health & Senior Services serves the citizens of Missouri by working to improve the health and quality of life for Missourians of all ages. Many factors influence health status such as individual genetics and behaviors, the social and physical environment, health policies and interventions, and access to quality care and services.

By providing information and education; effective regulation and oversight; quality services and surveillance of diseases and conditions, the department seeks to address these factors and fulfill its vision of optimal health and safety for all Missourians, in all communities, for life.

Our Core Services include:
- Disease and injury prevention
- Emergency preparedness and response
- Food and nutrition services
- Foundational public health services
- Health, animal and environmental testing
- Maternal and child health services

- Regulation enforcement and licensure
- Senior and disability support and protection
- Vital records and statistics

This work is guided by the DHSS vision, mission, and values.

Mission: Promote health and safety through prevention, collaboration, education, innovation, and response. Our mission defines how we will work to achieve our vision.

Vision: Optimal health and safety for all Missourians, in all communities, for life. This vision statement includes both "health" and "safety" since many DHSS divisions and programs are designed to serve Missourians to improve their health outcomes and ensure they live healthy lives in safety. The phrases "in all communities" and "for life" call out our commitment to serve Missourians regardless of where they live and throughout all stages of life.

Core Values:
- Excellence: We strive to empower our team members to deliver quality services and exceed the needs of Missourians
- Collaboration: We engage and communicate openly with a diverse group of partners to improve health for all Missourians
- Access: We deliver services to Missourians in a manner that is sensitive to their unique needs and circumstances while reflecting our rich, diverse community
- Integrity: We conduct services with a consistency of character in a highly principled manner by honoring our commitments and maintaining our ethics
- Accountability: We embrace responsibility for our work and ensure Missourians view us as a trusted source of information

Funding
The FY24 DHSS Governor's Recommended budget for DHSS is $2.8 billion. The majority of funding comes from federal resources with the largest amount of general revenue for Medicaid Home and Community Based Services within the Division of Senior and Disability Services. Much of the remaining general revenue is required for match on the federal funds.

Following the COVID-19 pandemic, DHSS dedicated an unprecedented amount of federal and state funding support to the topic of workforce development both for the DHSS workforce and the workforce in the State of Missouri's 115 local public health agencies.

Two grants from the Center for Disease Control and Prevention (CDC) constitute the main source of federal funding for these workforce initiatives. DHSS committed significant amounts of its budget in both the CDC Public Health Infrastructure Grant (PHIG) and the CDC

Epidemiology and Laboratory Capacity (ELC) grant to initiatives designed to expand and enhance the public health workforce across Missouri.

The goal of the Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases program is to reduce illness and related deaths caused by a wide range of infectious disease threats. The enhanced detection expansion element of ELC funding allows for additional flexibility to address workforce and capacity challenges in the wake of the COVID-19 pandemic.

The Public Health Infrastructure Grant is a groundbreaking investment that supports critical public health infrastructure needs of health departments across the United States. Funding from this grant will help ensure that every U.S. community has the people, services, and systems needed to promote and protect health. CDC expects to award more than $4.5 billion over the 5-year grant period to create a stronger, more resilient public health system that is ready to face future health threats.

Refer to Appendix A for a comprehensive list of the workforce initiatives both underway and planned for the next five years.

DHSS Funding Sources

General Revenue
$524,217,031

Other
$86,652,446

Federal Funds
$2,207,232,916
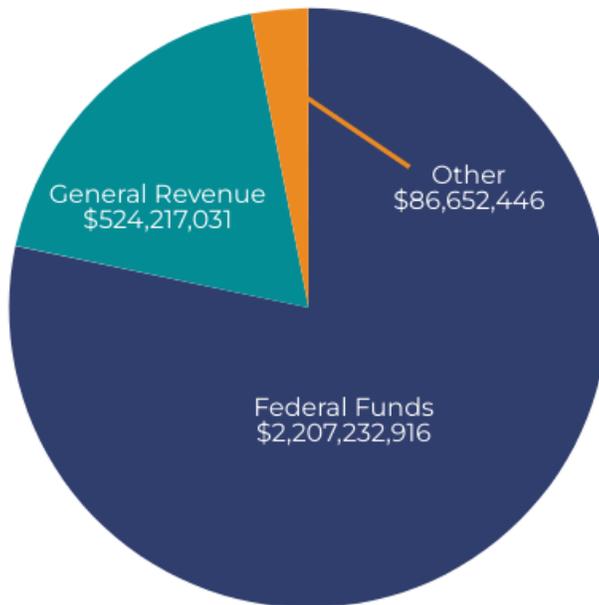
Organizational Structure

The department is organized into six divisions: Administration, Cannabis Regulation, Community and Public Health, Regulation and Licensure, Senior and Disability Services, and the State Public Health Laboratory.

The Division of Administration provides a variety of support services for the Director's Office and the programmatic divisions of the department. Services include budget administration; grant and contract administration; accounting and procurement functions; internal audit; maintenance of the inventory of physical assets; warehouse, delivery and mailroom services; and building lease management.

The Division of Cannabis Regulation was formed in November 2022 following the passage of Amendment 3, which amended Missouri's constitution to include adult-use cannabis laws within Article XIV. Amendment 3 entrusted DHSS with regulating adult use of cannabis for those ages 21 and up in Missouri just as it led the state's medical marijuana program since its 2018 inception. Prior to Amendment 3 passing, DCR was known as the Section for Medical Marijuana Regulation and operated within the Division of Regulation and Licensure.

The Division of Community and Public Health is responsible for supporting and operating more than 100 programs and initiatives addressing public health issues such as communicable disease control, chronic disease management, genetic health conditions, cancer, pregnancy, vital statistics and health care access. The division also assures the continuity of essential public health services to all citizens of and visitors to the state of Missouri.

The Division of Regulation and Licensure issues state licenses for a variety of entities providing services that impact health and safety. Division staff determine compliance with state and/or federal regulations through inspection of the premises, care and services. The division also conducts background screenings of those who care for children, seniors and persons with disabilities, designates hospitals as Trauma Centers, Stroke Centers and STEMI Centers.

The Division of Senior and Disability Services is the designated State Unit on Aging, carrying out the mandates of the State of Missouri regarding programs and services for seniors. The division is responsible for the development and implementation of programs designed to protect seniors and adults with disabilities and for the administration of an integrated system of care for eligible adults that require long-term care. In coordination with the department director, the division director, deputy division director and financial office advise legislators, advocates,

state agencies and other organizations and individuals regarding services and data available to support this function.

The Missouri State Public Health Laboratory is dedicated to promoting, protecting and partnering for health by delivering quality public health laboratory services. These services include laboratory testing for infectious diseases, genetic disorders and environmental concerns, both in support of public health programs and as a reference laboratory performing confirmatory or specialized procedures. The lab provides scientific expertise and managerial leadership to meet the challenges in clinical and environmental laboratory disciplines and in the development of public health policy.

The DHSS Director's Office is overall responsible for the management of the department and administration of its programs and services.

Due to the importance and strategic significance of the challenges facing the public health workforce, DHSS established the Chief of Organizational Health and Workforce Development position within the department Director's Office. This executive-level position is responsible for oversight and coordination of activities related to organizational culture, leadership, and development.

The DHSS Chief of Organizational Health and Workforce Development works collaboratively with teams housed across all DHSS divisions, particularly the Office of Performance Management and the Leadership and Development team. All members of DHSS' Senior Staff include workforce development in the oversight of their respective divisions and designate team members to participate in planning and brainstorming activities in an effort to include diverse perspectives that reflect the department as a whole.

Accreditation

In 2016, DHSS achieved national accreditation through the Public Health Accreditation Board (PHAB). The national accreditation program works to improve and protect the health of the public by advancing and ultimately transforming the quality and performance of the nation's public health departments. At the time this plan was developed, DHSS is one of five health departments in Missouri and one of 373 health departments nationwide (319 local, 41 state, and 6 Tribal) that have achieved accreditation through PHAB since its launch in 2011. The national accreditation program, jointly supported by the Centers for Disease Control and Prevention and the Robert Wood Johnson Foundation, sets standards against which the nation's nearly 3,000 governmental public health departments can continuously improve the quality of their services and performance.

Missouri's Public Health & Healthcare Workforce

Some workforce development efforts within the initial plan were placed on hold throughout 2020-2022 due to the department's responsibility to respond to the COVID-19 pandemic and shifts in public health priorities. Regardless of delays with the COVID-19 pandemic, improving the public health workforce at DHSS has been and continues to be a strategic and operational priority.

Missouri's public health and healthcare workforce has been significantly impacted by a variety of factors, including the COVID-19 response, resulting in a compromised outlook for these workforces if positive, proactive action is not undertaken. Dedicated and involved stakeholders representing a diverse group of employing organizations, agencies and associations of public health and healthcare professionals gathered from November 2021 to June 2022 to develop recommendations to address the outlook of the workforce. As a result, the *Strengthening the Workforce Pipeline: Recommendations for Public Health & Healthcare in Missouri* report was developed and includes recommendations to address the future of the public health and healthcare workforce in Missouri. The full report can be found in Appendix B.

Missouri Demographics

Missouri is relatively sparsely populated, but not remarkably so. Its total land mass measures 69,704 square miles and for every square mile of land, there is an average of 87.1 people. This makes Missouri the 28th most densely populated state in the country, despite being 18th in terms of population and 21st in terms of land area.[1]

In 2023, Missouri had a population of 6.186M people with a median age of 38.3 years.[1] Between 2020 - 2023 the population of Missouri grew from 6.12M to 6.186M. The 5 largest ethnic groups in Missouri include[1,2]:

- White 80.28%
- Black or African American (Non-Hispanic) 11.33%
- Two or more races 4.55%
- Asian 2.01%
- Other race 1.37%
- Native American 0.32%
- Native Hawaiian or Pacific Islander 0.14%

Missouri's population is expected to approach 6.8 million people in 2030, a growth of roughly 1.2 million people from the year 2000, which will represent a 21% increase in the state's population.[3] By 2030, persons over age 65 will represent more than one-fifth of all Missourians. Senior citizens are expected to increase 87% between 2000 and 2030 when there are projected to be 1.4 million seniors.

Workforce Profile

The tables below summarize the demographics of DHSS's workforce as of September 2023.

Race/Ethnicity	Percent
American Indian	1%
Asian	1%
Black or African American	5%
Hispanic or Latino	4%
White	87%
Two or More Races	2%
	100.00%

Gender	Number	Percent
Male	367	20.2%
Female	1442	79.6%
Other	4	0.2%

Age Range	Number	Percent
<25 years	38	2.1%
25 – 35 years	338	18.6%
36 – 45 years	432	23.8%
46 – 55 years	552	30.5%
56 – 65 years	380	21%
> 65 years	73	4%
	Total = 1,813	

Years of Service (FTE Only)	Number	Percent
< 5 Years	479	30.2%
5 – 10 Years	394	24.9%
11- 20 Years	384	24.2%
21 – 30 Years	286	18%
31 – 40 Years	40	2.5%
>40 Years	2	.2%

Assess	**Identify**	**Prioritize**	**Plan**	**Implement**
Competencies
Capacity
Culture	Gaps
Opportunities
Workforce Needs	Workforce Goals
Leadership Priorities	Priorities
Objectives
Measures	Training Plan
Improvement
Efforts

The DHSS Workforce Development Plan will be based on assessing the capacity of the organization and workforce. Several assessments were done to determine organizational capacity, staff capacity and abilities, and cultural aspects. Based on information collected from the assessments, DHSS was able to identify gaps in the workforce and opportunities to improve the ability to deliver the essential public health services. Workforce Development goals are outlined and supported by implementation and trainings plans.

Links to Other Agency Plans

The Workforce Development Plan is aligned with the DHSS Strategic Plan that was developed in Fall 2022 and is effective through 2027. These agency-wide initiatives are part of our culture focused on continuous improvement, and support efforts outlined in the Quality Improvement Plan. Aspects of the workforce development implementation efforts will also be monitored in the DHSS Performance Management System.

Strategic Priorities:

- **Invest in Innovation to Modernize Infrastructure:** Public Health infrastructure is central to DHSS being able to provide quality services across the State of Missouri. Infrastructure includes initiatives such as foundational public health services, technology and data modernization, health planning, quality improvement, and abilities to strategize for future opportunities and threats to Missourians.
- **Re-Envision & Strengthen the Workforce**: At DHSS, people are central to the quality and quantity of services we provide. A strong and reliable public health, direct provider, healthcare, and support workforce is key to making sure we can fulfill our role as the State Health Authority. This includes finding new solutions to improve efficiency, providing training and development opportunities to DHSS employees, instilling a sense of belonging to DHSS team members, and much more.
- **Build & Strengthen Partnerships**: Partnerships are essential for DHSS to deliver services to Missourians. From working with other governmental agencies to local community organizations, DHSS is committed to building and strengthening relationships across sectors, professions, and communities to further our goals and support our mission.
- **Use Clear & Consistent Communication to Build Trust**: Communication is the foundation for how we educate Missourians about health and make sure our services are reaching those in need. Focusing on understanding how we communicate, build trust, and maximize our impact is essential to a healthier Missouri.
- **Expand Access to Services**: Understanding Missourians' health needs and priorities greatly influences the way we provide services across the State of Missouri. By studying how and where we provide services, we can better understand program gaps, demographic changes, and more.

Crosscutting Priorities

- **Include diversity and inclusion in all practices, programs, and services**: To best serve all Missourians, DHSS centralizes internal education surrounding health disparities, needs, and challenges related to each demographic in the State of Missouri.
- **Plan for the impact of the aging population**: As the population of Missouri continues to age, DHSS will pay special attention to establishing new and adapting existing services to best serve this growing demographic across the State of Missouri.

The DHSS Quality Improvement Plan

The DHSS Quality Improvement (QI) plan provides guidance to team members to empower them to adopt a continuous improvement mindset and identify opportunities for improvement in their everyday work. The plan makes the principles and practical tools of QI accessible to all team members, regardless of their status as a QI practitioner.

The DHSS QI plan formalizes a standard set of QI practices and defines resources dedicated to QI activities across the department. Framed around the Plan Do Study Act cycle, the QI plan includes a library of tools available to team members to identify the root cause of a problem, to track progress towards a goal, to visualize the steps of a QI project, and much more.

As a key element of the performance management system, the QI plan is reviewed annually by the Office of Performance Management and department leadership. As with workforce development planning, these efforts are aligned with strengthening the workforce and focused on working collaboratively to achieve goals.

Public Health and Healthcare Workforce Advisory Council

As the public health authority for the State of Missouri, DHSS has a responsibility to address challenges shared across the healthcare and public health systems. Due to the uniquely challenging workforce environment facing multiple industries included in these systems, DHSS joined peer agencies and stakeholders to brainstorm strategies to strengthen the public health and healthcare workforces.

Throughout late 2021 and into 2023, the Public Health and Healthcare Workforce Development taskforce and workgroups brought together experts from the healthcare and public health fields to brainstorm innovative ideas to address workforce concerns affecting the State of Missouri. This collaborative approach involved diverse voices from private industry, academic partners and state agencies, ensuring strategic recommendations that will benefit the State of Missouri and its citizens.

With the support of the Missouri Governor's Office, DHSS and the Missouri Department of Higher Education and Workforce Development partnered to establish a formal Public Health and Healthcare Workforce Advisory Council. This council is comprised of a diverse population of stakeholders from private industry, nonprofit associations, local public health agencies, and state agencies and is charged with the implementation of the 24 recommendations from the taskforce.

The full Strengthening the Workforce Pipeline: Recommendations for Public Health & Healthcare in Missouri report is included as an appendix to this workforce development plan.

Assessing the Workforce

Core Competencies for Public Health Professionals

DHSS has identified the Council on Linkages Core Competencies for Public Health Professionals as a foundational aspect to guide the professional development of its workforce. These competencies are considered the national standard for guiding the development of the current and future public health workforce.

The eight domains identified by the Council on Linkages include:

- Analytical/Assessment Skills
- Policy Development/Program Planning Skills
- Communication Skills
- Cultural Competency Skills
- Community Dimensions of Practice Skills
- Public Health Sciences Skills
- Financial Planning and Management Skills
- Leadership and Systems Thinking Skills

Ensuring that Public Health staff have the skills, knowledge and abilities to carry out and perform the essential public health services is critical to public health program effectiveness. Identifying opportunities for improvement within the Core Competencies for Public Health Professionals is part of the foundation of a workforce development plan.

DHSS partnered with Public Health Foundation to develop a workforce development plan that works for our agency. This highly collaborative project was divided into three phases:

DHSS Job Categories
DHSS Leadership established six job categories that reflect the diverse workforce of professionals in all divisions. The job categories are defined as:
- Business Operations and Support: Individuals who support internal processes and programs but may not have direct contact with customers or citizens
- Safety and Preparedness: Individuals who ensure the safety of customers and coordinate emergency preparedness activities
- Public Health Services: Individuals who plan, coordinate, or manage public health and population health programs and services
- Data Services: Individuals who specialize in the creation, integration, and analysis of data to support programs
- Customer Support and Human Services: Individuals who have direct contact with customers and those who coordinate social services

- <u>Directors</u>: Individuals who set direction and carry out the DHSS mission at the department and division levels
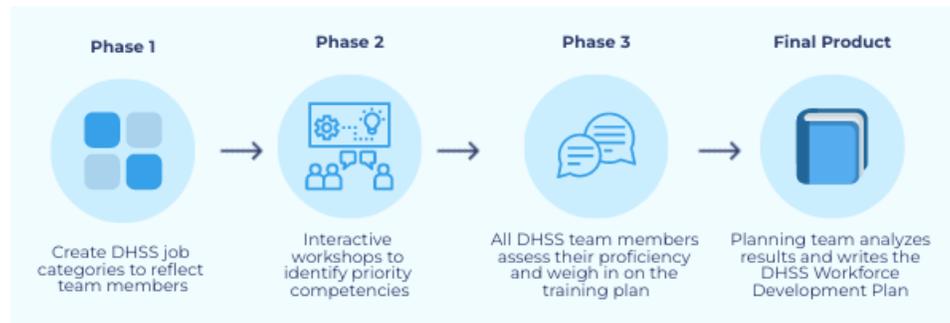
Interactive Workshops

During the Fall of 2023, over 100 DHSS team members participated in interactive workshops to identify the Core Competencies for Public Health Professionals that are most applicable and important to these specific job categories. Workshop participants reviewed each of the 56 competencies in the eight domains, discussed how they incorporate these competencies in their day-to-day work, and ranked each competency in order of importance for their job category. These prioritized competencies became the basis for the next phase of the project that incorporated feedback from all team members.

Proficiency Survey

A department-wide survey served as an assessment of team members' proficiency around the prioritized competencies and granted all team members the opportunity to weigh in on how they prefer training opportunities to be administered in the future. Team members identified which job category they most aligned with and ranked the prioritized competencies based on their proficiency level. Next, team members had the opportunity to identify the most urgent training needs for their role using the core competency framework and provided feedback on their preferred format of training opportunities.

The findings from the workshops and survey became the basis for this workforce development plan and reflect the workforce's appetite for learning opportunities over the next five years.

Phase 1	Phase 2	Phase 3	Final Product
Create DHSS job categories to reflect team members	Interactive workshops to identify priority competencies	All DHSS team members assess their proficiency and weigh in on the training plan	Planning team analyzes results and writes the DHSS Workforce Development Plan

The priority competencies identified with the competency domains for the six job categories are included below. For a full list of competencies identified, please refer to Appendix C - *DHSS Core Competency Assessment Report.*

Priority Competencies for DHSS Job Categories

Job Category	Prioritized Competencies
Business Operations and Support	8.5 Responds to emerging needs
	7.12 Facilitates collaboration among individuals, groups and organizations
	7.10 Applies critical thinking in decision making
Customer Support and Human Services	1.3 Collects quantitative and qualitative data
	2.1 Develops policies, programs, and services
	8.5 Responds to emerging needs
Data Services	6.3 Uses evidence in developing, implementing, evaluating, and improving policies, programs, and services
	7.10 Applies critical thinking in decision making
	1.6 Uses quantitative and qualitative data
Directors	7.10 Applies critical thinking in decision making
	8.5 Responds to emerging needs
	2.4 Improves policies, programs, services and organizational performance
Public Health Services	2.2 Implements policies, programs, and services
	7.10 Applies critical thinking in decision making
	1.6 Uses quantitative and qualitative data
Safety and Preparedness	8.5 Responds to emerging needs
	7.10 Applies critical thinking in decision making
	1.6 Uses quantitative and qualitative data

Crosscutting Competencies
• 7.10 Applies critical thinking in decision making
• 8.5 Responds to emerging needs
• 6.3 Uses evidence in developing, implementing, evaluating, and improving policies, programs and services
• 3.2 Communicates with internal and external audiences

The cross-cutting competencies are repeated across job categories and assist with the selection and development of training opportunities that are relevant to the whole department.

The next phase included assessing workforce proficiency around each prioritized competency. The assessment was conducted in October 2023 and aimed to evaluate the department's current workforce capabilities, identify gaps in core competencies, and provide strategic recommendations for enhancing workforce development to better serve the community. The assessment also included the identification of the most urgent training needs. The results from the proficiency assessment can be found in Appendix C - *DHSS Core Competency Assessment Report.*

Urgent Training Needs for DHSS Job Categories

Job Category	Competencies Reported as an Urgent Training Need	Training Resources
Business Operations and Support	1.3 Collects quantitative and qualitative data	• Data Science Foundations: Fundamentals • Evidence-Based Decision Making • Project Management • Statistical Analysis Software (SAS) Training
	1.3 Collects quantitative and qualitative data	• Data Science Foundations: Fundamentals • Evidence-Based Decision Making • Project Management • Statistical Analysis Software (SAS) Training
	1.6 Uses quantitative and qualitative data	• Data Science Foundations: Fundamentals • Evidence-Based Decision Making • Project Management • Statistical Analysis Software (SAS) Training
Customer Support and Human Services	1.3 Collects quantitative and qualitative data	• Data Science Foundations: Fundamentals • Evidence-Based Decision Making • Project Management • Statistical Analysis Software (SAS) Training
	3.2 Communicates with internal and external audiences	• Next Step Leadership • Basic Supervision • Supervisory Style Challenges • Coaching and Difficult Conversations • Communicating to Make a Difference • Practicing Cross-Cultural Communication • Effective Client Interaction • Call Center Training
	7.10 Applies critical thinking in decision making	• Next Step Leadership • Project Management • Basic Supervision • Show Me Excellence: Problem Solving • Data Science Foundations: Fundamentals
Data Services	1.6 Uses quantitative and qualitative data	• Data Science Foundations: Fundamentals • Evidence-Based Decision Making • Project Management • Statistical Analysis Software (SAS) Training
	1.3 Collects quantitative and qualitative data	• Data Science Foundations: Fundamentals • Evidence-Based Decision Making • Project Management • Statistical Analysis Software (SAS) Training
	1.5 Manages qualitative and quantitative data	• Data Science Foundations: Fundamentals • Evidence-Based Decision Making • Project Management • Statistical Analysis Software (SAS) Training

Directors	2.4 Improves policies, programs, services and organizational performance	• Next Step Leadership • Basic Supervision • Project Management • Show Me Excellence White and Yellow Belt
	7.10 Applies critical thinking in decision making	• Next Step Leadership • Basic Supervision • Project Management • Show Me Excellence: Problem Solving • Data Science Foundations: Fundamentals
	8.6 Manages organizational change	• Next Step Leadership • Basic Supervision • Project Management • Show Me Excellence: Change Management
Public Health Services	1.4. Analyzes quantitative and qualitative data	• Data Science Foundations: Fundamentals • Evidence-Based Decision Making • Project Management • Statistical Analysis Software (SAS) Training
	2.2. Implements policies, programs, and services	• Next Step Leadership • Basic Supervision • Project Management • Supervisory Style Challenges
Safety and Preparedness	1.6 Uses quantitative and qualitative data	• Data Science Foundations: Fundamentals • Evidence-Based Decision Making • Project Management • Statistical Analysis Software (SAS) Training
	7.10 Applies critical thinking in decision making	• Next Step Leadership • Project Management • Basic Supervision • Show Me Excellence: Problem Solving • Data Science Foundations: Fundamentals

Upon analysis of the survey measuring team members' proficiency around the prioritized competencies for their job category and the report of the most urgent training needs, it became clear that DHSS team members are eager to continue learning and development. Common themes presented across multiple job categories expressed interest in learning more about collecting, analyzing, managing, and using both qualitative and quantitative data and developing policies, programs, and services. Applying critical thinking in decision making was another theme present across multiple job categories.

The last question of the survey measured team members' preferences around training settings and formats. The valuable feedback from respondents indicated that team members prefer a variety of training delivery methods ranging from in-person sessions to on-demand online options. DHSS incorporated this direction into the development of the training plan to offer a wide array of options to engage in learning opportunities.

The results from both the prioritization and self-reported urgent training needs assessments from 536 participants informed targeted training programs aligned with identified competency gaps. The DHSS Training Plan below includes a crosswalk of training opportunities that addresses the gaps brought forward by our team members.

Climate and Culture Assessments and Improvements

In the wake of the COVID-19 pandemic, DHSS has worked to rebrand the Department and developed a strong strategic plan that paves the way for the next five years of work to protect the health and safety of Missourians. A key element of this effort to transform the public health landscape in Missouri is centered on improving the climate and culture of the DHSS work environment. The Department strives to create stronger working relationships between team members with trust, respect, and rapport at the core of the daily work environment. Fostering an opportunity-driven mindset, DHSS seeks to avoid an obligation mindset.

To understand the current environment at DHSS, the Carden Group, a consulting firm focused on developing solution-driven strategies, conducted a climate assessment throughout the latter half of 2023. This climate assessment consisted of numerous roundtable sessions beginning with senior leaders at DHSS and ending with a majority of team members. Facilitators asked a series of open-ended questions designed to learn about how team members feel about the DHSS work environment.

Findings from this climate assessment informed the development of strategies that address the root cause of issues and directly led to the priority to position DHSS as a destination employer. These work environment improvement strategies fall under the umbrella of the ASPIRE DHSS framework, defined in more detail below.

DHSS Workforce Capacity Assessment

To understand the current capacity of the department to serve the citizens of Missouri, DHSS leveraged findings from the 2021 national Public Health Workforce Interest and Needs Survey (PH WINS). This national survey conducted by the de Beaumont Foundation with support from the Association of State and Territorial Health Officials collects data on workforce demographics, job characteristics, training needs, intent to stay or leave, and measures engagement and satisfaction for public health professionals.

Combined with the PH WINS findings, human resources data from the Statewide Advantage for Missouri (SAM II) system provides a broader understanding of the current state of the DHSS workforce. SAM II is the statewide, integrated human resources, financial management, and payroll system.

To adequately prepare for the increase in the aging population nationwide, DHSS has renewed its focus on pipeline programming, mentorship, and succession planning. Attracting the next generation of team members and connecting more experienced team members with new entrants are vitally important. This importance is reflected in two of DHSS' strategic priorities: Re-envision and strengthen the workforce and plan for the increase in the aging population.

For the purposes of this capacity assessment, DHSS considers its full-time equivalent (FTE) count as a reflection of the number of team members necessary to achieve the full capability of its workforce. While a more comprehensive assessment of the public health workforce in Missouri would include team members from local public health agencies, this assessment reflects only the workforce within DHSS. The Foundational Public Health Services Gap Analysis project outlined below will provide a much broader view of the ability of the public health workforce to serve the citizens of Missouri at a public health system level.

DHSS Division	FTE Count	Vacancy Rate
Office of the Director	28	14%
State Public Health Laboratory	136	8%
Division of Administration	81	7%
Division of Community and Public Health	537	9.5%
Division of Senior and Disability Services	607	6%
Division of Regulation and Licensure	383	9.9%
Division of Cannabis Regulation	157	50%
Total	1929	11.7%

The Division of Cannabis Regulation (DCR) is a new organization within DHSS and is currently onboarding more than 100 new team members. The Office of the Director is an intentionally limited scaled organization with a specialized nature of work. Therefore, for the purposes of

this capacity assessment, the elevated vacancy rate for DCR and the Office of the Director will not be addressed.

The Division of Regulation and Licensure (DRL) employs licensed professionals that determine compliance with state and/or federal regulations through inspection of the premises, care and services. The division also conducts background screenings of those who care for children, seniors and persons with disabilities, designates hospitals as Trauma Centers, Stroke Centers and STEMI Centers.

Reflecting nationwide shortages and hiring challenges, DRL's elevated vacancy rate is primarily composed of Registered Nurse positions located across the State of Missouri. Many of these field positions share a location with clinical and hospital settings that compete heavily with DHSS within the same pool of qualified applicants.

To address these hiring challenges, DRL will assign a team member with expertise in position requirements to collaborate with the Office of Human Resources as they develop a recruiting plan. As seen in the workforce development priorities below, an innovative approach to recruitment is a vital step DHSS must take to become a destination employer. DRL will provide subject matter expertise around licensed professional requirements for their vacant positions and ensure that this perspective is incorporated into the DHSS recruitment plan.

The Division of Community and Public Health (DCPH) addresses public health issues such as communicable disease control, chronic disease management, genetic health conditions, cancer, pregnancy, vital statistics and health care access. The division also assures the continuity of essential public health services to all citizens of and visitors to the state of Missouri.

The majority of the vacancies present within the DCPH teams are composed of administrative support positions, public health program positions, and epidemiology positions. Measured through organizational health surveys and PH WINS findings, burnout and high stress are leading reasons for turnover in public health program and epidemiology positions. Administrative positions are among the lowest paid classifications within the State of Missouri, presenting hiring and retention challenges for DHSS.

REASONS FOR LEAVING
MO DHSS: ALL EMPLOYEES

	Estimate	Percent of Employees (2021)	Change '14 '17 '21
Pay	60%		
Lack of advancement opportunities	43%		
Organizational culture	42%		N/A
Job satisfaction	34%		
Lack of support	31%		
Lack of recognition	24%		
Work overload/burnout	47%		*
Stress	41%		*
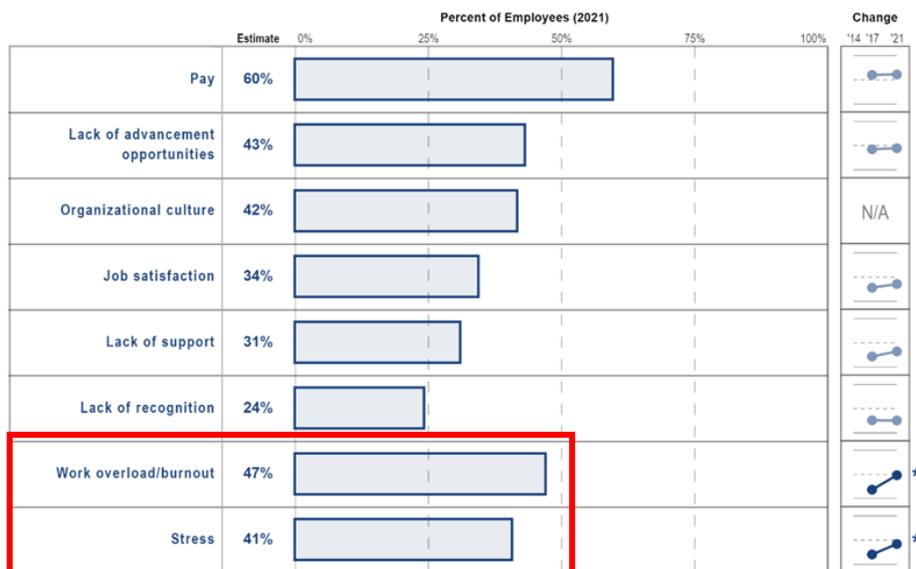
To address burnout and stress concerns, DCPH will take an active role in efforts to implement the ASPIRE framework with the goal of increasing satisfaction, fulfillment, and a sense of belonging among DHSS team members. Incorporating Employee Resource Groups (ERGs) into the daily operating rhythm of employment within DCPH will expand opportunities for involvement across siloed programs and provide a methodology to welcome new team members. As one of the largest divisions within DHSS, DCPH is uniquely positioned to deliver significant impact on the health of the organization by adopting and promoting the opportunities for development included in the ASPIRE framework.

Local Public Health Agency Workforce Capacity Assessment

Utilizing a similar approach to the DHSS workforce capacity assessment outlined in this plan, DHSS is partnering with Saint Louis University's Heartland Center for Population Health and Community Systems Development to conduct a capacity assessment for local public health agencies (LPHAs) in Missouri.

There are 115 LPHAs in Missouri with over 2500 public health professionals serving approximately 6.1 million Missourians. To ensure that the public health workforce is able to serve the citizens, it is imperative to understand the current capacity and work towards expanding this capacity through training and professional development opportunities.

The team at the Heartland Center will mimic the approach used by DHSS and the Public Health Foundation to empower LPHA team members to identify the most critical competencies for

their job category, followed by an analysis of proficiency for each prioritized competency. This gap analysis will form the basis of a training plan designed to close the gaps and increase capacity across the public health system.

Using a standardized approach to assess the workforce at both DHSS and the LPHAs will provide a comparable dataset that illustrates any possible gaps in competencies at the state and local levels. This project is slated to begin in spring 2024, with analyzed results available by the end of the year.

Missouri Foundational Public Health Services Gap Analysis Project

With the support of funding through the CDC PHIG, DHSS is partnering with the University of Missouri's Institute of Public Policy to assess the funding gap that exists between current state spending at LPHAs and the expenditures necessary to deliver a full set of foundational public health services.

The project is framed around the Missouri FPHS model developed through a collaborative process and led by the HealthierMO grassroots public health initiative. The FPHS model visualizes the minimum set of fundamental services and capabilities that must be available in every community in order to ensure Missouri's public health system delivers equitable opportunities for good health to all Missourians.

The project will calculate the cost gap between current spending on foundational public health services at the LPHA level and the funding required to fully implement the model. Toward this purpose, the project is developing a standardized tool for LPHAs to monitor and report annual expenditures associated with implementing the model, along with a user manual, training and technical assistance to LPHAs utilizing the tool.

The data gathered from all 115 LPHAs will be used by DHSS to request a stairstep increase in state general revenue support for the public health system in Missouri, starting in fiscal year 2026.

Paired with the workforce assessment conducted by Saint Louis University's Heartland Center for Population Health and Community Systems Development, the FPHS costing gap analysis will provide a comprehensive picture of the gaps in both funding and competencies for the public health workforce in LPHAs. The findings from these assessments will form the basis of the strategies that DHSS undertakes in the long term to increase permanent funding support and ensure a competent public health workforce.

Workforce Development Priorities

ASPIRE DHSS

As clarity and alignment are key to a shared vision, DHSS leadership recognizes the need to establish clarity across the department and is working with The Carden Group to help facilitate these efforts. Climate improvement initiatives will aim to connect employees at all levels to their role in reaching overarching goals and objectives of the Department.

In partnership with the Carden Group, DHSS will implement strategies designed to continue the processes, skills, and behaviors that have a positive influence on life at DHSS. To improve the process, skills, and behaviors that have a negative influence on life at DHSS, the Carden Group will implement strategies to build leadership skills for managers at all levels and improve clarity for all team members.

These strategies are tailored to the teams within DHSS' divisions and are based on candid feedback collected during site visits in Fall 2023. The Carden Group interviewed over 200 DHSS team members and continuously collected anonymous feedback to understand the current work environment at DHSS. These findings informed the development of strategies customized to address the challenges facing the DHSS workforce.

This new program and approach to improving the culture of DHSS is known as ASPIRE:
- Action: solution-focused strategies to ensure impactful and intentional improvements
- Sincerity: authentic and diverse viewpoints are prioritized in an active listening environment
- Preparedness: engagement with others to anticipate their needs and proactively plan
- Initiative: leading by example to drive progress towards solutions
- Recognition: seeing and celebrating the worth of team members to foster a positive environment
- Empowerment: trusting team members to take ownership of the work and building confidence

ASPIRE provides a framework for DHSS to define outcomes and build a culture around a solution-driven mindset. Throughout organizational change and day-to-day distractions, ASPIRE establishes a workforce vision that will ensure sustainability and continuous improvement.

The goals of the ASPIRE framework are to create a cohesive culture within DHSS that fosters stronger relationships, increased engagement and fulfillment, and defines how we will work together to achieve those goals.

Throughout 2024, the Carden Group will partner with the DHSS Chief of Organizational Health and Workforce Development, the Leadership and Development team, the Office of Performance Management, and department leadership to implement strategies aimed at

increasing team member satisfaction, setting clear goals, and fostering a supportive work environment. These strategies are reflected in the workforce priorities and goals outlined below.

Organizational Health Activities

Measuring and monitoring organizational health is a priority for DHSS leadership and is a shared responsibility of the DHSS Organizational Health and Workforce Director and the Office of Performance Management. As an executive agency within the State of Missouri, DHSS participates in the statewide Quarterly Pulse Survey (QPS).

The QPS asks a standard set of questions aimed at understanding the health of each agency that tracks progress on cross-department initiatives. The survey is administered by the Office of Administration and gathers observations on how we are working together while providing valuable insights into the areas of strength and suggestions for improvement from state team members.

The QPS provides a structured approach to measuring organizational health with a standard set of questions that repeat every other cycle. QPS results are organized into outcomes and practices. Practices are the actions and behaviors we do to improve our outcomes. Outcomes measure how effective we are in specific categories.
In particular, the outcomes measuring team member motivation, leadership, and direction are excellent indicators to serve as metrics for the priorities and goals outlined in this workforce development plan. Team members rate their agreement on a Likert scale for questions that measure role clarity, accountability, and engagement. These results are a valuable baseline measurement for DHSS to use as we plan for the next five years of workforce development initiatives.

Another powerful tool used to measure the health of an organization is the nationwide Public Health Workforce Interests and Needs Survey (PH WINS) administered by the de Beaumont Foundation and the Association of State and Territorial Health Officials. The survey provides data on workforce demographics, job characteristics, training needs, intent to stay or leave, professional engagement and satisfaction, and other areas.

PH WINS, paired with the QPS and DHSS Diversity and Inclusion assessments, paint a picture of the health of the organization and provide valuable insights into the daily life of a DHSS team member.

Prioritizing the Work

After reviewing the findings from the organizational health, competency, and capacity assessments detailed above, DHSS developed three broad categories of priorities to guide the next five years of workforce development activities. These priorities reflect themes identified

during workplace climate interviews, QPS feedback, and HR complaints from DHSS team members.

Following the core competency assessment of DHSS team members, leadership identified a gap in the self-reported proficiency and priority levels around the tenets of health equity. Knowing that equity is a primary focus of goals in the Healthy People 2030 framework and represents the evolving cultural emphasis on the public health landscape, DHSS leadership prioritized a focused training on this topic within the work plan defined below. The goal of this training is to establish a baseline understanding of the principles of health equity and the importance of diversity and inclusion for the health of an organization. Ideally, building understanding in these areas will also drive an increase in satisfaction and sense of belonging, while reducing incidence of discrimination and exclusion for DHSS team members.

After an analysis of the PH WINS findings from 2021 in comparison to the regular organizational health analyses conducted by DHSS and the State of Missouri, the need to reduce stress and burnout levels became an area of focus. The objectives under the "Position DHSS as a destination employer" priority are designed to address the causes of stress and burnout in the workplace in an effort to build a more attractive, welcoming, and fulfilling work environment.

Within the work plan below, the DHSS workforce development priorities are broken down into objectives, which are then broken down into activities that may include specific action items in the form of SMART goals with owners and metrics designed to ensure progress. The following work plan forms the next five years of initiatives for the DHSS Leadership and Development Team.

These priorities are intentionally bold and represent the robust investment of time and resources from DHSS leadership into workforce initiatives.

Priority 1: Strengthen the workforce through empowerment, education, and development
- Objective 1: Improve retention rates for frontline positions
- Objective 2: Enhance leadership and define organizational dynamics
- Objective 3: Understand the training needs of team members and develop strategies to exceed their expectations
- Objective 4: Create a training menu of professional development opportunities to build the next generation of leaders at DHSS

Priority 2: Ensure a competent public health workforce
- Objective 1: Increase team member competence and skill levels related to the Core Competencies for Public Health Professionals
- Objective 2: Implement a department-wide health equity and workforce diversity training
- Objective 3: Develop and implement a Foundational Public Health Services (FPHS)

training
- Objective 4: Ensure capacity to deliver necessary services for organizational health (includes Human Resources, Operational Excellence, and Organizational Health teams)

Priority 3: Position DHSS as a destination employer
- Objective 1: Enhance recruitment efforts to attract the next generation of team members
- Objective 2: Instill a sense of belonging, increase engagement and fulfillment for all team members
- Objective 3: Create a consistent team member onboarding experience across all divisions
- Objective 4: Enhance role clarity for all team members

Work Plan

Priority #1: Strengthen the workforce through empowerment, education, and development

Objective 1: Improve recruitment and retention rates for frontline positions			
Activity	Target Date	Measure(s)	Activity Lead
Analyze turnover and vacancy rates to identify teams in need of development	June 30, 2024	• Vacancy Rate (# vacant positions / # of FTE) • Exit interview feedback	Tavonna Robinson, HR Director
Integrate ASPIRE framework into New Team Member Orientation content and gather feedback	June 30, 2024	Participation rate in post-NTO feedback	Julie Herigon, Leadership and Development Lead
Develop a recruitment action plan to target specific industries and address gaps in the DHSS workforce	June 30, 2024	• # of recruitment strategies developed • # of new hires in targeted roles • Turnover rate for targeted roles	Tavonna Robinson, HR Director
Objective 2: Enhance leadership skills and define organizational dynamics			
Activity	Target Date	Measure(s)	Activity Lead
Train 100% of DHSS Supervisors on the fundamentals of the ASPIRE framework through Leadership Foundation sessions	December 31, 2023	% of supervisors trained in Leadership Foundation sessions	Julie Herigon, Leadership and Development Lead
Train 100% of existing DHSS Supervisors on the expectations of managers through Basic Supervision training sessions	December 31, 2026	% of supervisors trained in Basic Supervision sessions	Julie Herigon, Leadership and Development Lead
Train 100% of newly hired or promoted supervisors on the expectations of managers within 6 months of onboarding	December 31, 2026	% of supervisors trained in Basic Supervision sessions	Julie Herigon, Leadership and Development Lead
Objective 3: Understand the training needs of team members and develop strategies to exceed their expectations			
Activity	Target Date	Measure(s)	Activity Lead
Create a DHSS Learning and Development Committee comprised of trainers from all divisions	June 30, 2024	• # of meetings • # of initiatives created	Julie Herigon, Leadership and Development Lead
Assess DHSS team member training needs and develop strategies to tailor training opportunities to job categories	December 31, 2024	• # of focus group sessions • # of strategies defined	Julie Herigon, Leadership and Development Lead

Objective 4: Create a training menu of professional development opportunities to build the next generation of leaders at DHSS			
Activity	Target Date	Measure(s)	Activity Lead
Assess statewide and national professional development resources to build a library of training opportunities	December 31, 2024	• # of resources assembled • # of trainings developed	Julie Herigon, Leadership and Development Lead
Incorporate findings from DHSS team member training needs assessment (Priority 1, Objective 3, Activity 2) into professional development resource library	March 31, 2025	# of team member-suggested opportunities	Julie Herigon, Leadership and Development Lead
Promote the training menu to DHSS team members, framed as opportunities to develop and position themselves as leaders	June 30, 2025	• Intranet views • Town hall attendance • # of training registrations • Training completion rate (# of completed trainings / # of registrants)	Julie Herigon, Leadership and Development Lead

Priority #2: Ensure a competent public health workforce

Objective 1: Increase team member competence and skill levels related to the Core Competencies for Public Health Professionals			
Activity	Target Date	Measure(s)	Activity Lead
Publish the DHSS Training Plan and promote training opportunities to all DHSS team members customized to their job category	June 30, 2024	• Intranet views • Town hall attendance • # of training registrations • Training completion rate (# of completed trainings / # of registrants)	Julie Herigon, Leadership and Development Lead
Enhance 100% of in-person training opportunities with on-demand online resources	June 30, 2024	• % of enhanced trainings • Online Resource Utilization Rate (# of online views / # of in-person attendees)	Julie Herigon, Leadership and Development Lead
Assess DHSS team member proficiency levels compared to 2023 assessment data for the prioritized competencies by job category	December 31, 2026	• # of survey respondents • % increase in self-reported proficiency by competency	Julie Herigon, Leadership and Development Lead
Objective 2: Implement a department-wide health equity and workforce diversity training			
Activity	Target Date	Measure(s)	Activity Lead
Assess available training resources and develop a DHSS-specific health equity, diversity, and inclusion training	December 31, 2024	# of training resources reviewed and incorporated	Julie Herigon, Leadership and Development Lead

Activity	Target Date	Measure(s)	Activity Lead
Conduct a pilot training session and collect feedback from Office of Administration and DHSS subject matter experts to improve health equity, diversity, and inclusion training content	March 31, 2024	# of pilot trainees Participation rate in feedback	Julie Herigon, Leadership and Development Lead
Train 100% of DHSS team members on the fundamentals and value of health equity, diversity, and inclusion	December 31, 2025	% of team members that completed required online training	Julie Herigon, Leadership and Development Lead
Objective 3: Develop and implement a Foundational Public Health Services (FPHS) training			
Activity	Target Date	Measure(s)	Activity Lead
Develop a training course in partnership with HealthierMO on the fundamentals of FPHS and DHSS' role as the state health authority	December 31, 2024	# of collaboration sessions	Julie Herigon, Leadership and Development Lead
Pilot FPHS training with a select group of DHSS team members to solicit feedback and incorporate suggestions for improvement	March 31, 2025	• # of pilot trainees • # of incorporated suggestions	Julie Herigon, Leadership and Development Lead
Train 50% of DHSS team members on the fundamentals of FPHS and DHSS' role as the state health authority	December 31, 2025	% of team members that completed required training	Julie Herigon, Leadership and Development Lead
Objective 4: Ensure capacity to deliver necessary services for organizational health (includes Human Resources, Operational Excellence, and Organizational Health teams)			
Activity	Target Date	Measure(s)	Activity Lead
Create a comprehensive list of Organizational Health initiatives, both required and preferred	June 30, 2024	• # of required initiatives • # of wish list initiatives	Eric Endsley, Organizational Health Director
Develop a project plan and prioritize the list of organizational health initiatives	July 31, 2024	• # of prioritized initiatives • # of incorporated changes from leadership feedback	Eric Endsley, Organizational Health Director
Assess the current capacity of the Organizational Health teams compared to the project plan	August 31, 2024	# of team members assessed	Eric Endsley, Organizational Health Director
Develop a data-driven proposal to secure additional funding, team members, or contracted support	December 31, 2024	• Amount of requested funding • # of FTEs requested	Eric Endsley, Organizational Health Director

Priority #3: Position DHSS as a destination employer

Objective 1: Enhance recruitment efforts to attract the next generation of team members			
Activity	Target Date	Measure(s)	Activity Lead
Post DHSS job opportunities on the ASTHO PublicHealthCareers.org site to expand the reach of promotional efforts around open positions	June 30, 2024	• # of qualified applicants by opening • # of views for DHSS postings • Vacancy rate (# vacant positions / # of FTE)	Allison Ordway, DHSS Recruiter
Develop recruitment strategies in partnership with the Office of Administration's Talent Acquisition Team	June 30, 2024	• # of recruitment strategies developed • # of new hires in targeted roles • Turnover rate for targeted roles	Allison Ordway, DHSS Recruiter
Consistently attend public health and healthcare job fairs and post open DHSS positions on LinkedIn and Indeed	December 31, 2026	• # of qualified applicants by opening • # of views for DHSS postings • Vacancy rate (# vacant positions / # of FTE) • # of job fairs attended	Allison Ordway, DHSS Recruiter
Objective 2: Instill a sense of belonging, increase engagement and fulfillment for all team members			
Activity	Target Date	Measure(s)	Activity Lead
Create a community of ASPIRE-certified practitioners to ensure ongoing engagement in ASPIRE initiatives	June 30, 2024	# of practitioners	Julie Herigon, Leadership and Development Lead
Establish an intranet site to house all ASPIRE information and recognize team members	December 31, 2023	• # of intranet views • # of ASPIRE awards	Julie Herigon, Leadership and Development Lead
Incorporate and promote Employee Resource Groups (ERGs) and mentorship initiatives into the ASPIRE framework	June 30, 2025	• # of ERGs established • Participation rate in ERGs (# of ERG members / FTE count) • % of team members engaged in mentorship initiatives	Julie Herigon, Leadership and Development Lead
Develop and pilot resources for DHSS supervisors for conducting stay interviews	June 30, 2024	• # of resource downloads • # of improvements implemented	Julie Herigon, Leadership and Development Lead

Require 100% of supervisors to conduct stay interviews at least once per year for their team members	December 31, 2026	• Completion Rate: # of stay interviews conducted / # of DHSS team members • PH WINS: intent to leave % • Exit rate	Julie Herigon, Leadership and Development Lead

Objective 3: Create a consistent team member onboarding experience across all divisions			
Activity	Target Date	Measure(s)	Activity Lead
Train all new team members on the principles of ASPIRE and cultural norms by their third month through New Team Member Orientation (NTO)	December 31, 2026	% of new hires completing NTO	Julie Herigon, Leadership and Development Lead
Create and promote onboarding guidance and resources for supervisors to welcome new team members via a standard onboarding experience	June 30, 2024	• # of intranet site visits • # of document downloads	Julie Herigon, Leadership and Development Lead
Measure new team member onboarding experience three months after hiring and implement suggestions for improvement	December 31, 2026	• Participation rate in feedback • # of improvements implemented	Julie Herigon, Leadership and Development Lead

Objective 4: Enhance role clarity for all team members			
Activity	Target Date	Measure(s)	Activity Lead
Create position descriptions for all team members that incorporates language from the Core Competencies for Public Health Professionals	December 31, 2024	% of positions with a description	Tavonna Robinson, HR Director
Train all DHSS Supervisors on methods to establish clear expectations for their team members through Leadership Foundation sessions	December 31, 2023	% of supervisors trained in Leadership Foundation sessions	Julie Herigon, Leadership and Development Lead
Create and promote resources to structure Engage conversations around expectations and role clarity	June 30, 2024	• # of intranet site visits • # of document downloads	Julie Herigon, Leadership and Development Lead

Roles & Responsibilities

DHSS Organizational Health, Workforce, and Infrastructure Unit
- Eric Endsley, Chief of Organizational Health and Workforce Development
    - Oversight of department-wide activities related to organizational culture clarity, workforce, and people strategies to improve the overall health of the organization

DHSS Leadership and Development Team
- Julie Herigon, Staff Development Training Manager
    - Strategic planning for training and workforce development department-wide
    - Course development and coordination
    - Delivery of in-person, live virtual, and on-demand virtual training courses
- Robin Pendleton, Senior Staff Development Training Specialist
    - Course development and coordination
    - Delivery of in-person, live virtual, and on-demand virtual training courses
- Nicole Berhorst, Staff Development Training Specialist
    - Development of eLearning courses department-wide

DHSS Office of Human Resources
- Tavonna Robinson, HR Director
- Allison Ordway, DHSS Recruiter

Training Plan

This training plan introduces a framework of learning opportunities designed to meet the training needs of DHSS team members. Each learning opportunity is centered around one or more of the Core Competencies for Public Health Professionals as defined by the Public Health Foundation. After completing a comprehensive assessment of the DHSS workforce's proficiency around a set of prioritized competencies, team members ranked the competencies in order of most urgent training need. This ranking formed the basis for this training plan that combines departmental priorities with the input and preferences of our team members.

Matching the timing and review cadence of the DHSS Workforce Development Plan, this training plan will be a living document that reflects the current course catalog offered by the DHSS Leadership and Development Team and the recommended learnings available on demand for all team members. The DHSS Workforce Development Plan and this companion training plan will be reviewed and revised annually to ensure all information is relevant and up to date. The goals outlined in the Workforce Development Plan represent the next five years of training activities.

Urgent Training Needs by Job Category

Job Category	Competencies Reported as an Urgent Training Need	Training Resources
Business Operations and Support	1.3 Collects quantitative and qualitative data	- Data Science Foundations: Fundamentals - Evidence-Based Decision Making - Project Management - Statistical Analysis Software (SAS) Training
	1.3 Collects quantitative and qualitative data	- Data Science Foundations: Fundamentals - Evidence-Based Decision Making - Project Management - Statistical Analysis Software (SAS) Training
	1.6 Uses quantitative and qualitative data	- Data Science Foundations: Fundamentals - Evidence-Based Decision Making - Project Management - Statistical Analysis Software (SAS) Training
	1.3 Collects quantitative and qualitative data	- Data Science Foundations: Fundamentals - Evidence-Based Decision Making

Customer Support and Human Services		• Project Management • Statistical Analysis Software (SAS) Training
	3.2 Communicates with internal and external audiences	• Next Step Leadership • Basic Supervision • Supervisory Style Challenges • Coaching and Difficult Conversations • Communicating to Make a Difference • Practicing Cross-Cultural Communication • Effective Client Interaction • Call Center Training
	7.10 Applies critical thinking in decision making	• Next Step Leadership • Project Management • Basic Supervision • Show Me Excellence: Problem Solving • Data Science Foundations: Fundamentals
Data Services	1.6 Uses quantitative and qualitative data	• Data Science Foundations: Fundamentals • Evidence-Based Decision Making • Project Management • Statistical Analysis Software (SAS) Training
	1.3 Collects quantitative and qualitative data	• Data Science Foundations: Fundamentals • Evidence-Based Decision Making • Project Management • Statistical Analysis Software (SAS) Training
	1.5 Manages qualitative and quantitative data	• Data Science Foundations: Fundamentals • Evidence-Based Decision Making • Project Management • Statistical Analysis Software (SAS) Training
Directors	2.4 Improves policies, programs, services and organizational performance	• Next Step Leadership • Basic Supervision • Project Management • Show Me Excellence White and Yellow Belt
	7.10 Applies critical thinking in decision making	• Next Step Leadership • Basic Supervision • Project Management • Show Me Excellence: Problem Solving

		• Data Science Foundations: Fundamentals
	8.6 Manages organizational change	• Next Step Leadership • Basic Supervision • Project Management • Show Me Excellence: Change Management
Public Health Services	1.4. Analyzes quantitative and qualitative data	• Data Science Foundations: Fundamentals • Evidence-Based Decision Making • Project Management • Statistical Analysis Software (SAS) Training
	2.2. Implements policies, programs, and services	• Next Step Leadership • Basic Supervision • Project Management • Supervisory Style Challenges
Safety and Preparedness	1.6 Uses quantitative and qualitative data	• Data Science Foundations: Fundamentals • Evidence-Based Decision Making • Project Management • Statistical Analysis Software (SAS) Training
	7.10 Applies critical thinking in decision making	• Next Step Leadership • Project Management • Basic Supervision • Show Me Excellence: Problem Solving • Data Science Foundations: Fundamentals

Additional Training Resources by Competency

This section includes further training that addresses the urgent and prioritized training needs based on the proficiency assessment and DHSS leadership priorities.

Topic	Course Description	Target Audience	Competencies Addressed
Evidence-Based Decision Making	Discusses a comprehensive approach to program development and evaluation. Participants learn how to access and interpret existing data systems and methods of using data to impact decisions and policy	All Staff	1.3 Collects quantitative and qualitative data 1.4. Analyzes quantitative and qualitative data 1.6 Uses quantitative and qualitative data 7.10 Applies critical thinking in decision making
Project Management	Guides employees working on IT projects through the ITSD project management process. Topics addressed include components of the ITSD project management framework, roles and responsibilities of client/ITSD, and real-world tips and techniques for project success	Project Managers, Project team members, All Staff	1.3 Collects quantitative and qualitative data 1.5 Manages qualitative and quantitative data 1.6 Uses quantitative and qualitative data 7.10 Applies critical thinking in decision making
Next Step Leadership	Provides operational or technical knowledge, as well as soft skills to staff members that may currently be in supervisory or management positions. Topics addressed include: • Communication • Fiscal Management • Self-Awareness • Human Resources • Leadership • Legislative Process and Rulemaking	Selected program managers and supervisors	2.1 Develops policies, programs, and services 2.4 Improves policies, programs, services and organizational performance 3.2 Communicates with internal and external audiences 6.3 Uses evidence in developing, implementing, evaluating, and improving policies, programs, and services 7.10 Applies critical thinking in decision making 8.6 Manages organizational change
Show Me Excellence Change Management Course	Learn some simple tools and techniques to guide your team or organization through the change process, from the earliest stages of conception	All Staff	8.6 Manages organizational change

	and preparation, through implementation and to resolution. This is otherwise known as change management.		
Show Me Excellence Problem Solving Course	Training on people-centered approach to problem solving across an organization.	All Staff	7.10 Applies critical thinking in decision making
Data Science Foundations: Fundamentals	This course provides an accessible, nontechnical overview of the field, covering the vocabulary, skills, jobs, tools, and techniques of data science.	All Staff	1.3 Collects quantitative and qualitative data 1.5 Manages qualitative and quantitative data 1.4. Analyzes quantitative and qualitative data 1.6 Uses quantitative and qualitative data 7.10 Applies critical thinking in decision making
Overview of Public Health Data	This training is part one of a 5-part modules series, this training is an introduction to Public Health Data	All Staff	1.3 Collects quantitative and qualitative data 1.6 Uses quantitative and qualitative data
Statistical Analysis Software (SAS)	Training on use of SAS data analysis system	All Epidemiology for Public Health (EPHP) staff who are responsible for analyzing major data sets	1.3 Collects quantitative and qualitative data 1.6 Uses quantitative and qualitative data
WebSurv/eHARS Database Training	Introduce staff to the database(s) and assist them in learning how to use the system(s). This includes record searching, performing data entry and running reports	All Staff using these databases to perform their jobs	1.3 Collects quantitative and qualitative data 1.6 Uses quantitative and qualitative data
Supervisory Style Challenges	Teaches supervisors and managers why there is not one-best leadership style, and how the most effective leaders use a combination of four styles: directing, coaching, supporting and delegating	Managers and Supervisors	3.2 Communicates with internal and external audiences 2.2 Implements policies, programs, services and organizational performance

Coaching and Difficult Conversations	Enables supervisors to assess their strengths and development needs regarding coaching employees. Topics addressed include: Supervisors' role and responsibility in coaching and redirecting employees, identifying performances problems, planning and conducting a coaching meeting, and addressing attitude as a performance issue	Managers and Supervisors	3.2 Communicates with internal and external audiences
Communicate to Make a Difference: Exploring Cross-Cultural Communication (Recommended)	Invites learners to spend time thinking about and developing responses to a variety of ideas and situations about culture, communication and public health. Learners explore the meaning of culture, methods of communication, and strategies for communicating more effectively	All Staff	3.2 Communicates with internal and external audiences
Practicing Cross-Cultural Communication: Community Health Worker Program	Examines 10 strategies for effective cross-cultural communication	All Staff	3.2 Communicates with internal and external audiences
Crisis Management: Critical Thinking in Crisis Preparation	This course introduces participants to the fundamentals of crisis management. It presents a framework that clearly shows the critical activities and programs all organizations need to have in place before, during, and after major crises. It allows participants to analyze their own organizations regarding how well prepared they are for major crises.	All Staff	7.10 Applies critical thinking in decision making 8.5 Responds to emerging needs 8.6 Manages organizational change
ICS-100 Introduction to Incident Command System	Training to familiarize staff with the ICS principles used to manage incidents	Emergency Response and Epidemiology team members	8.5 Responds to emerging needs
ICS-200 ICS for Single Resources	Training to enable personnel to operate efficiently during an event within ICS.	Emergency Response and	8.5 Responds to emerging needs

		Epidemiology team members	
IS-808 Public Health and Medical Services	Training to provide information on Emergency Support Function (ESF) #8 - Public Health and Medical Services	Emergency Response and Epidemiology team members	8.5 Responds to emerging needs
Effective Client Interaction	The student will: Learn the importance of voice and email messages and the techniques for effectively communicating with internal and external customers and approaches to defusing difficult conversations	DSDS Staff	3.2 Communicates with internal and external audiences
Call Center Training	The attendee will learn to conduct assessments and functionality around: • Services authorized • Medicaid Eligibility • Understanding Level of Care • Adverse Action • Cyber Access/Web Tool training • Documentation	Call Center new employees	3.2 Communicates with internal and external audiences 1.3 Collects quantitative and qualitative data 7.12 Facilitates collaboration among individuals, groups and organizations
Community and Social Services Skills: Diversity and Accessibility, Cultural Awareness	This collection has been provided through LinkedIn Learning and contains lessons such as: Managing a Diverse Team, Diversity, Inclusion and Belonging, and Managing Diversity.	All Staff	This training meets the department's priority for all team members to have access to Health Equity training.

Review & Maintenance

To ensure progress towards the goals and objectives outlined in this workforce development plan, the Leadership and Development Team will track baseline and update data for each goal within the DHSS performance management system. As part of the annual reporting process for PHAB, DHSS will cite progress towards the goals tracked in the performance management system and conduct annual reviews of the plan itself. As a living document, the objectives and action items included in the implementation portion of the plan are subject to change to ensure they reflect the latest initiatives and are still effective measures of progress.

Annual reviews of the DHSS workforce development plan include input from leadership at the department and division level as well as a detailed review of progress around goals conducted by the Leadership and Development Committee. Feedback collected after training sessions and online learnings from DHSS team members will inform the review and revision of yearly course offerings and goals.

Resources
1. https://worldpopulationreview.com/states/missouri-population
2. https://datausa.io/profile/geo/missouri
3. https://meric.mo.gov/data/population/data-series

Appendices
Appendix A: DHSS Workforce Initiatives
Appendix B: Strengthening the Workforce Pipeline: Recommendations for Public Health & Healthcare in Missouri
Appendix C: DHSS Core Competency Assessment Report
Appendix D: Workforce Diversity Assessment

Appendix A: Workforce Initiatives

Initiative	Purpose	Timeline	Funding Source
DHSS Organizational Culture Assessment	DHSS is contracting with The Carden Group to conduct a workforce assessment aimed at understanding the current environment and developing resources to achieve: • Stronger working relationships with genuine trust, respect, and rapport Clarity around goals and expectations Widespread understanding of each team member's value • Enhanced communication across teams	Fall 2023 through Summer 2024	ELC EDEX
The Leadership Challenge	The DHSS Workforce Director will conduct leadership development workshops, train-the-trainer sessions around the Leadership Challenge curriculum, and offer follow up-coaching to develop the next generation of public health leaders at LPHAs.	2024 through 2027	ELC EDEX & PHIG
Missouri Public Health Leadership Academy	This unique opportunity will bring together teams from DHSS and LPHAs to strengthen management, leadership, and relationships across the public health system	2024 through 2027	PHIG
DHSS Workforce Development Planning	Partnering with the Public Health Foundation, DHSS team members representing six job categories will evaluate their proficiency around the core competencies for public health professionals, creating a gap analysis that will be become a training plan for the DHSS learning and development team.	September through December 2023	PHIG-Technical Assistance
Onboarding and New Team Member Orientation	A renewed focus on new team member orientation will standardize the onboarding experience to establish a set of shared values and norms to incorporate new hires into the DHSS work culture.	Debuting October 2023, Ongoing initiative	DHSS General Revenue
Learning Management System	DHSS will invest in a learning management system to house a library of development resources delivered both virtually and in-person, enabling teams to track and report progress towards learning and development goals	Ongoing	Other funding sources
Pathways Public Health Internship Program	Partnering with Missouri State University, DHSS established an internship program available to any Missouri undergraduate or graduate student interested in working in a public health setting. All majors and concentrations are welcome to apply for placement at DHSS or within participating LPHAs.	2024 through 2027	PHIG

Missouri Healthcare Workforce Project	Conducted by the University of Missouri, this ongoing research and analysis project is designed to examine the state of the public health workforce to identify gaps and design strategies to strengthen the connection between the public health and healthcare industries.	2024 through 2027	PHIG
LinkedIn Learning	To ensure access to a wide range of professional and personal development learning paths, DHSS is contracting with LinkedIn Learning to provide access to their vast catalog of virtual courses to all LPHA team members.	2024 through 2027	PHIG
Missouri Healthcare and Public Health Advisory Council	This statewide advisory council is comprised of external stakeholders, state agencies, and professional associations tasked with providing recommendations to address critical healthcare and public health shortages to ultimately strengthen both industries in the State of Missouri.	Ongoing	No funding necessary

Strengthening the Workforce Pipeline:

Recommendations for Public Health and Healthcare in Missouri

State of Missouri
Public Health/Healthcare Workforce Advisory Council

A Message from the Advisory Council Co-Chairs

Dear Colleagues:

It is with great pleasure and gratitude that, as co-chairs of the Missouri Public Health/Healthcare Workforce Advisory Council, we provide this progress update upon workforce enhancement strategies offered in July 2022 in ***Strengthening the Workforce Pipeline: Recommendations for Public Health and Healthcare in Missouri.*** The Advisory Council, formed as a key recommendation of this report, intends to hold a strategic planning session in December 2023 to further refine and move workforce planning forward.

This progress update briefly describes significant advancements for many of the recommendations. While it was never the intent for all recommendations to be actualized within the first year following publication of the report, it is a testament to the intentional, dedicated and focused attention of all collaborating partners in this work that such significant progress has occurred within the first year.

Missouri's public health, behavioral health and healthcare workforces continue to labor under remarkable shortages causing notable strain on the current workforce and the budgets of public health, behavioral health and healthcare providers, as well as impacting patient care.

Please join us in expressing our gratitude to the members of the Public Health/Healthcare Workforce Advisory Council and the myriad of other partners across Missouri equally dedicated to this work and rectifying the workforce shortages within our State. Members of the Advisory Council are denoted on the following pages.

Together, we will solve this persistent issue in Missouri and assure an opportunity for the enhanced health of all Missourians! Thank you.

Sincerely,

Director, Office of Worktorce Development
Missouri Department of Higher Education
and Workforce Development

Paula F. Nickelson
Director
Missouri Department of Health and
Senior Services

The Public Health and Healthcare Workforce Development taskforce and workgroups brought together experts from the healthcare and public health fields to brainstorm innovative ideas to address workforce concerns affecting the State of Missouri.

This collaborative approach involved diverse voices from private industry, academic partners and state agencies, ensuring strategic recommendations that will benefit the State of Missouri and its citizens.

Missouri State Agencies

Department of Commerce and Insurance	Department of Elementary and Secondary Education	Department of Health and Senior Services
Department of Higher Education and Workforce Development	Department of Mental Health	Department of Public Safety
Department of Social Services	Governor's Office	

Association & Academic Partners

- A.T. Still University / Missouri Area Health Education Centers
- Missouri Association of County Developmental Disabilities Services
- Missouri Association of Local Public Health Agencies
- Missouri Association for Rehabilitation Facilities

- Missouri Center for Public Health Excellence
- Missouri Council of Behavioral Health
- Missouri Foundation for Health
- Missouri Health Care Association
- Missouri Hospital Association
- Missouri Primary Care Association
- Missouri Public Health Association
- University of Missouri Kansas City

A key recommendation from the Public Health and Healthcare Workforce Development taskforce and workgroups detailed the need for a formal commission dedicated to taking action on the recommendations in this report. With the support of the Missouri Governor's Office, this collaborative workgroup established the Public Health/Healthcare Workforce Advisory Council composed of the following membership:

- **AHEC Director**, A.T. Still University (vacant)
- **Becky Hunt**, Missouri Association of Local Public Health Agencies
- **Brent McGinty**, Missouri Behavioral Health Council
- **Carol Hudspeth**, Missouri Alliance for Home Care
- **Cindy Davis**, Missouri Behavioral Health Council
- **Dr. Jacqueline Miller**, Missouri Department of Health and Senior Services
- **Dr. Jamie Ulbrich**, Ulbrich Family Medicine & Missouri Academy of Family Practice Physicians
- **Dr. Tracy Greever- Rice**, University of Missouri, Center for Health Policy
- **Emily Schepker**, Missouri Department of Health and Senior Services
- **Erika Leonard**, Missouri Association of Rehabilitation Facilities
- **Eusebio Diaz**, Health Forward Foundation
- **James Leggett**, Missouri Board of Healing Arts
- **Jill Williams**, Missouri Hospital Association
- **Joni Adamson**, Missouri Health Professional Placement Services
- **Julie Carter**, Missouri Department of Higher Education and Workforce Development
- **Kat Probst**, Missouri Ambulance Association
- **Kerri Tesreau**, Missouri Department of Mental Health
- **Kristi Campbell**, Cole County Health Department
- **Kristie Davis**, Missouri Department of Economic Development
- **Lisa Knoll**, Area Agencies on Aging
- **Lori Scheidt**, Missouri Board of Nursing
- **Lori Towe**, Missouri Health Care Association
- **Mark Bauer**, Missouri Department of Higher Education and Workforce Development
- **Nicole Doyle**, University of Health Sciences and Pharmacy
- **Nikki Strong**, Missouri Healthcare Association
- **Paula Nickelson**, Missouri Department of Health and Senior Services
- **Perry Gorrell**, Department of Elementary and Secondary Education
- **Qiana Thomason**, Health Forward Foundation
- **Rodney Hummer**, Missouri Primary Care Association
- **Ryan Essex**, Gibson Center for Behavioral Change
- **Sheldon Weisgrau**, Missouri Foundation for Health
- **Shelly C. Wehmeyer**, Department of Elementary and Secondary Education
- **Spring Schmidt**, Missouri Center for Public Health Excellence
- **Tiffany Bayer**, Missouri Department of Health and Senior Services
- **Todd Richardson**, MoHealth Net
- **Veronica Gielazauskas**, Missouri Department of Higher Education and Workforce Development
- **Yvonne Wright**, Missouri Department of Higher Education and Workforce Development

1   Establish a formal Public Health and Healthcare Workforce Commission

Lead: Department of Higher Education and Workforce Development (DHEWD)

Establishing a formal Public Health & Healthcare Workforce Commission charged with collecting and disseminating data, and informing policy surrounding Public Health & Healthcare workforce efforts.

Progress: This inter-agency workforce advisory council was established under the co-leadership of the Department of Health and Senior Services (DHSS) and the Office of Workforce Development (OWD). The initial meeting was held June 2023 with plans for a strategic planning session in December 2023. The current membership is denoted earlier in this document.

2   Expand the PRIMO program

Lead: Department of Health and Senior Services

Expanding and rebranding the Primary Care Resource Initiative for Missouri (PRIMO) to include student loans, loan forgiveness, loan repayment and tuition reimbursement for more categories of healthcare, public health and mental health practitioners.

Progress: During FY24, the DHSS PRIMO program was effectively dissolved with statutory changes expanding the scope of this loan repayment program to include virtually all public health, behavioral health and healthcare titles and rebranded as the Health Professional Loan Repayment Program (HPLRP). Rules have been promulgated and applications for eligible titles will be accepted in November 2023 with award announcement expected January 2024.

Titles to be funded for loan repayment in 2024 include:

Health Care Professions	Mental Health Professions that treat substance use and opioid use disorders	Public Health Professions
• Cardiologist • Physical Therapist • Occupational Therapist • Respiratory Therapist	• Licensed and Provisional Professional Counselor • Licensed Behavior Analyst • Licensed Assistant Behavior Analyst • Licensed and Provisional Licensed Psychologist	• Public Health Nurse

3 Expand Area Health Education Center pipeline programming

Lead: Department of Health and Senior Services

Expanding programs focused on connecting students to careers, professionals to communities, and communities to better health to enhance access to quality healthcare, particularly primary and preventive care, by growing and supporting Missouri's healthcare workforce.

Progress: No progress to report.

5 Revise certification requirements and CIP codes for health science programs

Lead: Department of Elementary and Secondary Education

Revising certification requirements and Classification of Instructional Programs (CIP) codes to expand access to stackable credentials and boost the number of healthcare and public health instructors.

Progress: The Office of College and Career Readiness has been working with the statewide CTE Advisory Committee to develop a work group to address all Career and Technical Education certification. Health Science representatives have been identified to assist in the revision of current CIP codes to add additional programs sought after by local school districts. This work is currently in progress.

4 Expand access to middle school health science exploration programming

Lead: Department of Elementary and Secondary Education (DESE)

Boosting interest and participation in health education by expanding access to DESE Career and Technical Education programming to middle school students.

Progress: Although no direct local school district programming has been developed, in February 2022, the Department of Elementary and Secondary Education (DESE) partnered with the Missouri Hospital Association (MHA) and the Missouri Chamber of Commerce to develop the annual Virtual Health Care Career Day. A total of 8,528 students participated in the 2023 event, of which 940 reported were middle school and 198 elementary. This program increased by 39% participation from 2022, and the committee is hoping to gather over 10,000 students in 2024.

6 Require HOSA-Future Health Professionals for health science programs

Lead: Department of Elementary and Secondary Education

Requiring Health Occupations Students of America-Future Health Professionals as the Career and Technical Student Organization for all health science programs to standardize early health science education and boost interest in healthcare careers.

Progress: HOSA-Future Health Professionals is not required, but encouraged to existing and new Health Science programs. Missouri HOSA continues to consistently increase membership on an annual basis. In 2022-2023, Missouri HOSA affiliated a total of 3,731 members.

7 — Provide financial assistance for students earning stackable credentials in health science education

Lead: Department of Elementary and Secondary Education

Establishing financial aid for low-income and disadvantaged families to eliminate barriers for enrollment in health science programs, particularly those offering stackable credentials.

Progress: The Industry Recognized Credentials (IRC) committee appointed by DESE continues to approve appropriate stackable credentials related to Health Science education. This committee reviews applications from school districts on an annual basis. Stackable credentials are considered as they relate to certification requirements and CIP code revisions. There is no current funding stream available for Health Science education programs to offer financial assistance for students.

9 — Promote tax credit incentives for medical preceptors and instructors

Lead: Department of Revenue

Monitoring newly implemented tax credit for preceptors for medical students and, if impactful, seek tax credit incentives for other licensed medical professionals to be preceptors for clinical rotations and to teach in accredited programs.

Progress: The enabling legislation was passed during FY24 and the Rules have been promulgated. Eligible preceptors may apply for this tax credit beginning in January 2024, progress with uptake and outcomes will be monitored.

8 — Establish incentives for expanded enrollment

Lead: Department of Higher Education and Workforce Development

Establishing monetary incentives for academic institutions to expand enrollment in healthcare and public health programs with proportional payments tied to increased enrollment numbers.

Progress: No progress to report.

10 — Foster internships, apprenticeships and fellowships

Lead: Department of Health and Senior Services

Optimizing grant funding to support new and expand existing opportunities for internships, fellowships and apprenticeships in both healthcare, public health and state agency settings.

Progress: DHSS secured federal funding to fund paid internships for the next several years in both DHSS and local public health agencies. Visit health.mo.gov/internships for more information.

11 Payment of wages for healthcare students in the clinical stage of their education

Lead: Board of Nursing and Missouri Hospital Association

Promoting and expanding academic/clinical partnerships and "Earn While You Learn" models to allow healthcare students to earn a wage while obtaining clinical education.

Progress: The "Earn While You Learn" (EWYL) initiative has been leading the way in Missouri as a successful partnership among nursing programs and hospitals. EWYL allows for nursing students to earn a paycheck from local hospitals while they are learning clinical skills and completing nursing program clinical requirements. In return, many students sign on to work at the hospitals after they graduate.

EWYL began as a pilot program fully approved by the Missouri State Board of Nursing. This model continues to be replicated throughout the state. In 2021, eight programs started an EWYL model. Significant growth was seen in 2022 with 15 programs adding this model, followed by eight in 2023. In addition, Missouri has become a pioneer of this model for other states.

12 Enhance and expand residency opportunities for healthcare professionals

Lead: Department of Social Services, MoHealthNet Division

Increasing the number of residency opportunities in the State of Missouri to encourage physicians to stay and practice within the state.

Progress: $2.3 million of General Revenue was appropriated to DHSS to administer funding for expanded residency slots within existing residency programs. Applications are underway from interested residency programs with awards anticipated in early 2024.

13 Establish a Mental Health Therapy Assistant pilot program

Lead: Department of Mental Health (DMH)

Piloting a 2 year Mental Health Therapy Assistant program to increase access to care for individuals with mental illnesses. These positions can provide direct care, assist with treatment plans and support individuals in hospital, clinic or long-term care settings.

Progress: DMH has continued efforts to expand the behavioral health associates degree program throughout Missouri's community colleges.

14 Identify methods to boost enrollment in CNA training programs

Lead: Department of Health and Senior Services

Assessing the current workforce landscape, identifying barriers to enrollment and developing methods to increase enrollment in Certified Nursing Assistant training to strengthen the healthcare workforce.

Progress: $1.5 million in General Revenue was appropriated to DHSS to administer funding to technical schools and community colleges to enhance enrollment in certified nurse assistant (CNA) training. These funds are currently being distributed.

15 — Establish a Healthcare Education Ladder Program (HELP)

Lead: Department of Social Services (DSS)

Establishing healthcare education ladder programming to allow individuals receiving benefits to work in healthcare positions at a higher income level while retaining benefits.

Progress: Work did not progress past funding conversations. There was a federally funded Healthcare Industry Training and Education (HITE) grant administered by DSS and workforce partners similar to this recommendation. That program ended two years ago. There has been some work at the federal level to again fund the HITE program. The DSS Workforce and Community Initiatives (DWCI) team supports citizens receiving benefits in healthcare training. DWCI is also part of a team working with the Health Resources and Services Administration (HRSA) on building healthcare workforce capacity in Missouri.

16 — Assist unlicensed personnel as they pursue education through supportive services

Lead: Department of Higher Education and Workforce Development

Providing paid training and educational opportunities to unlicensed individuals interested in joining the healthcare workforce.

Progress: The Fast Track Workforce Incentive Grant is a program designed to provide adults with the education and skills needed to enter the workforce in fields that are in high demand like healthcare. Changes to the program include increasing the number of eligible training providers, allowing for part-time certification opportunities, and apprenticeships are now an authorized training option. Efforts to utilize the state's public workforce development system in support of public health and healthcare employers continues. OWD was awarded a federal Economic Development Administration grant to help respond to healthcare labor market needs. Through this grant, OWD will provide job seekers with family sustaining wages and advancement opportunities in healthcare.

17 — Establish value-based premium pay for certified staff

Lead: Department of Mental Health

Establishing value-based payments for facilities that achieve staff retention and performance measure goals and premium pay opportunities for certified staff.

Progress: DMH has successfully implemented a value-based payment for training and tenure of direct support professionals. Providers can achieve a 1% payment over the Medicaid applicable claims for each of three milestones directly tied to training levels and staff tenure.

18 — Placement of qualified DOC Offenders in healthcare positions

Lead: Missouri Health Care Association (MHCA)

Implementing the promising practice of placing qualified correctional offenders in healthcare, maintenance and housekeeping positions in long-term care, behavioral and healthcare facilities.

Progress: Department of Corrections and MHCA met to discuss option for placement of eligible offenders into local nursing homes to train as CNAs or in other support functions. At this time, no eligible offenders were identified for this training but this remains an option going forward.

19 — Increase the Fast Track Workforce Development Grant income maximum

Lead: Department of Higher Education and Workforce Development

Increasing the income cap requirements for the Fast Track program and establishing pipeline programming to promote certification, training and apprenticeships in the healthcare and public health industries.

Progress: No progress at this time. Income thresholds are set in statute.

20 — Develop a human resource toolkit to guide recruitment, training, and retention

Lead: Department of Mental Health

Developing a human resource toolkit for healthcare facilities and providers and public health entities to disseminate best practices for recruitment, retention, policy design and retraining team members.

Progress: No progress to report.

21 — Establish child care benefits for healthcare workers

Lead: Department of Social Services

Increasing income limits for DSS child care subsidies for individuals working in healthcare and public health settings, establishing child care facilities in state agency congregate care facilities, and implementing a tax credit to offset child care costs.

Progress: Work did not progress past funding conversations. DESE, now the lead agency for child care in Missouri, is best equipped to lead this recommendation. DSS is ready to support.

22 Establish a training bridge pilot program to connect individuals to healthcare certification training and apprenticeships

Lead: Department of Mental Health

Linking individuals utilizing crisis services (shelters, wrap-around DMH services) to scholarship opportunities to fund healthcare certification training and apprenticeships.

Progress: DMH has shifted focus on this initiative. Currently DMH is partnering with DSS and Lincoln University to create internship opportunities within DMH for students that may not wish to pursue a four-year degree. The Employment Ready program includes a direct care track to bridge students to work opportunities and a potential path to healthcare certification (CNA, LPN, apprenticeship, etc.).

23 Support tuition reimbursement for state agency staff in healthcare and public health settings

Lead: Department of Health and Senior Services

Increasing recruitment and retention by offering tuition reimbursement for state agency team members pursuing GED certifications, undergraduate and graduate degrees, and ESL courses.

Progress: DHSS re-established tuition reimbursement for DHSS staff within certain parameters and funding limits.

24 Develop media campaigns to promote healthcare careers

Lead: Department of Health and Senior Services

Developing a targeted media campaign to attract recruits and increase trust in the healthcare and public health industries.

Progress: DHSS, in collaboration with the Department of Economic Development (DED,) DHEWD, and MHA, is designing a media campaign which will be paid for through federal funding with intent to launch in the coming weeks.

MISSOURI DEPARTMENT OF
HEALTH &
SENIOR SERVICES

Core Competency Assessment Report

Results of the 2023 Workforce Development Core Competencies Prioritization
and Competency Assessment

Core Competency Assessment Report

Results of the 2023 Workforce Development Core Competencies Prioritization and Competency Assessment

Executive Summary

Conducting the Core Competencies for Public Health Assessment highlights the Missouri Department of Health & Senior Services commitment to workforce development planning. The assessment was conducted in October 2023 as part of the department's ongoing efforts to strengthen the public health workforce and thereby improve the health of the public in Missouri. The assessment aimed to evaluate the department's current workforce capabilities, identify gaps in core competencies, and provide strategic recommendations for enhancing workforce development to better serve the community. These results will help the department design targeted training programs aligned with identified competency gaps, focusing on areas that are of greatest import to each role type. Then the workforce development plan will utilize a mix of in-house expertise and external partnerships to provide diverse learning experiences. The following is a high-level summary of what was learned about each job role, focusing only on areas of staff-identified training needs related to staff-identified core competencies by job category.

This report was compiled by Sonja Armbruster with the Public Health Foundation.

Background

The Core Competencies for Public Health Professionals are a consensus set of competencies designed to reflect foundational or crosscutting knowledge and skills for anyone working in public health, whether engaged in public health practice, education, or research. The Core Competencies have been around for more than 20 years – since 2001 – and are used in workforce development activities nationwide, often in conjunction with discipline-specific competencies.

With the facilitation support of a Public Health Foundation consultant, the Missouri Department of Health and Senior Services staff participated in a series of two-hour workshops held in October 2023. The workshops were grouped by job category as described here:

Business Operations & Support — Individuals who support internal processes and programs but may not have direct contact with customers or citizens

Customer Support & Human Services — Individuals who have direct contact with customers and those who coordinate social services

Data Services — Individuals who specialize in the creation, integration, and analysis of data to support programs Directors — Individuals who set direction and carry out the DHSS mission at the department and division levels

Directors — Individuals who set direction and carry out the DHSS mission at the department and division levels

Public Health Services — Individuals who plan, coordinate, or manage public and population health programs and services

Safety & Preparedness — Individuals who ensure the safety of customers and coordinate emergency preparedness activities

In these job category workshops, staff participated in facilitated discussions of the Core Competencies as they relate to their roles in public health. First, participants considered the competencies within each of the 8 Core Competencies domains through discussion in small groups. Then, all participants prioritized the complete list of competencies in each domain using polling software for virtual meetings or dot voting for in-person meetings. Participants were asked to prioritize the most essential competencies relevant to their roles in each domain. Reports were

created to document that process and for use in updating job descriptions after each facilitated session. The final list of core competencies by job category are available in the following table.

Business Operations & Support	Customer Support & Human Services	Data Services	Directors	Public Health Services	Safety & Preparedness
1.3 Collects quantitative and qualitative data	1.3. Collects quantitative and qualitative data	1.3. Collects quantitative and qualitative data	2.4 Improves policies, programs, services and organizational performance	1.4. Analyzes quantitative and qualitative data	1.6 Uses quantitative and qualitative data
1.6 Uses quantitative and qualitative data	1.4. Analyzes quantitative and qualitative data	1.5. Manages quantitative and qualitative data	3.2 Communicates with internal and external audiences	2.2. Implements policies, programs, and services	2.1 Develops policies, programs, and services
2.2 Implements policies, programs, and services	2.1. Develops policies, programs, and services	1.6 Uses quantitative and qualitative data	7.10 Applies critical thinking in decision making	2.3. Evaluates policies, programs, services, and organizational performance	2.2 Implements policies, programs, and services
3.2 Communicates with internal and external audiences	2.2. Implements policies, programs, and services	3.1. Determines communication strategies	7.11 Engages individuals and teams to achieve program and organizational goals	3.2. Communicates with internal and external audiences	3.2 Communicates with internal and external audiences.
7.10 Applies critical thinking in decision making	3.2 Communicates with internal and external audiences	5.3. Maintains relationships that improve community health and resilience	7.12 Facilitates collaboration among individuals, groups and organizations	6.3 Uses evidence in developing, implementing, evaluating, and improving policies, programs and services	4.1 Applies principles of ethics, diversity, equity, inclusion and justice

7.11 Engages individuals and teams to achieve program and organizational goals	3.3. Responds to information, misinformation, and disinformation	6.3 Uses evidence in developing, implementing, evaluating, and improving policies, programs, and services	8.4 Creates opportunities for creativity and innovation	7.10 Applies critical thinking in decision making	5.2 Establishes relationships to improve community health and resilience
7.12 Facilitates collaboration among individuals, groups and organizations	6.3 Uses evidence in developing, implementing, evaluating, and improving policies, programs and services	7.10 Applies critical thinking in decision making	8.5 Responds to emerging needs	7.8. Manages programs and services	6.3 Uses evidence in developing, implementing, evaluating, and improving policies, programs and services
8.5 Responds to emerging needs	7.10 Applies critical thinking in decision making	8.4. Creates opportunities for creativity and innovation	8.6 Manages organizational change	8.5 Responds to emerging needs	7.10 Applies critical thinking in decision making
	8.5 Responds to emerging needs	8.5 Responds to emerging needs			8.5 Responds to emerging needs

The color shading here simply notes competencies that are repeated across job categories. This may assist with selection and development of training opportunities that may be elevated as relevant to the whole department.

Methods

A core competency assessment survey was created and administered to staff over a two-week period in October-November 2023. The assessment was created in Qualtrics. A link was provided by the consultant to MDHSS staff who distributed the link to all staff. Reminders were sent to ensure the highest possible participation rate. This assessment asked three critical questions by job category, using only the priority competency statements relevant to that category as determined by the earlier workshops.

1) For each competency statement, think about the level at which you are currently able to perform the skills associated with this competency. Then rate your level of proficiency on each competency statement by selecting the number on the following continuum that best describes your perceived level of expertise for that statement:
    1 = None -- I am unaware or have very little knowledge of the skills necessary for this competency
    2 = Aware -- I have heard of, but have limited knowledge or ability to apply the skills necessary for this competency
    3 = Knowledgeable -- I am comfortable with my knowledge or ability to apply the skills necessary for this competency
    4 = Proficient -- I am very comfortable, am an expert, or could teach this skill for this competency to others
2) For each competency, please assess whether you had
    a. ACCESS to training in the competency area in the last 12 months and
    b. whether you NEED MORE training for each competency.
3) Please rank order the area of training that you believe is most urgent now. You may feel proficient, but you may still think it is the most important skill to keep developing, or you may prioritize the area where you experience a gap. Please reorder these competencies, with the most important areas for training at the top.
4) Please rank order your preferred (best) option for training methods.
5) Is there a specific training that would be helpful to improve your work related to these core competencies? If so, please share your ideas here.
6) Please share any additional thoughts you have about professional development opportunities.
7) Please choose the role below that best describes your role/responsibility.
8) Please indicate your years of service to the Missouri Department of Health and Senior Services.

680 staff responded to the survey. The pages that follow provide the complete report of those survey responses. This report is intended to be a guide for the workforce development planning process.

Core Competency Assessment Results for Missouri Department of Health and Senior Services

Q0 - What is your job role? (Please choose one). [N=680]
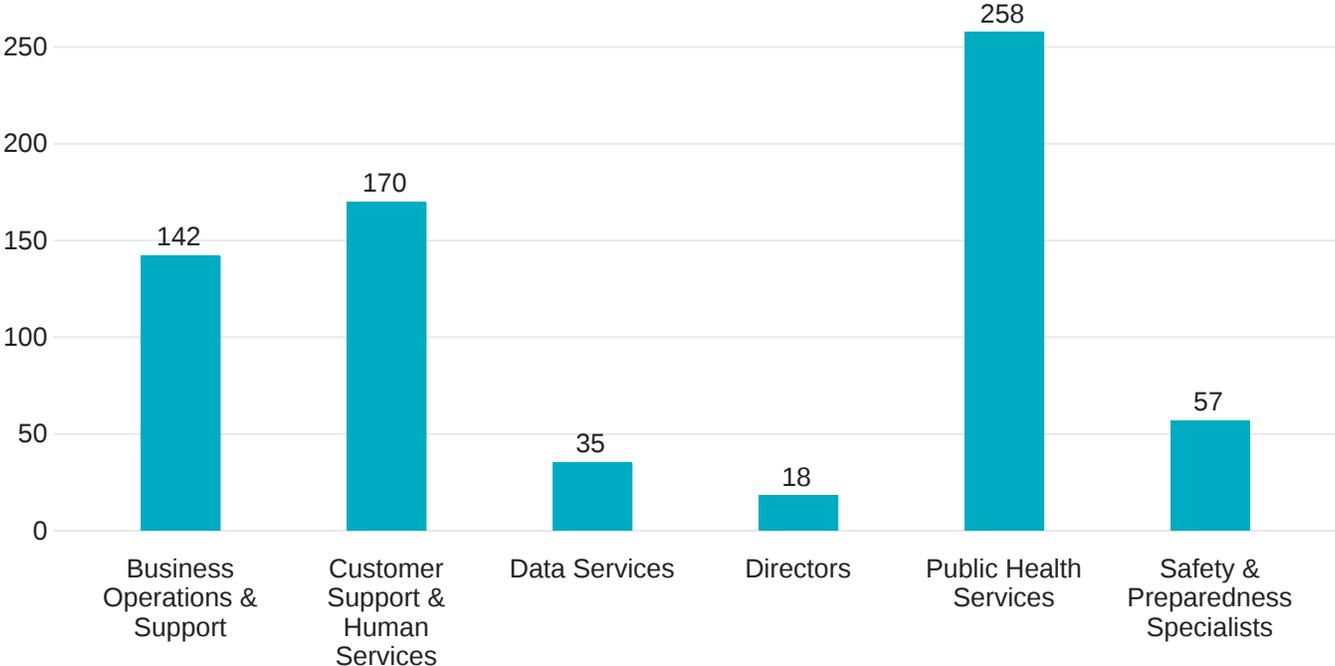
The chart above represents all who opened the survey and answered the first question. However, there is a drop off in responses once the survey begins in earnest and the more accurate response numbers are as follows:

Business and Operations Support – 108

Customer Support & Human Services – 125

Data Services – 31

Directors – 16

Public Health Services – 209

Safety & Preparedness – 47

Total = 536

Business Operations & Support

Q1. Business Operations & Support: The core competencies prioritized for this job category are listed below. For each competency statement, think about the level at which you are currently able to perform the skills associated with this competency. Then rate your level of proficiency on each competency statement by selecting the number on the following continuum that best describes your perceived level of expertise for that statement:

1 = None -- I am unaware or have very little knowledge of the skills necessary for this competency
2 = Aware -- I have heard of, but have limited knowledge or ability to apply the skills necessary for this competency
3 = Knowledgeable -- I am comfortable with my knowledge or ability to apply the skills necessary for this competency
4 = Proficient -- I am very comfortable, am an expert, or could teach these skills for this competency to others.

Field	Min	Max	Mean	Responses
1.3. Collects quantitative and qualitative data	1.00	4.00	2.89	108
1.6 Uses quantitative and qualitative data	1.00	4.00	2.94	108
2.2 Implements policies, programs, and services	1.00	4.00	2.96	108
3.2 Communicates with internal and external audiences	1.00	4.00	3.35	108
7.10 Applies critical thinking in decision making	1.00	4.00	3.31	108
7.11 Engages individuals and teams to achieve program and organizational goals	1.00	4.00	3.09	108
7.12 Facilitates collaboation among individuals, groups and organizations	1.00	4.00	3.07	108
8.5. Responds to emerging needs	1.00	4.00	3.19	108

Q1. Business Operations & Support: (Same question as previous page in chart form) The core competencies prioritized for this job category are listed below. For each competency statement, think about the level at which you are currently able to perform the skills associated with this competency. Then rate your level of proficiency on each competency statement by selecting the number on the following continuum that best describes your perceived level of expertise for that statement:

1 = None -- I am unaware or have very little knowledge of the skills necessary for this competency
2 = Aware -- I have heard of, but have limited knowledge or ability to apply the skills necessary for this competency
3 = Knowledgeable -- I am comfortable with my knowledge or ability to apply the skills necessary for this competency
4 = Proficient -- I am very comfortable, am an expert, or could teach these skills for this competency to others.

Competency	1: None	2: Aware	3: Knowledgeable	4: Proficient
1.3. Collects quantitative and ...	8	22	52	26
1.6 Uses quantitative and ...	7	19	55	27
2.2 Implements policies, ...	9	20	45	34
3.2 Communicates with internal ...	3	9	43	53
7.10 Applies critical thinking in ...		10	52	45
7.11 Engages individuals and ...	3	18	53	34
7.12 Facilitates collaboation ...	4	20	48	36
8.5. Responds to emerging needs	4	10	56	38

● 1: None   ● 2: Aware   ● 3: Knowledgeable   ● 4: Proficient

Q2 A - I had access to training for this competency. [N=93]

Competency	Yes	No	Not Sure
1.3 Collects quantitative and ...	46	24	20
1.6 Uses quantitative and ...	44	22	23
2.2 Implements policies, ...	50	21	18
3.2 Communicates with internal ...	54	23	16
7.10 Applies critical thinking in ...	50	23	17
7.11 Engages individuals and ...	49	23	18
7.12 Facilitates collaboation ...	51	24	15
8.5 Responds to emerging needs	51	24	15

● Yes ● No ● Not Sure

Q2 B - I need more training in this competency area. [N=79]

Competency	Yes	No	Not Sure
1.3 Collects quantitative and ...	35	24	17
1.6 Uses quantitative and ...	35	23	18
2.2 Implements policies, ...	35	27	11
3.2 Communicates with internal ...	21	42	7
7.10 Applies critical thinking in ...	27	39	9
7.11 Engages individuals and ...	36	27	11
7.12 Facilitates collaboation ...	33	30	10
8.5 Responds to emerging needs	32	32	9

● Yes ● No ● Not Sure

Q3. Business Operations & Support: *Please rank order each competency area from most urgent (1) to least important. Answer these for your own current training needs.*

Q3. Business Operations & Support: *Please rank order each competency area from most urgent (1) to least important. Answer these for your own current training needs. [Same question as chart above.]*

Field	Min	Max	Mean	Responses
1.3. Collects quantitative and qualitative data1.3 Collects quantitative and qualitative data	1.00	8.00	3.51	89
1.6 Uses quantitative and qualitative data	1.00	8.00	4.35	89
2.2 Implements policies, programs, and services	1.00	8.00	4.55	89
3.2 Communicates with internal and external audiences	1.00	8.00	4.51	89
7.10 Applies critical thinking in decision making	1.00	8.00	4.08	89
7.11 Engages individuals and teams to achieve program and organizational goals	1.00	8.00	4.89	89
7.12 Facilitates collaboation among individuals, groups and organizations	1.00	8.00	5.69	89
8.5 Responds to emerging needs	1.00	8.00	4.44	89

Business Operations & Support

Analysis:

- **Perceived Expertise:** Most Business Operations & Support staff indicated that they were either knowledgeable or proficient in all of their priority competencies. The largest gap in confidence was related to collecting data, which is echoed in the "training urgency" response.
- **Need for Training:** When asked about the need for additional training, the competency area that individuals noted a need for more training most was "Engages individuals and teams to achieve program and organizational goals" (by a slim margin of one).
- **Training Urgency:** This question provides the best indicator of staff preference for future training needs. More than half of respondents selected "1.3 Collects quantitative and qualitative data" as their first, second, or third priority.
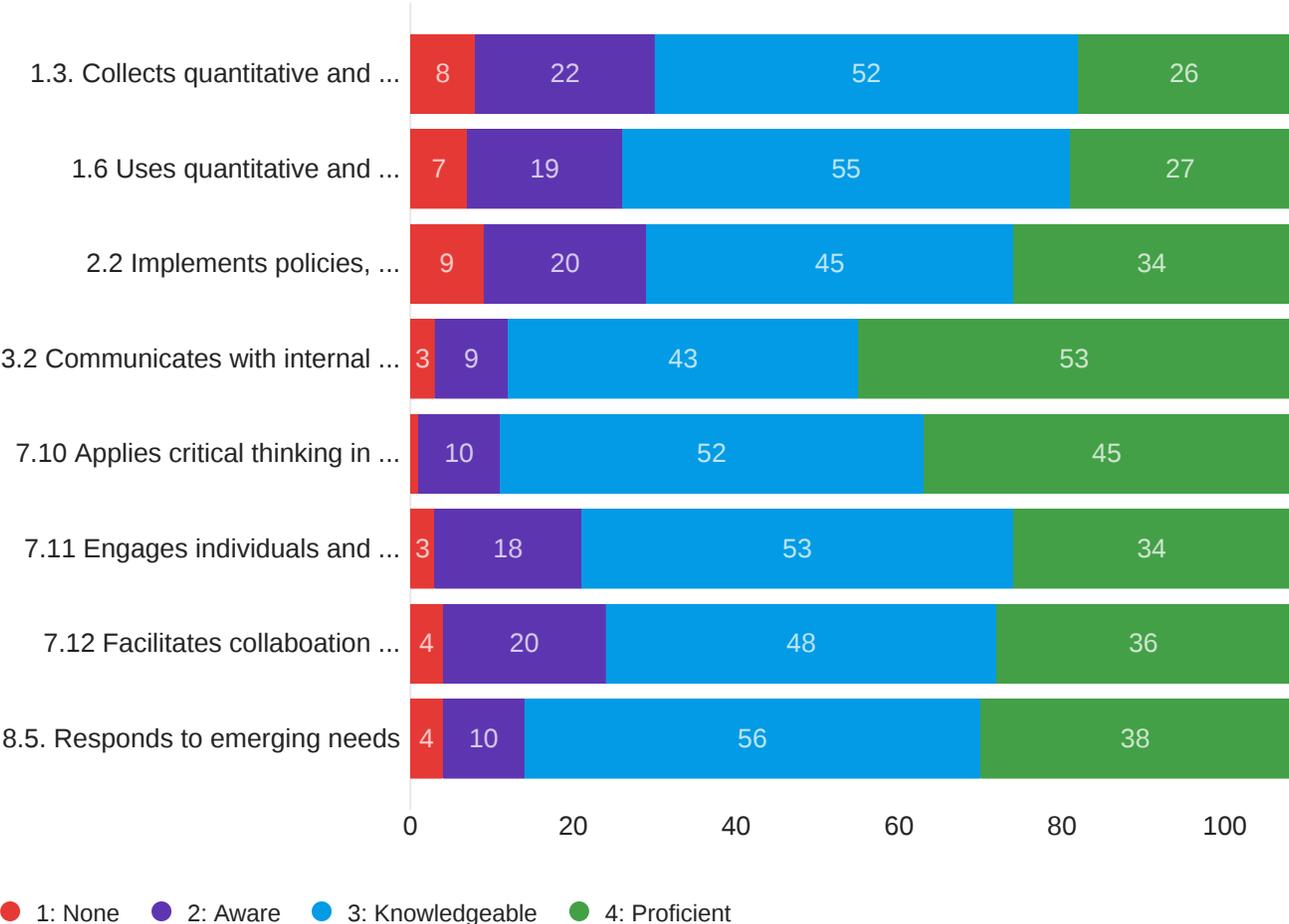
Customer Support & Human Services

Q1. Customer Support & Human Services: The core competencies prioritized for this job category are listed below. For each competency statement, think about the level at which you are currently able to perform the skills associated with this competency. Then rate your level of proficiency on each competency statement by selecting the number on the following continuum that best describes your perceived level of expertise for that statement:

1 = None -- I am unaware or have very little knowledge of the skills necessary for this competency

2 = Aware -- I have heard of, but have limited knowledge or ability to apply the skills necessary for this competency

3 = Knowledgeable -- I am comfortable with my knowledge or ability to apply the skills necessary for this competency

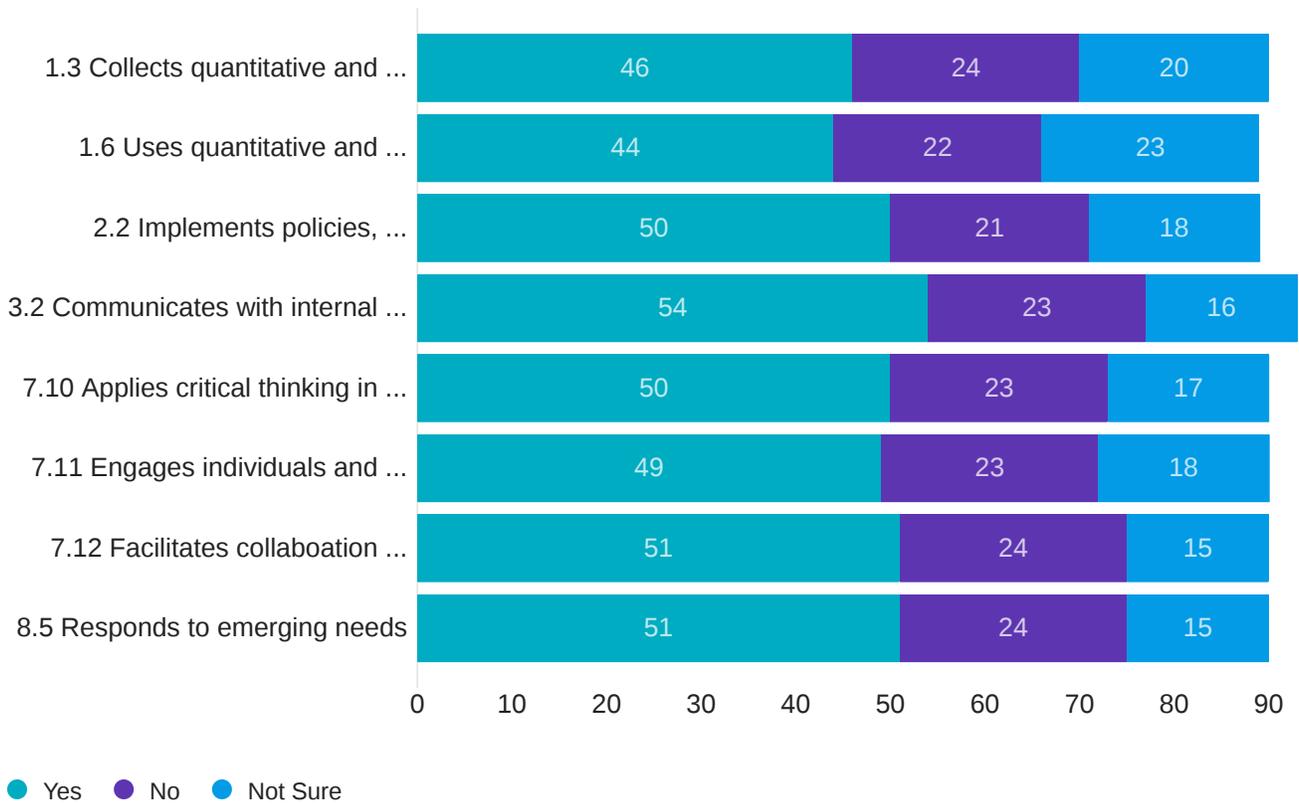4 = Proficient -- I am very comfortable, am an expert, or could teach these skills for this competency to others.

Field	Min	Max	Mean	Responses
1.3. Collects quantitative and qualitative data	1.00	4.00	2.78	125
1.4. Analyzes quantitative and qualitative data	1.00	4.00	2.63	125
2.1. Develops policies, programs, and services	1.00	4.00	2.43	125
2.2. Implements policies, programs, and services	1.00	4.00	2.94	125
3.2 Communicates with internal and external audiences	1.00	4.00	3.29	125
3.3. Responds to information, misinformation, and disinformation	1.00	4.00	3.02	125
6.3 Uses evidences in developing, implementing, evaluating, and improving pollicies, programs and services	1.00	4.00	2.70	125
7.10 Applies critical thinking in decision making	2.00	4.00	3.39	125
8.5 Responds to emerging needs	2.00	4.00	3.13	125

Q1. Customer Support & Human Services: (Same question as previous page in chart form)
The core competencies prioritized for this job category are listed below. For each competency
statement, think about the level at which you are currently able to perform the skills associated
with this competency. Then rate your level of proficiency on each competency statement by
selecting the number on the following continuum that best describes your perceived level of
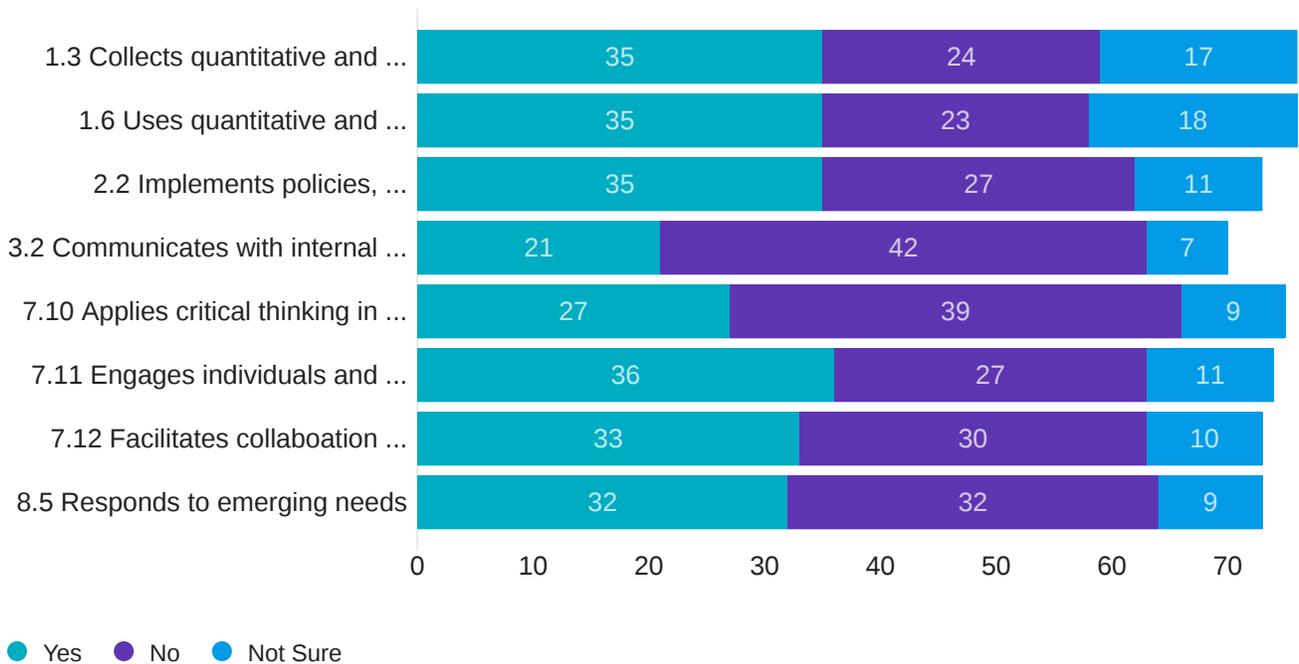expertise for that statement:

1 = None -- I am unaware or have very little knowledge of the skills necessary for this competency
2 = Aware -- I have heard of, but have limited knowledge or ability to apply the skills necessary for this competency
3 = Knowledgeable -- I am comfortable with my knowledge or ability to apply the skills necessary for this
competency
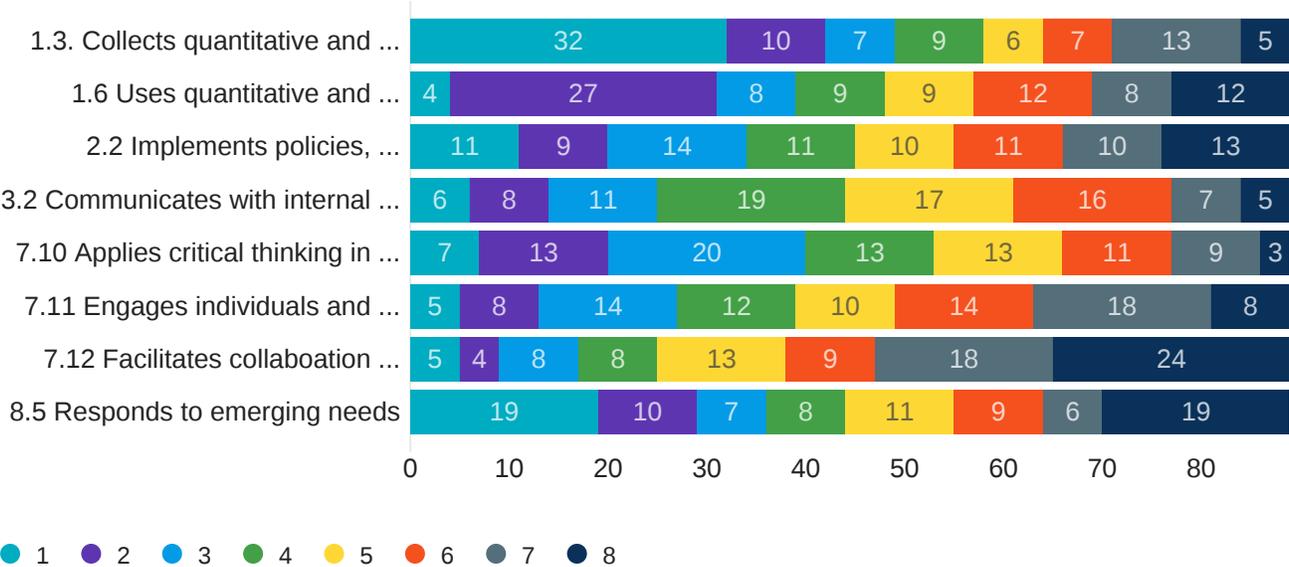4 = Proficient -- I am very comfortable, am an expert, or could teach these skills for this competency to others.

Competency	1: None	2: Aware	3: Knowledgeable	4: Proficient
1.3. Collects quantitative and ...	12	26	64	23
1.4. Analyzes quantitative and ...	15	32	62	16
2.1. Develops policies, programs, ...	22	43	44	16
2.2. Implements policies, ...	8	27	54	36
3.2 Communicates with internal ...	4	9	59	53
3.3. Responds to information, ...	6	20	65	34
6.3 Uses evidences in ...	13	33	58	21
7.10 Applies critical thinking in ...		10	56	59
8.5 Responds to emerging needs		20	69	36

● 1: None   ● 2: Aware   ● 3: Knowledgeable   ● 4: Proficient

Q2 A - Customer Support & Human Services - I had access to training for this competency.
[N = 109]

Competency	Yes	No	Not Sure
1.3. Collects quantitative and ...	45	38	21
1.4. Analyzes quantitative and ...	41	39	23
2.1. Develops policies, programs, ...	27	51	22
2.2. Implements policies, ...	61	26	17
3.2 Communicates with internal ...	74	22	11
3.3. Responds to information, ...	55	33	19
6.3 Uses evidences in ...	46	42	18
7.10 Applies critical thinking in ...	70	25	13
8.5 Responds to emerging needs	61	24	22

● Yes ● No ● Not Sure

Q2 B - Customer Support & Human Services - I need more training in this competency area.
[N=91]

Competency	Yes	No	Not Sure
1.3. Collects quantitative and ...	41	25	18
1.4. Analyzes quantitative and ...	44	24	18
2.1. Develops policies, programs, ...	46	23	21
2.2. Implements policies, ...	35	35	14
3.2 Communicates with internal ...	26	43	12
3.3. Responds to information, ...	34	36	13
6.3 Uses evidences in ...	41	28	14
7.10 Applies critical thinking in ...	31	42	7
8.5 Responds to emerging needs	35	36	12

● Yes ● No ● Not Sure

14

Q3. Customer Support & Human Services - Please rank order each competency area from most urgent (1) to least important. Answer these for your own current training needs.

Field									
1.3. Collects quantitative and ...	17	15	13	6	5	10	9	16	3
1.4. Analyzes quantitative and ...	7	14	12	13	7	5	12	8	16
2.1. Develops policies, programs, ...	9	6	11	7	10	17	6	17	11
2.2. Implements policies, ...	5	9	11	17	13	12	14	7	6
3.2 Communicates with internal ...	15	9	12	10	17	16	4	4	7
3.3. Responds to information, ...	6	13	14	5	15	19	14	7	
6.3 Uses evidences in ...	6	6	7	13	17	8	12	11	14
7.10 Applies critical thinking in ...	14	17	8	7	11	8	8	12	9
8.5 Responds to emerging needs	20	12	7	7	9	3	10	5	21

Legend: ● 1 ● 2 ● 3 ● 4 ● 5 ● 6 ● 7 ● 8 ● 9

Q3. Customer Support & Human Services - Please rank order each competency area from most urgent (1) to least important. Answer these for your own current training needs. (same as above)

Field	Min	Max	Mean	Responses
1.3. Collects quantitative and qualitative data	1.00	9.00	4.39	94
1.4. Analyzes quantitative and qualitative data	1.00	9.00	5.11	94
2.1. Develops policies, programs, and services	1.00	9.00	5.44	94
2.2. Implements policies, programs, and services	1.00	9.00	4.99	94
3.2 Communicates with internal and external audiences	1.00	9.00	4.39	94
3.3. Responds to information, misinformation, and disinformation	1.00	9.00	5.65	94
6.3 Uses evidences in developing, implementing, evaluating, and improving pollicies, programs and services	1.00	9.00	5.55	94
7.10 Applies critical thinking in decision making	1.00	9.00	4.64	94
8.5 Responds to emerging needs	1.00	9.00	4.84	94

Community Support & Human Services

Analysis:

- Perceived Expertise: There is greater variability related to perceptions of proficiency across the priority competencies for Customer Support & Human Services. The area with greatest confidence related to internal and external communication skills. The area with lowest overall confidence was related to developing policies programs and services.
- Need for Training: There is consistency within the responses in this category as the respondents selected "Develops policies, programs and services" as the most selected area for training needs.
- Training Urgency: This question provides the best indicator of staff preference for future training needs. However, there is significant variability in the responses. Looking at the numbers of respondents choosing a competency first, second or third provides direction here. In this case, the topic with the most 1st, 2nd, 3rd selections is "Collects quantitative and qualitative data" which is closely followed by "Communicates with internal and external audiences", "Applies critical thinking skills", and "Responds to emerging needs."
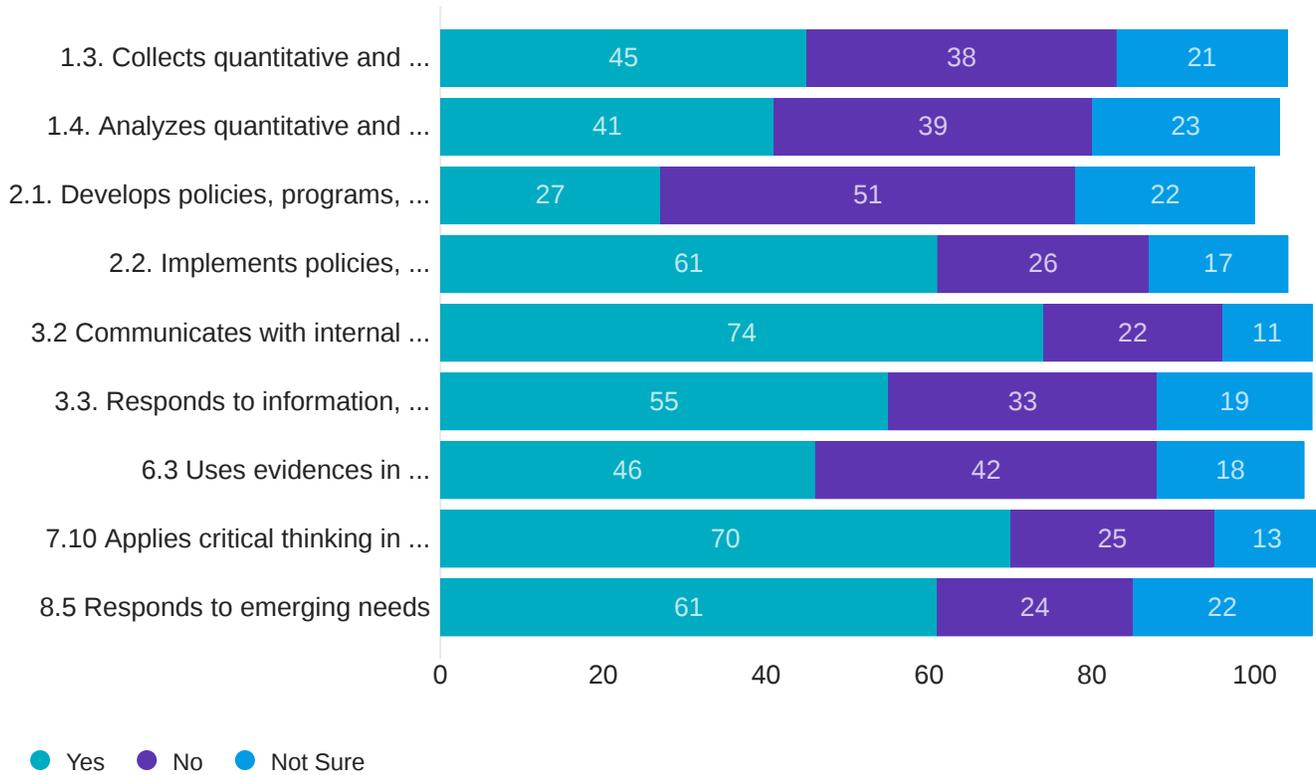
Data Services

Q1. Data Services: The core competencies prioritized for this job category are listed below. For each competency statement, think about the level at which you are currently able to perform the skills associated with this competency. Then rate your level of proficiency on each competency statement by selecting the number on the following continuum that best describes your perceived level of expertise for that statement:

1 = None -- I am unaware or have very little knowledge of the skills necessary for this competency

2 = Aware -- I have heard of, but have limited knowledge or ability to apply the skills necessary for this competency

3 = Knowledgeable -- I am comfortable with my knowledge or ability to apply the skills necessary for this competency

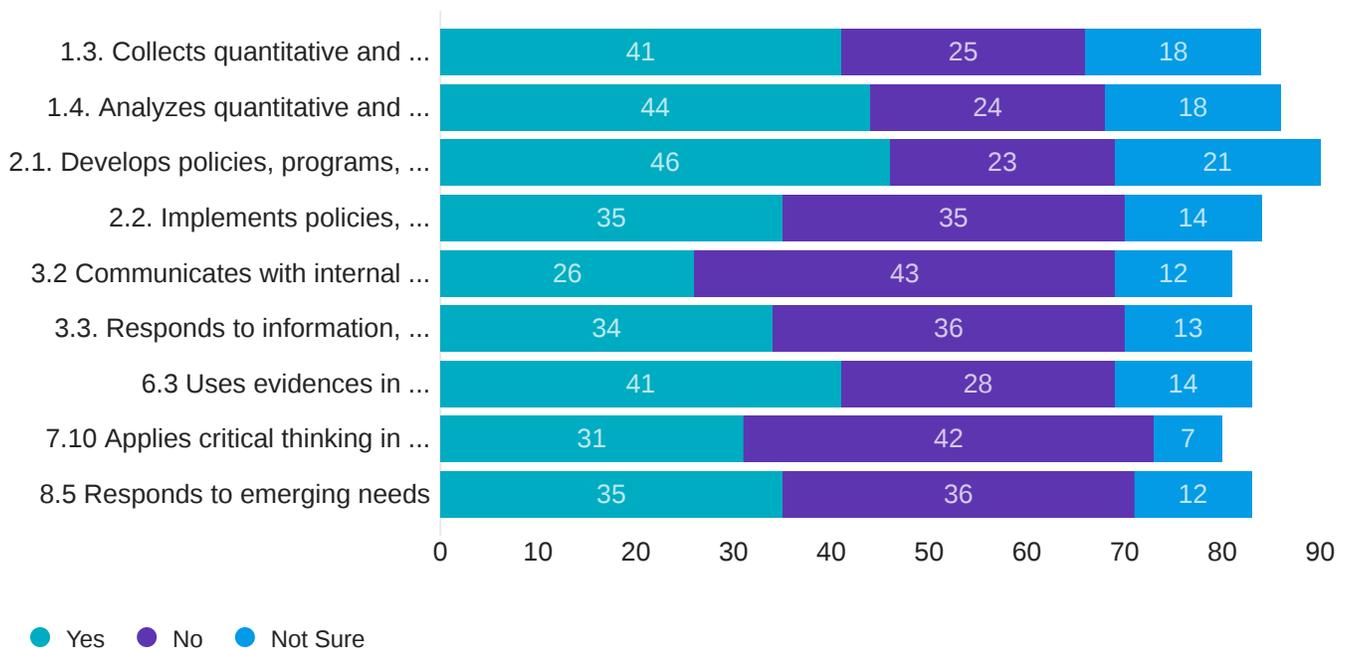4 = Proficient -- I am very comfortable, am an expert, or could teach these skills for this competency to others.

Field	Min	Max	Mean	Responses
1.3. Collects quantitative and qualitative data	2.00	4.00	3.19	31
1.5. Manages quantitative and qualitative data	2.00	4.00	3.32	31
1.6 Uses quantitative and qualitative data	3.00	4.00	3.39	31
3.1. Determines communication strategies	2.00	4.00	2.94	31
5.3. Maintains relationships that improve community health and resilience	2.00	4.00	3.13	31
6.3 Uses evidence in developing, implementing, evaluating, and improving policies, programs, and services	2.00	4.00	3.00	31
7.10 Applies critical thinking in decision making	2.00	4.00	3.29	31
8.4. Creates opportunities for creativity and innovation	2.00	4.00	3.13	31
8.5 Responds to emerging needs	2.00	4.00	3.23	31

Q1. Data Services: (Same question as previous page in chart form) The core competencies prioritized for this job category are listed below. For each competency statement, think about the level at which you are currently able to perform the skills associated with this competency. Then rate your level of proficiency on each competency statement by selecting the number on the following continuum that best describes your perceived level of expertise for that statement:

1 = None -- I am unaware or have very little knowledge of the skills necessary for this competency
2 = Aware -- I have heard of, but have limited knowledge or ability to apply the skills necessary for this competency
3 = Knowledgeable -- I am comfortable with my knowledge or ability to apply the skills necessary for this competency
4 = Proficient -- I am very comfortable, am an expert, or could teach these skills for this competency to others.

Q2 A - I had access to training for this competency. [N=28]

Competency	Yes	No	Not Sure
1.3. Collects quantitative and ...	20	6	2
1.5. Manages quantitative and ...	22	5	1
1.6 Uses quantitative and ...	22	3	3
3.1. Determines communication ...	13	12	2
5.3. Maintains relationships that ...	11	12	5
6.3 Uses evidence in developing, ...	14	12	2
7.10 Applies critical thinking in ...	15	9	3
8.4. Creates opportunities for ...	12	12	4
8.5 Responds to emerging needs	13	10	5

● Yes   ● No   ● Not Sure

Q2 B - I need more training in this competency area. [N=28]

Competency	Yes	No	Not Sure
1.3. Collects quantitative and ...	13	10	2
1.5. Manages quantitative and ...	13	10	3
1.6 Uses quantitative and ...	15	9	2
3.1. Determines communication ...	19	6	2
5.3. Maintains relationships that ...	14	6	6
6.3 Uses evidence in developing, ...	19	5	2
7.10 Applies critical thinking in ...	13	11	3
8.4. Creates opportunities for ...	12	9	5
8.5 Responds to emerging needs	17	6	4

● Yes   ● No   ● Not Sure

Q3. Data Services: Please rank order each competency area from most urgent (1) to least important. Answer these for your own current training needs.
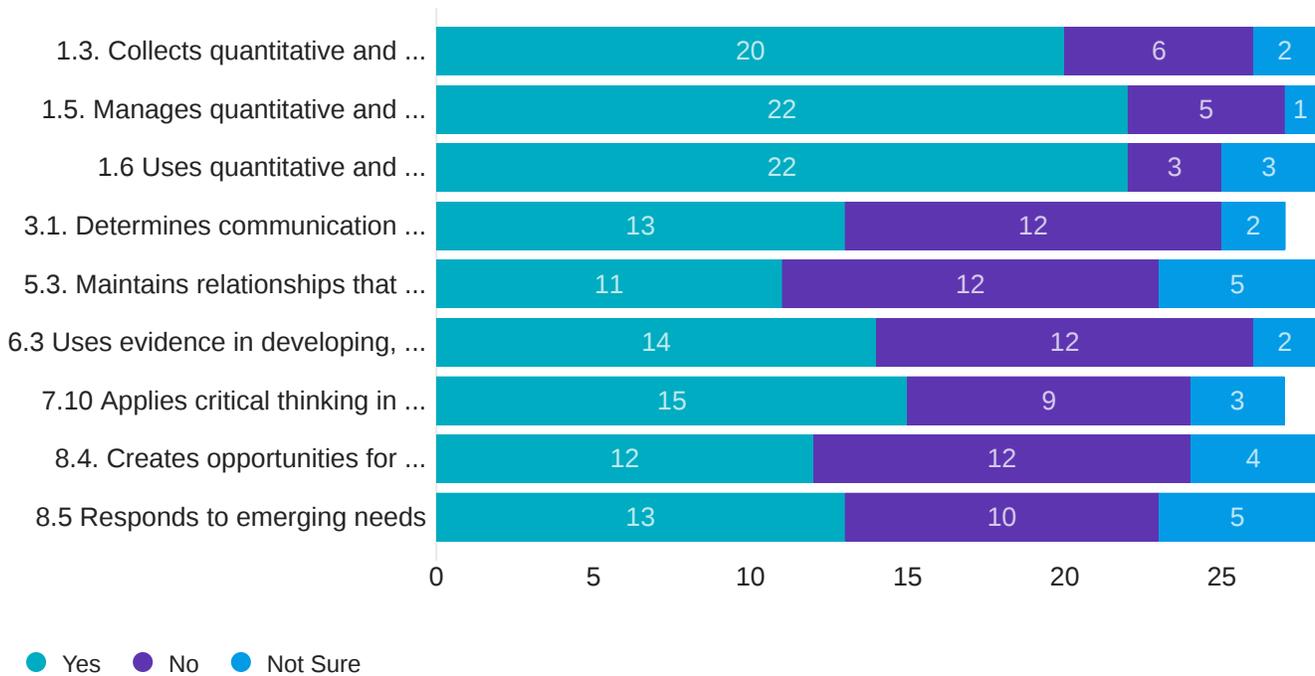
Field	Min	Max	Mean	Responses
1.3. Collects quantitative and qualitative data	1.00	9.00	3.80	25
1.5. Manages quantitative and qualitative data	1.00	9.00	3.92	25
1.6 Uses quantitative and qualitative data	1.00	9.00	3.52	25
3.1. Determines communication strategies	1.00	9.00	5.72	25
5.3. Maintains relationships that improve community health and resilience	1.00	9.00	5.96	25
6.3 Uses evidence in developing, implementing, evaluating, and improving policies, programs, and services	1.00	9.00	5.24	25
7.10 Applies critical thinking in decision making	1.00	8.00	5.36	25
8.4. Creates opportunities for creativity and innovation	1.00	9.00	6.12	25
8.5 Responds to emerging needs	1.00	9.00	5.36	25

Q3. Data Services: Please rank order each competency area from most urgent (1) to least important. Answer these for your own current training needs. (Same as above)
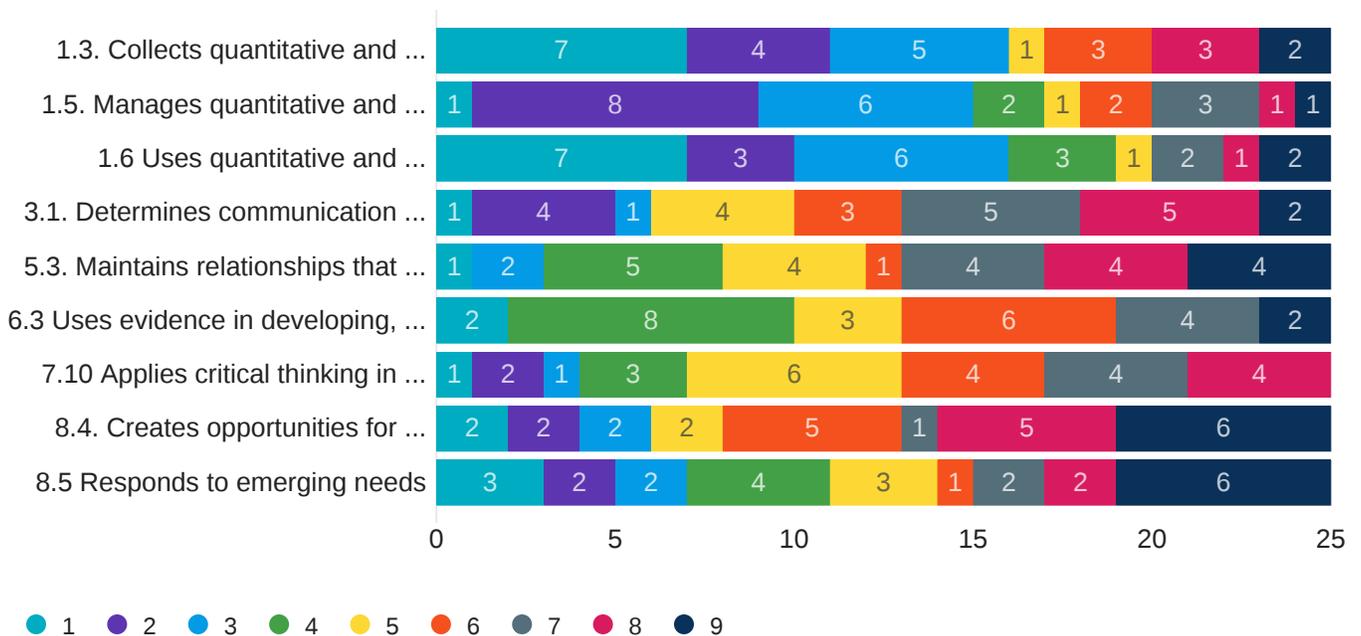
Data Services

Analysis:

- **Perceived Expertise:** For the priority competencies, the Data Services respondents indicated that they were at least aware, of all; no one answered "none". And all were either knowledgeable or proficient with using quantitative and qualitative data. The lowest confidence was related to determining communication strategies and using evidence to develop, implement, evaluate, and improve policies, programs and services.
- **Need for Training:** There is consistency within the responses in this category as the respondents selected Respondents indicated that there most needed training areas were related to determining communication strategies and using evidence to develop, implement, evaluate, and improve policies, programs and services.
- **Training Urgency:** This question provides the best indicator of staff preference for future training needs. Here, the clear preference was related to the core work of Data Services staff: collecting, managing and using data.

Directors

Q1. Directors: The core competencies prioritized for this job category are listed below. For each competency statement, think about the level at which you are currently able to perform the skills associated with this competency. Then rate your level of proficiency on each competency statement by selecting the number on the following continuum that best describes your perceived level of expertise for that statement:
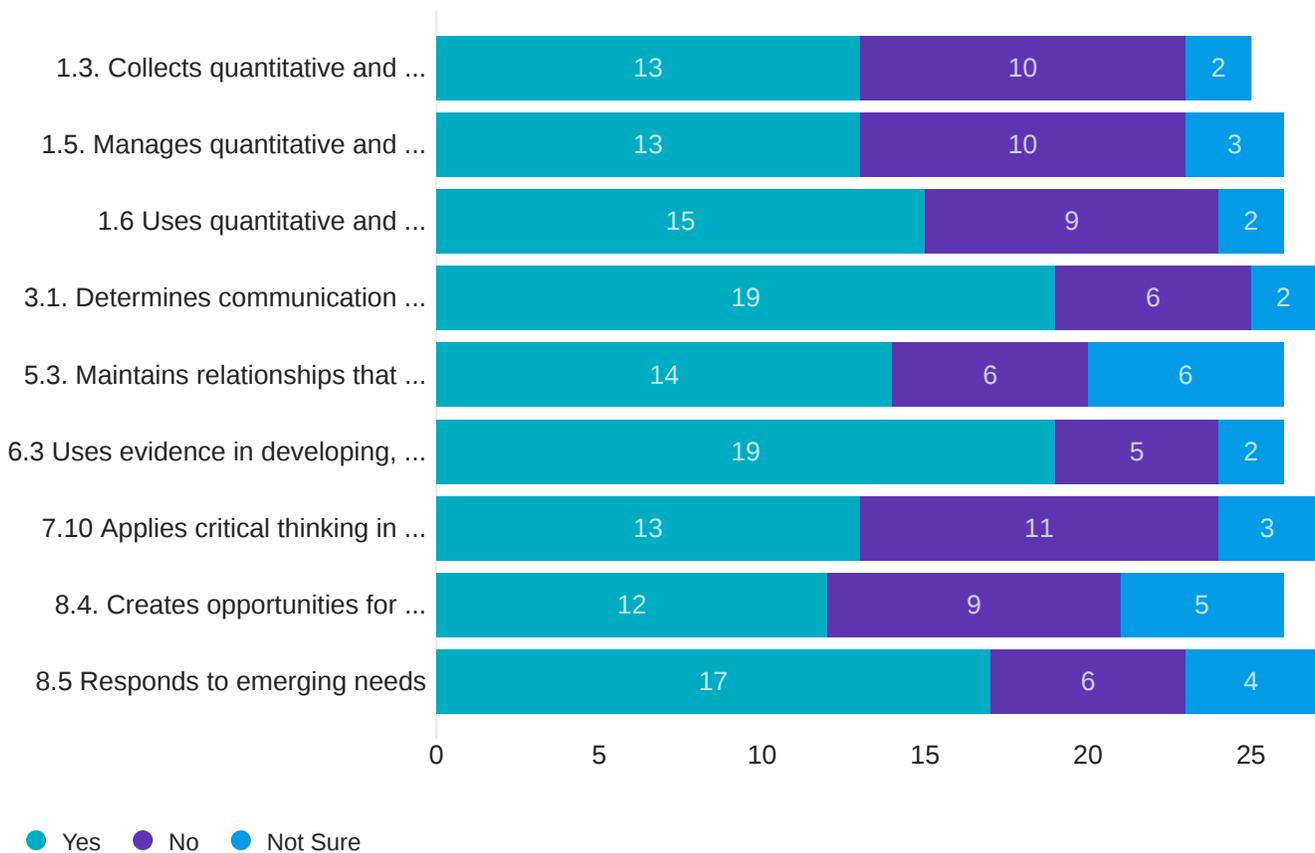
1 = None -- I am unaware or have very little knowledge of the skills necessary for this competency
2 = Aware -- I have heard of, but have limited knowledge or ability to apply the skills necessary for this competency
3 = Knowledgeable -- I am comfortable with my knowledge or ability to apply the skills necessary for this competency
4 = Proficient -- I am very comfortable, am an expert, or could teach these skills for this competency to others.

Field	Min	Max	Mean	Responses
2.4 Improves policies, programs, services and organizational performance	3.00	4.00	3.13	16
3.2 Communicates with internal and external audiences	3.00	4.00	3.56	16
7.10 Applies critical thinking in decision making	3.00	4.00	3.69	16
7.11 Engages individuals and teams to achieve program and organizational goals	3.00	4.00	3.75	16
7.12 Facilitates collaboation among individuals, groups and organizations	3.00	4.00	3.81	16
8.4 Creates opportunities for creativity and innovation	3.00	4.00	3.38	16
8.5 Responds to emerging needs	3.00	4.00	3.69	16
8.6 Manages organizational change	2.00	4.00	3.38	16

Q1. Directors: (Same question as previous page in chart form) The core competencies prioritized for this job category are listed below. For each competency statement, think about the level at which you are currently able to perform the skills associated with this competency. Then rate your level of proficiency on each competency statement by selecting the number on the following continuum that best describes your perceived level of expertise for that statement:

1 = None -- I am unaware or have very little knowledge of the skills necessary for this competency
2 = Aware -- I have heard of, but have limited knowledge or ability to apply the skills necessary for this competency
3 = Knowledgeable -- I am comfortable with my knowledge or ability to apply the skills necessary for this competency
4 = Proficient -- I am very comfortable, am an expert, or could teach these skills for this competency to others.

Competency	1: None	2: Aware	3: Knowledgeable	4: Proficient
2.4 Improves policies, programs, services and organizational ...			14	2
3.2 Communicates with internal and external audiences			7	9
7.10 Applies critical thinking in decision making			5	11
7.11 Engages individuals and teams to achieve program and ...			4	12
7.12 Facilitates collaboation among individuals, groups and ...			3	13
8.4 Creates opportunities for creativity and innovation			10	6
8.5 Responds to emerging needs			5	11
8.6 Manages organizational change		1	8	7

● 1: None   ● 2: Aware   ● 3: Knowledgeable   ● 4: Proficient

23

Directors. Q2 A - I had access to training for this competency. [N=14]

Competency	Yes	No	Not Sure
2.4 Improves policies, programs, ...	8	5	1
3.2 Communicates with internal ...	7	6	1
7.10 Applies critical thinking in ...	5	6	3
7.11 Engages individuals and ...	7	6	1
7.12 Facilitates collaboation ...	9	4	1
8.4 Creates opportunities for ...	6	7	1
8.5 Responds to emerging needs	7	6	1
8.6 Manages organizational change	7	6	1

Legend: ● Yes ● No ● Not Sure

Directors Q2 B - I need more training in this competency area. [N=13]

Competency	Yes	No	Not Sure
2.4 Improves policies, programs, ...	9	3	1
3.2 Communicates with internal ...	7	4	1
7.10 Applies critical thinking in ...	7	5	
7.11 Engages individuals and ...	7	4	1
7.12 Facilitates collaboation ...	5	6	1
8.4 Creates opportunities for ...	8	4	1
8.5 Responds to emerging needs	9	2	2
8.6 Manages organizational change	9	2	2

Legend: ● Yes ● No ● Not Sure

Q3. Directors- Please rank order each competency area from most urgent (1) to least important.
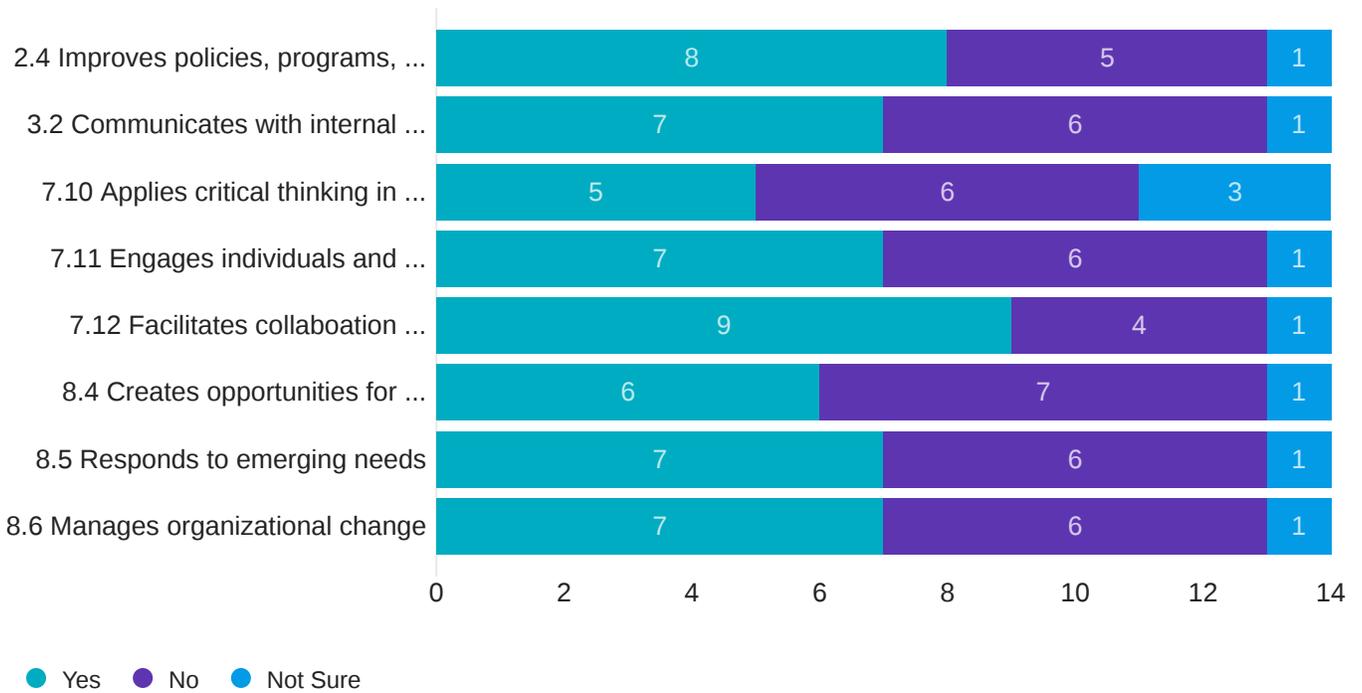
Field	Min	Max	Mean	Responses
2.4 Improves policies, programs, services and organizational performance	1.00	8.00	3.43	14
3.2 Communicates with internal and external audiences	1.00	8.00	5.79	14
7.10 Applies critical thinking in decision making	1.00	7.00	3.64	14
7.11 Engages individuals and teams to achieve program and organizational goals	1.00	7.00	4.14	14
7.12 Facilitates collaboation among individuals, groups and organizations	1.00	8.00	5.57	14
8.4 Creates opportunities for creativity and innovation	1.00	8.00	5.64	14
8.5 Responds to emerging needs	1.00	8.00	4.07	14
8.6 Manages organizational change	1.00	8.00	3.71	14

Q3. Directors- Please rank order each competency area from most urgent (1) to least important. [N=14]
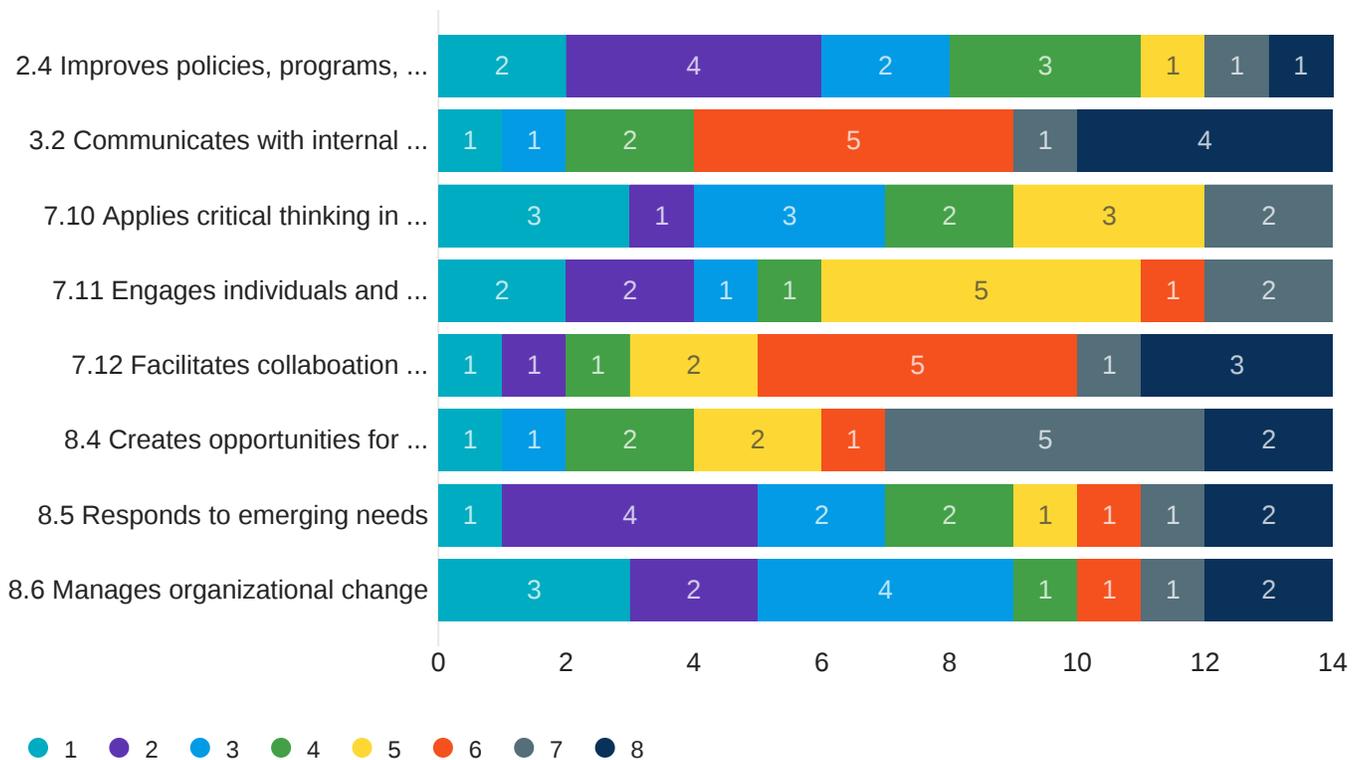
Directors

Analysis:

Perceived Expertise: For the priority competencies, the Directors indicated that they either knowledgeable or proficient in all areas. The lowest confidence was related to improving policies, programs and services and organizational performance and creating opportunities for creativity and innovation.

Need for Training: Respondents were generally open to training in a variety of areas. The areas with highest need were 2.4, 8.4, 8.5 and 8.5.

Training Urgency: This question provides the best indicator of staff preference for future training needs. The priority area for training were related to:

o Improves policies, program, services and organizational performance

o Applies critical thinking in decision making

o Manages organizational change

The lowest priority was related to training for internal and external communication.

Public Health Services

Q1. Public Health Services: The core competencies prioritized for this job category are listed below. For each competency statement, think about the level at which you are currently able to perform the skills associated with this competency. Then rate your level of proficiency on each competency statement by selecting the number on the following continuum that best describes your perceived level of expertise for that statement:
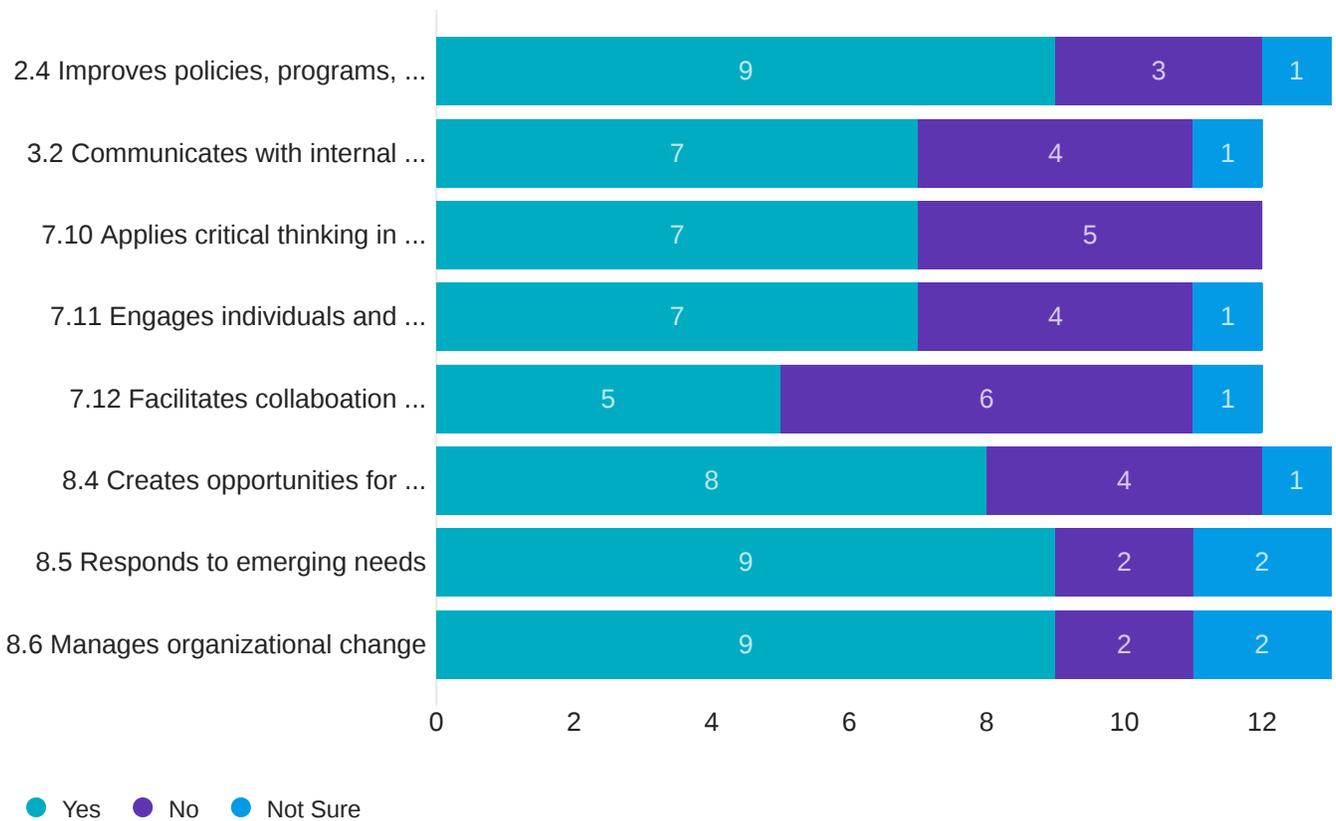
1 = None -- I am unaware or have very little knowledge of the skills necessary for this competency

2 = Aware -- I have heard of, but have limited knowledge or ability to apply the skills necessary for this competency

3 = Knowledgeable -- I am comfortable with my knowledge or ability to apply the skills necessary for this competency

4 = Proficient -- I am very comfortable, am an expert, or could teach these skills for this competency to others.

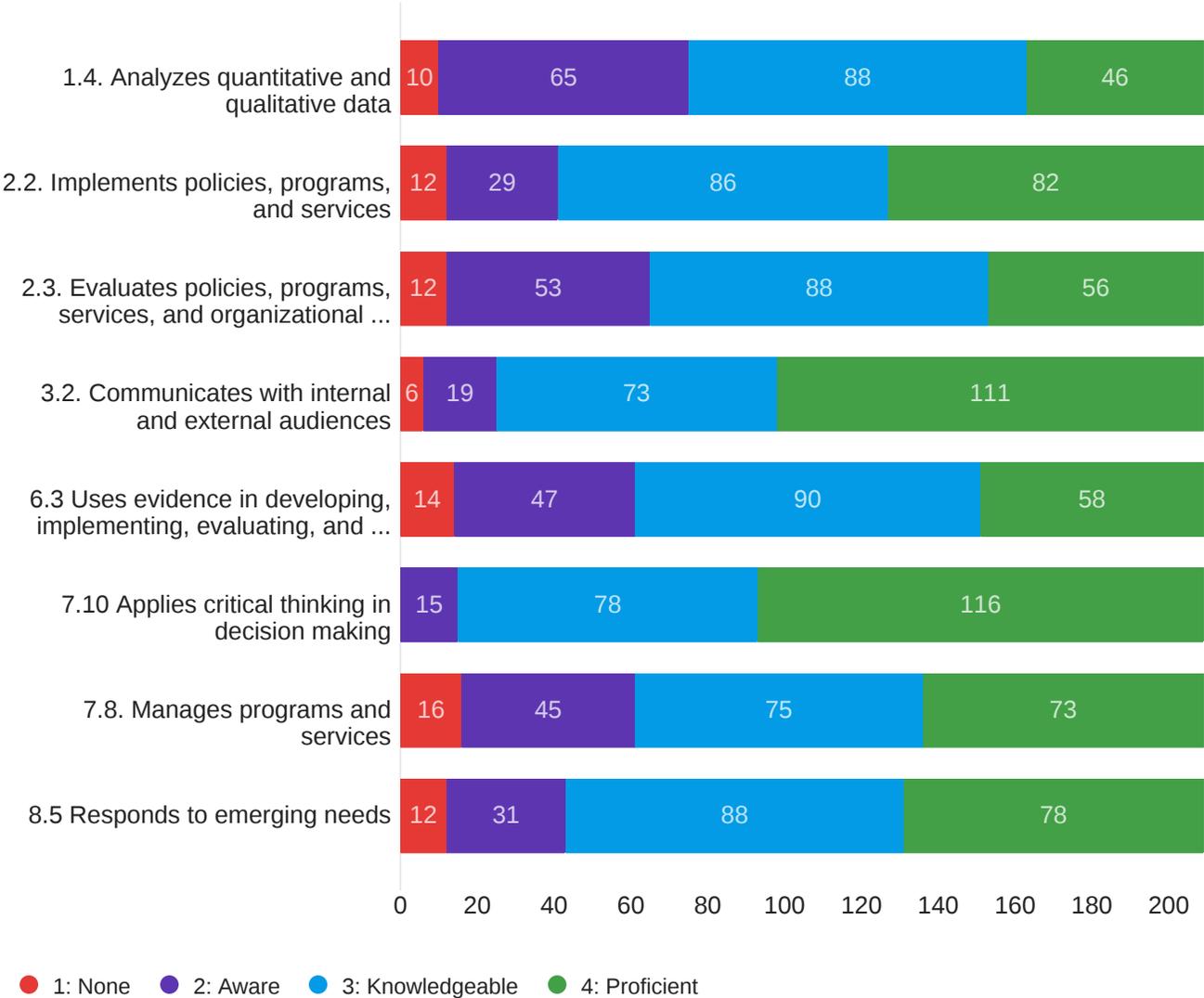| Field	Min	Max	Mean	Responses
1.4. Analyzes quantitative and qualitative data	1.00	4.00	2.81	209
2.2. Implements policies, programs, and services	1.00	4.00	3.14	209
2.3. Evaluates policies, programs, services, and organizational performance	1.00	4.00	2.90	209
3.2. Communicates with internal and external audiences	1.00	4.00	3.38	209
6.3 Uses evidence in developing, implementing, evaluating, and improving policies, programs and services	1.00	4.00	2.92	209
7.10 Applies critical thinking in decision making	2.00	4.00	3.48	209
7.8. Manages programs and services	1.00	4.00	2.98	209
8.5 Responds to emerging needs	1.00	4.00	3.11	209

Q1. Public Health Services: The core competencies prioritized for this job category are listed below. For each competency statement, think about the level at which you are currently able to perform the skills associated with this competency. Then rate your level of proficiency on each competency statement by selecting the number on the following continuum that best describes your perceived level of expertise for that statement:
1 = None -- I am unaware or have very little knowledge of the skills necessary for this competency
2 = Aware -- I have heard of, but have limited knowledge or ability to apply the skills necessary for this competency
3 = Knowledgeable -- I am comfortable with my knowledge or ability to apply the skills necessary for this competency
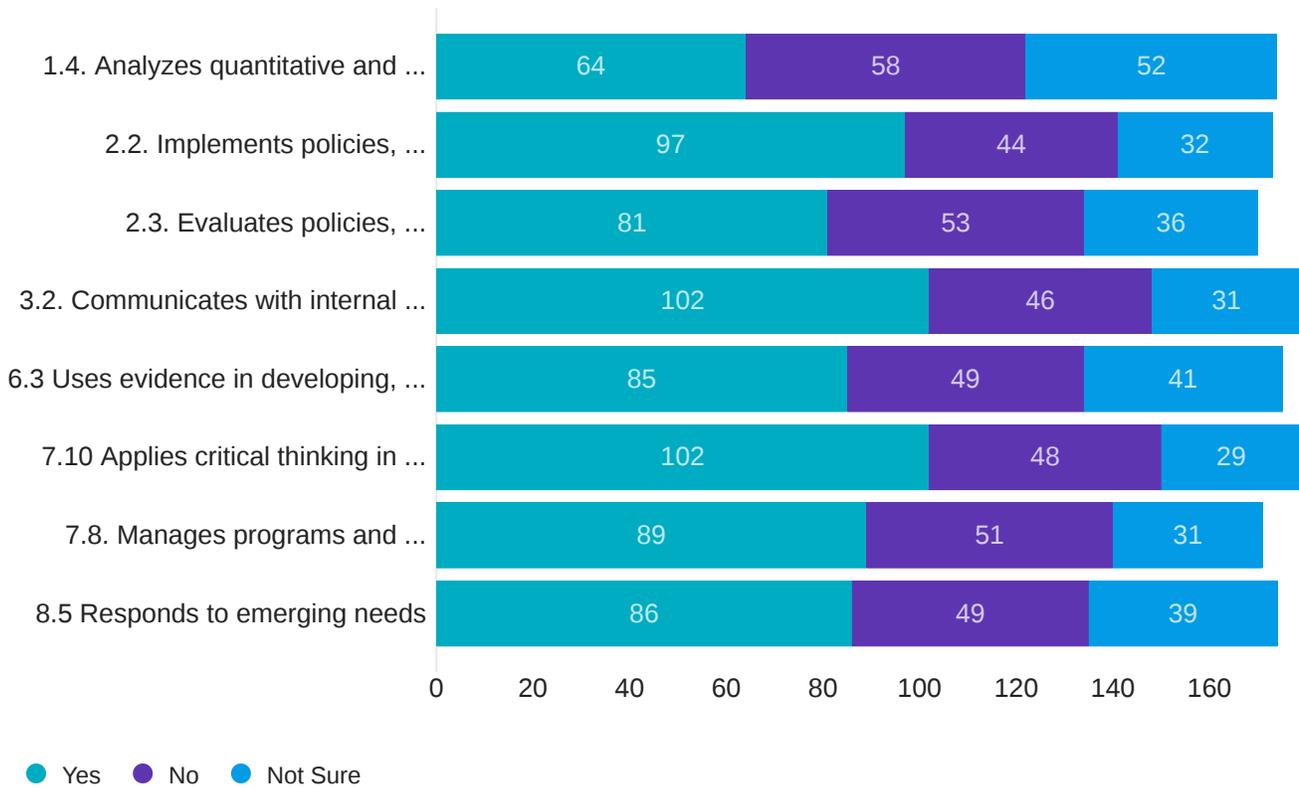4 = Proficient -- I am very comfortable, am an expert, or could teach these skills for this competency to others.
(Same questions as previous page, in chart form)

Chart data:

Competency	1: None	2: Aware	3: Knowledgeable	4: Proficient
1.4. Analyzes quantitative and qualitative data	10	65	88	46
2.2. Implements policies, programs, and services	12	29	86	82
2.3. Evaluates policies, programs, services, and organizational ...	12	53	88	56
3.2. Communicates with internal and external audiences	6	19	73	111
6.3 Uses evidence in developing, implementing, evaluating, and ...	14	47	90	58
7.10 Applies critical thinking in decision making		15	78	116
7.8. Manages programs and services	16	45	75	73
8.5 Responds to emerging needs	12	31	88	78

● 1: None ● 2: Aware ● 3: Knowledgeable ● 4: Proficient

Q2 A - Public Health Services - I had access to training for this competency. [N=185]

Competency	Yes	No	Not Sure
1.4. Analyzes quantitative and ...	64	58	52
2.2. Implements policies, ...	97	44	32
2.3. Evaluates policies, ...	81	53	36
3.2. Communicates with internal ...	102	46	31
6.3 Uses evidence in developing, ...	85	49	41
7.10 Applies critical thinking in ...	102	48	29
7.8. Manages programs and ...	89	51	31
8.5 Responds to emerging needs	86	49	39

● Yes ● No ● Not Sure

Q2 B -Public Health Services -I need more training in this competency area. [N=166]
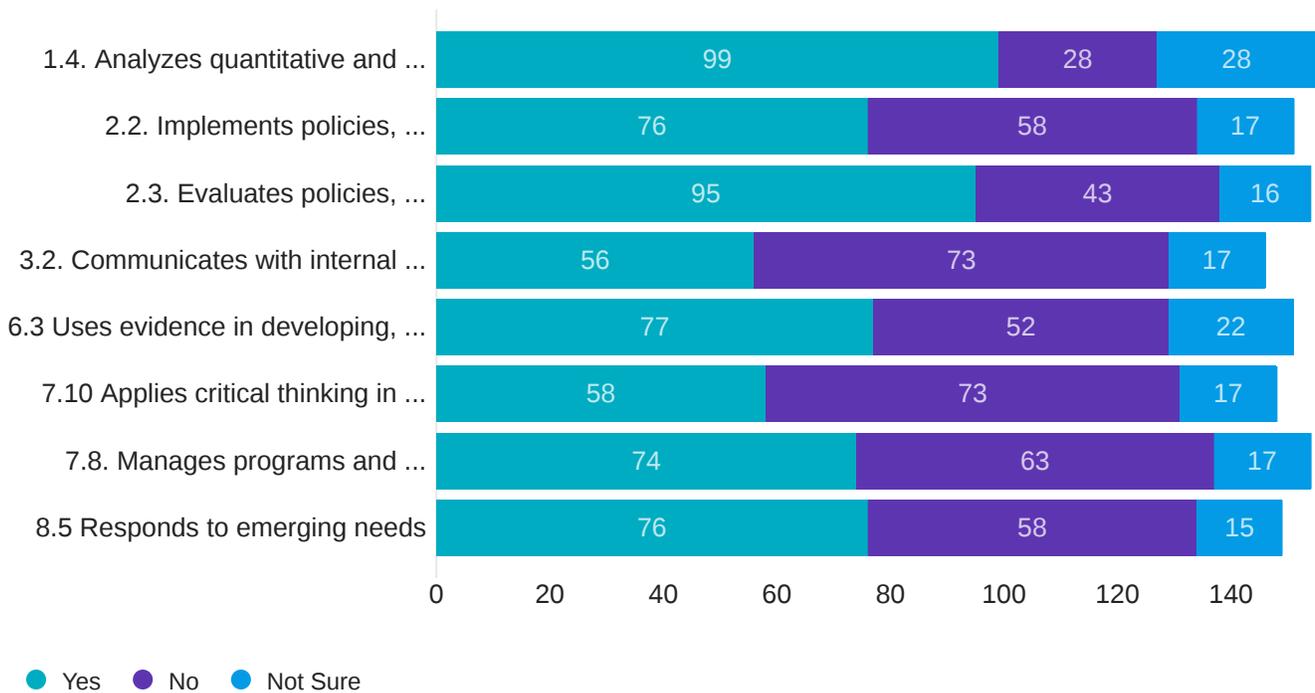
Competency	Yes	No	Not Sure
1.4. Analyzes quantitative and ...	99	28	28
2.2. Implements policies, ...	76	58	17
2.3. Evaluates policies, ...	95	43	16
3.2. Communicates with internal ...	56	73	17
6.3 Uses evidence in developing, ...	77	52	22
7.10 Applies critical thinking in ...	58	73	17
7.8. Manages programs and ...	74	63	17
8.5 Responds to emerging needs	76	58	15

● Yes ● No ● Not Sure

Q3. Public Health Services- Please rank order each competency area from most urgent (1) to least important.

Field	Min	Max	Mean	Responses
1.4. Analyzes quantitative and qualitative data	1.00	8.00	3.67	168
2.2. Implements policies, programs, and services	1.00	8.00	4.05	168
2.3. Evaluates policies, programs, services, and organizational performance	1.00	8.00	4.45	168
3.2. Communicates with internal and external audiences	1.00	8.00	4.79	168
6.3 Uses evidence in developing, implementing, evaluating, and improving policies, programs and services	1.00	8.00	4.36	168
7.10 Applies critical thinking in decision making	1.00	8.00	4.32	168
7.8. Manages programs and services	1.00	8.00	5.23	168
8.5 Responds to emerging needs	1.00	8.00	5.14	168

Q3. Public Health Services- Please rank order each competency area from most urgent (1) to least important. [N=168]
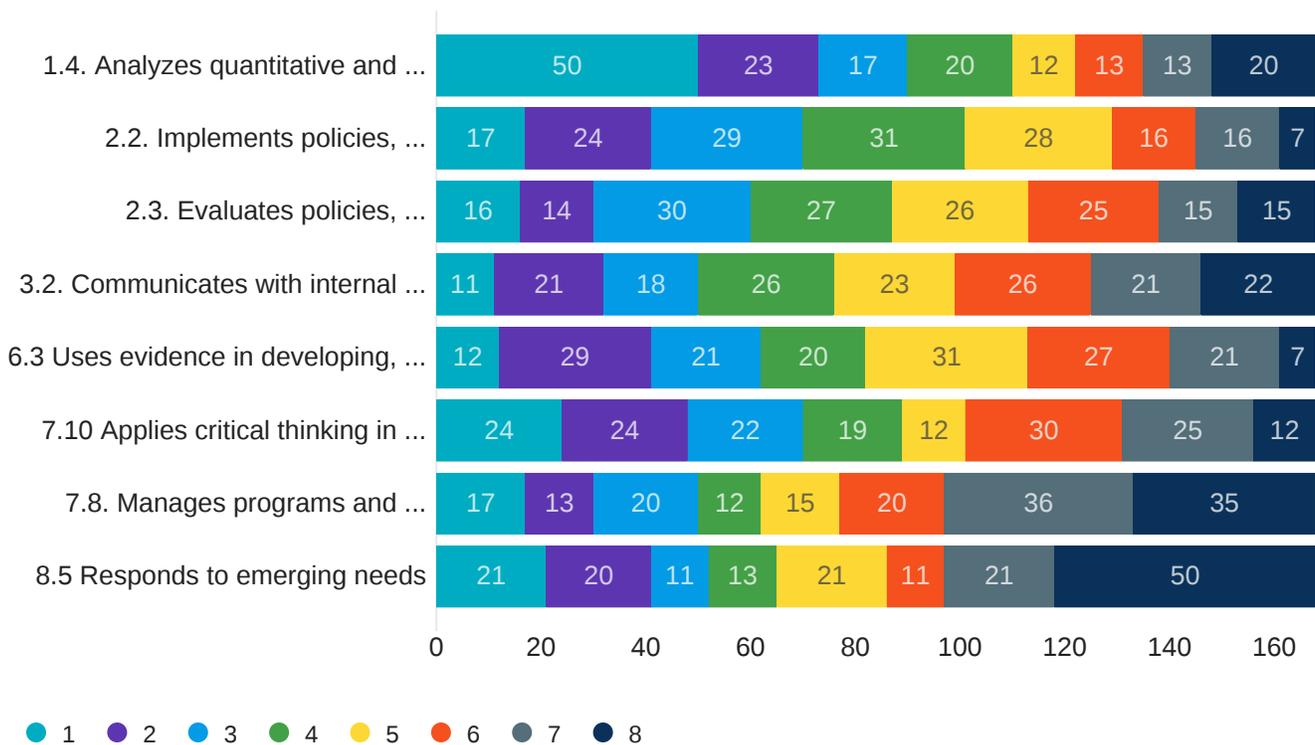
Public Health Services

Analysis:

- **Perceived Expertise:** As a group, the areas of greatest knowledge and proficiency were related to communicating with internal and external audiences and applying critical thinking. The lowest average confidence was "Analyzes quantitative and qualitative data" but the greatest number of respondents indicated "none" for comfort with "Manages programs and services".
- **Need for Training:** Respondents indicated that there most needed training areas were related to "Analyzes quantitative and qualitative data" and "Evaluates policies, programs and services." Also noteworthy, when asked about access to training, the fewest respondents answered "yes" to training opportunities for analyzing data.
- **Training Urgency:** This question provides the best indicator of staff preference for future training needs. Here, the clear preference was related to training for analyzing data. Also, respondents are least interested in training related to managing programs or responding to emerging needs. However, it is noteworthy that the area selected as most and least important is also the order the responses were listed, so this may be influence by survey order or survey fatigue.

Safety & Preparedness

Q1. Safety & Preparedness: The core competencies prioritized for this job category are listed below. For each competency statement, think about the level at which you are currently able to perform the skills associated with this competency. Then rate your level of proficiency on each competency statement by selecting the number on the following continuum that best describes your perceived level of expertise for that statement:

1 = None -- I am unaware or have very little knowledge of the skills necessary for this competency

2 = Aware -- I have heard of, but have limited knowledge or ability to apply the skills necessary for this competency

3 = Knowledgeable -- I am comfortable with my knowledge or ability to apply the skills necessary for this competency

4 = Proficient -- I am very comfortable, am an expert, or could teach these skills for this competency to others.

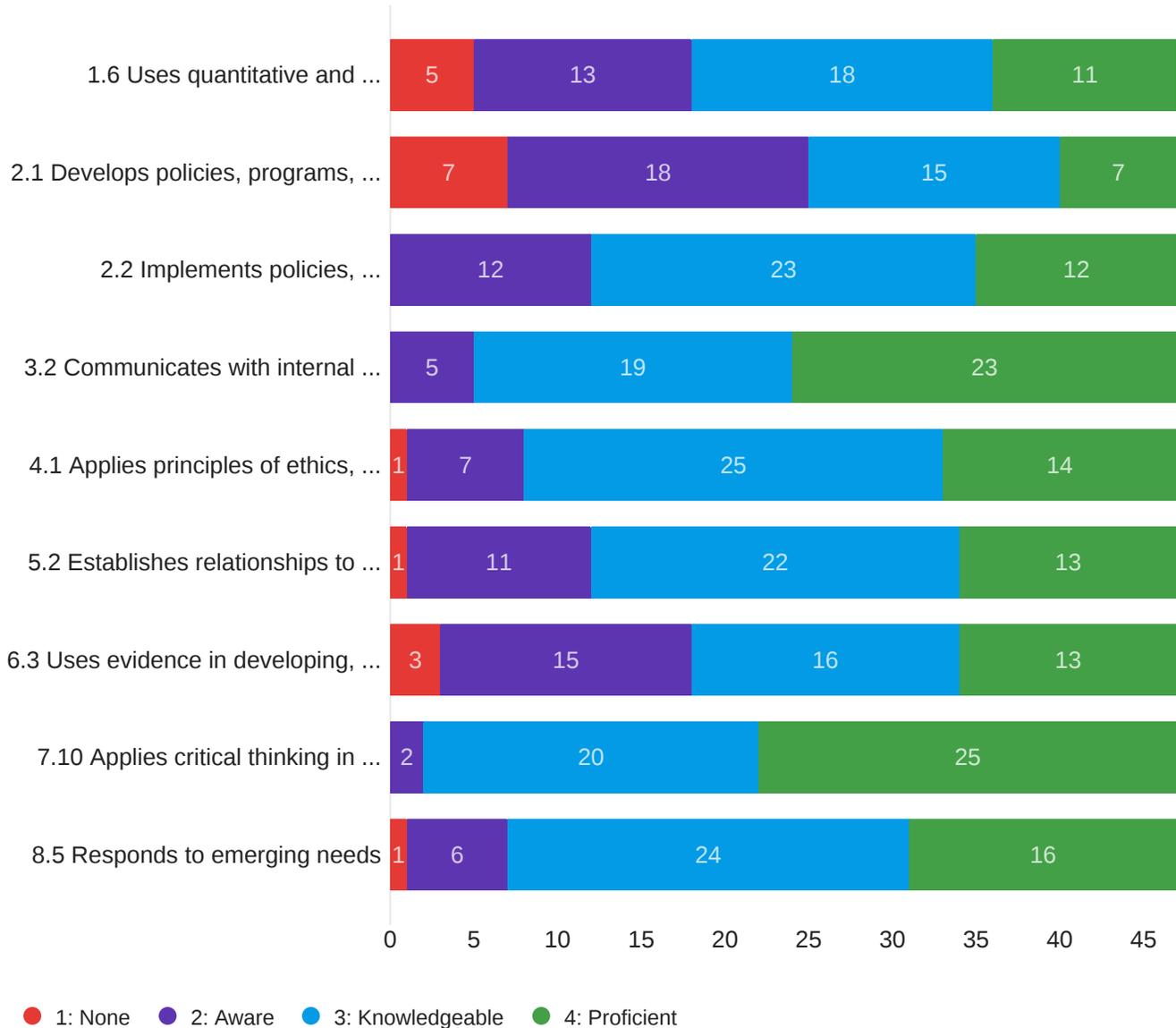| Field	Min	Max	Mean	Responses
1.6 Uses quantitative and qualitative data	1.00	4.00	2.74	47
2.1 Develops policies, programs, and services	1.00	4.00	2.47	47
2.2 Implements policies, programs, and services	2.00	4.00	3.00	47
3.2 Communicates with internal and external audiences.	2.00	4.00	3.38	47
4.1 Applies principles of ethics, diversity, equity, inclusion and justice	1.00	4.00	3.11	47
5.2 Establishes relationships to improve community health and resilience	1.00	4.00	3.00	47
6.3 Uses evidence in developing, implementing, evaluating, and improving policies, programs and services	1.00	4.00	2.83	47
7.10 Applies critical thinking in decision making	2.00	4.00	3.49	47
8.5 Responds to emerging needs	1.00	4.00	3.17	47

Q1. Safety & Preparedness: (Same question as previous page in chart form) The core competencies prioritized for this job category are listed below. For each competency statement, think about the level at which you are currently able to perform the skills associated with this competency. Then rate your level of proficiency on each competency statement by selecting the number on the following continuum that best describes your perceived level of expertise for that statement:

1 = None -- I am unaware or have very little knowledge of the skills necessary for this competency
2 = Aware -- I have heard of, but have limited knowledge or ability to apply the skills necessary for this competency
3 = Knowledgeable -- I am comfortable with my knowledge or ability to apply the skills necessary for this competency
4 = Proficient -- I am very comfortable, am an expert, or could teach these skills for this competency to others.

Competency	1: None	2: Aware	3: Knowledgeable	4: Proficient
1.6 Uses quantitative and ...	5	13	18	11
2.1 Develops policies, programs, ...	7	18	15	7
2.2 Implements policies, ...		12	23	12
3.2 Communicates with internal ...		5	19	23
4.1 Applies principles of ethics, ...	1	7	25	14
5.2 Establishes relationships to ...	1	11	22	13
6.3 Uses evidence in developing, ...	3	15	16	13
7.10 Applies critical thinking in ...		2	20	25
8.5 Responds to emerging needs	1	6	24	16

Legend:
● 1: None ● 2: Aware ● 3: Knowledgeable ● 4: Proficient

Q2 A- Safety & Preparedness - I had access to training for this competency in the last 12 months. [N=43]

Competency	Yes	No	Not Sure
1.6 Uses quantitative and ...	15	13	13
2.1 Develops policies, programs, ...	11	20	11
2.2 Implements policies, ...	21	12	10
3.2 Communicates with internal ...	23	11	9
4.1 Applies principles of ethics, ...	20	12	11
5.2 Establishes relationships to ...	17	12	14
6.3 Uses evidence in developing, ...	16	13	13
7.10 Applies critical thinking in ...	24	10	9
8.5 Responds to emerging needs	23	8	12

● Yes ● No ● Not Sure

Q2 A- Safety & Preparedness - I need more training in this competency area. [N=35]
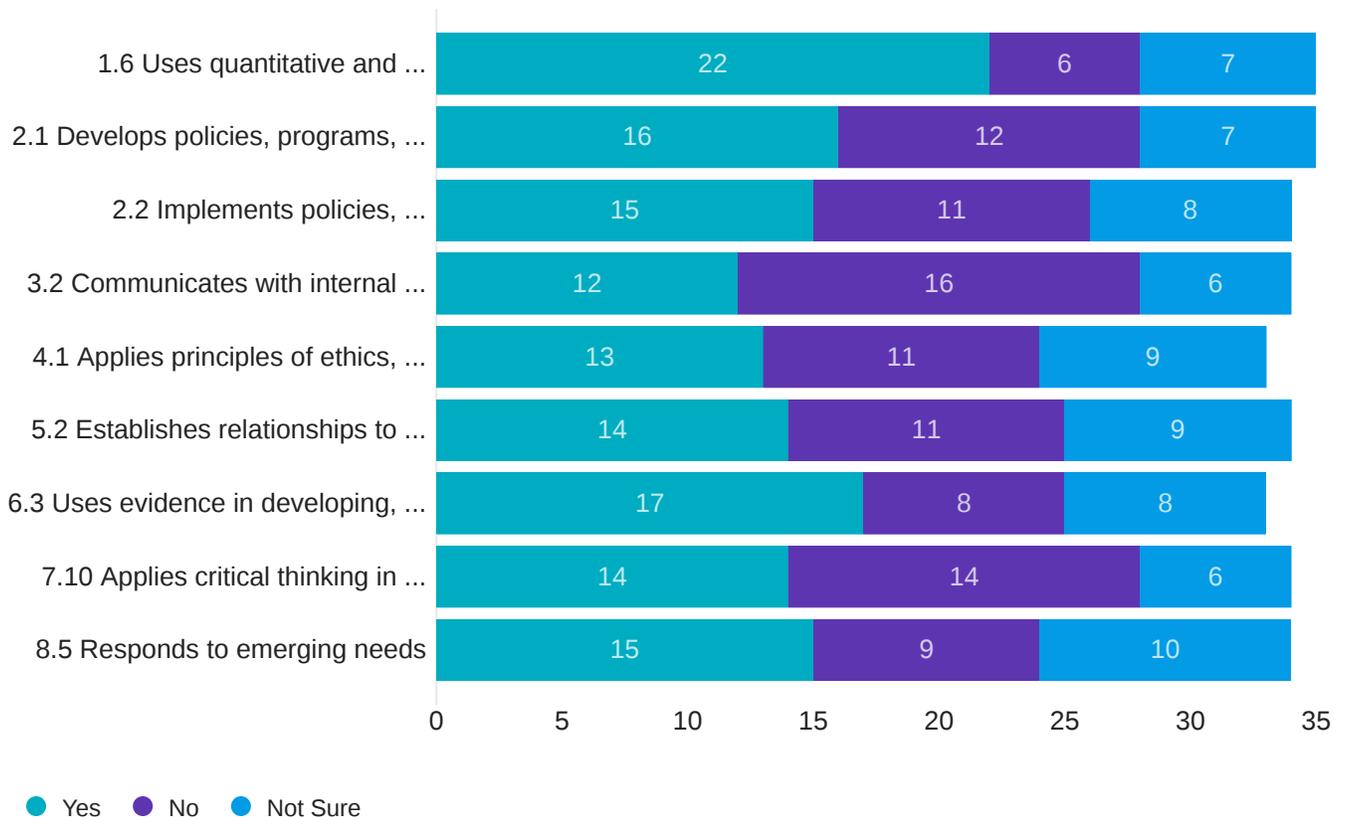
Competency	Yes	No	Not Sure
1.6 Uses quantitative and ...	22	6	7
2.1 Develops policies, programs, ...	16	12	7
2.2 Implements policies, ...	15	11	8
3.2 Communicates with internal ...	12	16	6
4.1 Applies principles of ethics, ...	13	11	9
5.2 Establishes relationships to ...	14	11	9
6.3 Uses evidence in developing, ...	17	8	8
7.10 Applies critical thinking in ...	14	14	6
8.5 Responds to emerging needs	15	9	10

● Yes ● No ● Not Sure

34

Q3. Safety & Preparedness- Please rank order each competency area from most urgent (1) to least important.

Field	Min	Max	Mean	Responses
1.6 Uses quantitative and qualitative data	1.00	9.00	4.00	36
2.1 Develops policies, programs, and services	1.00	9.00	5.14	36
2.2 Implements policies, programs, and services	1.00	9.00	4.64	36
3.2 Communicates with internal and external audiences.	1.00	9.00	5.08	36
4.1 Applies principles of ethics, diversity, equity, inclusion and justice	1.00	9.00	6.22	36
5.2 Establishes relationships to improve community health and resilience	1.00	9.00	5.08	36
6.3 Uses evidence in developing, implementing, evaluating, and improving policies, programs and services	1.00	8.00	4.61	36
7.10 Applies critical thinking in decision making	1.00	9.00	4.33	36
8.5 Responds to emerging needs	1.00	9.00	5.89	36

Q3. Safety & Preparedness- Please rank order each competency area from most urgent (1) to least important. [N=36] (Same data as above in chart form).
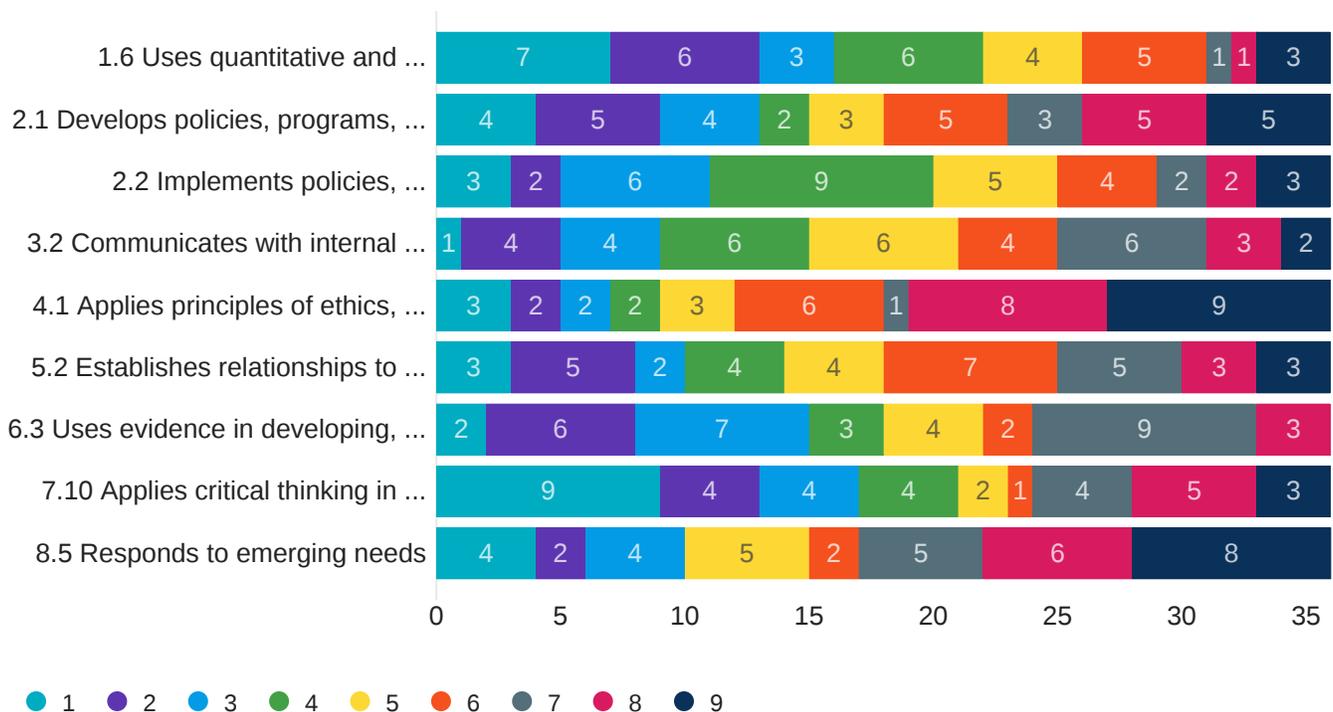
Safety & Preparedness

Analysis:

- **Perceived Expertise:** As a group, the areas of greatest knowledge and proficiency was related to applying critical thinking. The lowest average confidence was "Develops policies, programs, and services" and "Uses evidence in developing, implementing, evaluating, and improving policies, programs and services."
- **Need for Training:** Respondents indicated that there most needed training areas were related to "Uses quantitative and qualitative data" and "Applies critical thinking" which aligns with the next question.
- **Training Urgency:** This question provides the best indicator of staff preference for future training needs. Here, the mean preference was related to training for "Uses quantitative and qualitative data" with 16 respondents choose that in their top 3. The second highest priority based on mean was "Applies critical thinking in decision making" where 17 respondents selected that in their top three. The lowest priority was "Applies principles of ethics, diversity, equity, inclusion, and justice"; with half the respondents placing that as 8th or 9th.

The following questions were answered by all respondents regardless of job category.

Q4. Please rank order your preferred (best) option for training methods.

Field	Min	Max	Mean	Responses
Live, in-person, trainings at DHSS	1.00	5.00	2.24	354
Live, in-person, trainings off-site (not at DHSS)	1.00	5.00	2.80	354
Live, online via Zoom or other platform	1.00	5.00	2.43	354
Pre-recorded online trainings you can do at your own pace	1.00	5.00	2.68	354
Other	1.00	5.00	4.85	354

Analysis: The option with the lowest mean is the option listed first/best. Thus, the majority of respondents prefer live, in-person trainings at DHSS. However, all options were selected by some as their first choice.

Responses to the "Other" option:

No trainings.
In person by coworkers
Online Training Manual
hands on simulations
In-person training in our region
Training via Webex
Depends on the topic and time requirement
Hybrid of online and in-person trainings
Live, in-person trainings at my work building
Hands-on training/shadowing
Reference Materials
Trainings by external partners
LinkedIn
Cross Discipline
Data training, online no video but work through examples
Training with coworkers that have the knowledge with real life examples and exercises
Mentorship/Supervisory One-on-One specific to program needs
On the job

Q5. Is there a specific training that would be helpful to improve your work related to these core competencies? If so, please share your ideas here.

Anything epidemiology related

n/a

IPad training

Training on developing good training. Tools to develop interactive training would be nice.

Analyzing qualitative analysis

Making Outlook training mandatory! Also helpful were Adobe Acrobat, and Excel training. Customer service, negotiation, etc

unsure

Learn more about DMH and how DMH and DSDS can help one another.

An outlined course for Administrative Support Staff

emerging healthcare needs, esp in LTC setting and best practices in LTC healthcare needs

Interview techniques, and Excel training for data mining

No

How clerical are important in their role of supporting staff to be competent in their roles.

A day in the life of a new employee for each position. Day 1 through Day 5, Day 15 and Day 30 would be very helpful to ensure as a new employee you have all of the required items completed.

None

Training on research techniques

not at this time.

N/A

need more training on monthly reconciliation data from to balance SAMII / Jet Pay (in excel)

Q6. Please share any additional thoughts you have about professional development opportunities.

n/a

How to manage participants that will no longer qualify for HCBS on the Transformed LOC

I currently serve in a support staff role. All my work related to data collection and dissemination; facilitation, implementation, etc., is discussed, reviewed and approved by division management. Based on this, I am unsure that any expense regarding professional development training for me, per say, would be a worthy department expenditure to consider. I am not the one making the decisions, I just collect, organize, share thoughts when asked and make happen whatever the decision, outcome and need is. I hope this makes sense as I am trying to delineate my role, while also being a good steward of state dollars. However, I do not wish to give the impression either that I am not open to additional training as that is not the case. I appreciate and enjoy the opportunity for growth career development through in-person trainings (or otherwise) for both hard and soft skills, to help me become a better and more effective team member.

More professional development opportunities on diversity, equity, inclusion, allyship, cultural competence, and belonging.

Interactive professional development opportunities are more effective.

There should be annual development assignments or quota- to make what is good, GREAT

While not here I think an opportunity would be better understanding government processes and a deep dive into the state budget. these are critical for a director level competency and really for all staff that work in state government.

It would help if the polices and training instuctions are not changed every two weeks.

n/a

In person please.

My job is very routine so there aren't a lot of relevant professional development categories.

TIME

I believe that a fully outlined course for Administrative Support Staff would be useful in sending out letters, recognizing what can be shared and what is confidential, and all responsibilites.

more training on topics r/t LTC would be welcome also tuition reimbursement opportunities would be appreciated

I often have conflicts with my work schedule and dates/times that trainings are scheduled. Additional dates would be very helpful. I learn best with live trainings.

There seems to be limited professional development for some positions. Some years (depending on budget) it is difficult to get professional development hrs to maintain license.t hours to maintain a license.
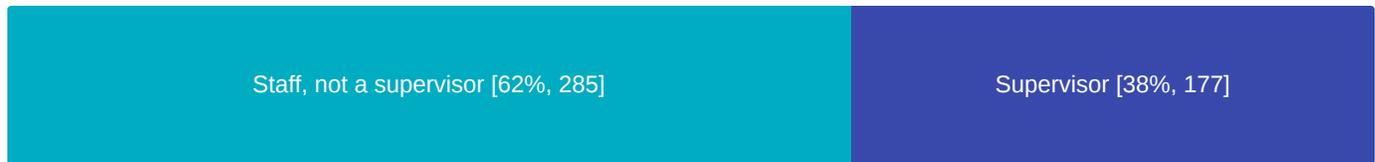
None

more clerical trainings such as note taking, time management skill improvement, helping to keep staff positive, how to determine what task are more important when dealing with multiple groups, and more.

I like the in person trainings better than the linked in learning. There are less distractions.

More focus on concentrated consistent block of time training is more beneficial than an hour here or there for many trainings. Employees can focus on a day or two of training or an afternoon or morning of it shows the importance and allows more focus for employee on learning times. Build a professional development encouraged culture - focus on building the employee for the employee not just what appears to "suit" the State. Allow professional development to have a self-care focus for the employee. At the end of the day no matter what is learned if it's important to the employee it will still build their performance within their job. Whether it sparks their creativity, brings a more focused thought process, or builds their confidence that all will reflect over into their work in one way or another. Quality vs Quantity

---

Q7. Please choose the role below that best describes your role/responsibility.

Staff, not a supervisor [62%, 285]	Supervisor [38%, 177]

Q8. Please indicate your years of service to the Missouri Department of Health and Senior Services. [N=462]

Less than 1 year [16%, 73]

10 or more years [38%, 176]

1 to 5 years [31%, 145]

6-9 years [15%, 68]

● Less than 1 year ● 1 to 5 years ● 6-9 years ● 10 or more years