GALLATIN CITY-COUNTY HEALTH DEPARTMENT WORKFORCE DEVELOPMENT PLAN

2015-2016

PURPOSE

This document serves to formalize our learning culture, including new methods to identify gaps in knowledge, targeted trainings to fill those gaps, and to track staff training.

INTRODUCTION

Training and development of the workforce is one part of a comprehensive strategy toward agency-wide quality improvement. Fundamental to this work is identifying gaps in knowledge, skills, and abilities through the assessment of both organizational and individual needs, and addressing those gaps through training and development opportunities.

This document provides a workforce development plan for the Gallatin City-County Health Department (GCCHD). It also addresses the documentation requirement for Accreditation Standard 8.2.1: *Maintain, implement and assess the health department workforce development plan that addresses the training needs of the staff and the development of core competencies.*

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MISSION AND VISION

The vision of GCCHD is "Healthy People Living in Healthy Communities". Our mission is "To promote and protect health while preventing disease".. Our Guiding Principles are: Evidence-based practices; Collaboration and communication with community members and partners; Education and outreach; Empowering people to make healthy choices.

LOCATION AND POPULATION SERVED

Gallatin County is the fifth largest county in the state of Montana, with an estimated population of 97,308 residents (2014 US Census estimate) and is the fastest growing county in the state. Located in the southwest corner of the state, Gallatin County borders Wyoming, Idaho and Yellowstone National Park.

Gallatin County covers an area of 2,632 square miles, the majority of which is considered rural. The largest population center and county seat is Bozeman, with a 2010 population of 37,280 residents. Bozeman also is home to Montana State University. Other cities and towns within Gallatin County include Belgrade, Manhattan, Three Forks, and West Yellowstone. Gallatin County also has several Census Designated Places and unincorporated communities that include Big Sky, Gallatin Gateway, Amsterdam-Churchill, Four Corners, Willow Creek, Logan and Maudlow.

The racial makeup of Gallatin County is 95.4% Caucasian with smaller numbers of African American, Native American, Asian and Pacific Islander residents. Native Americans comprise 1% of the population. Approximately 3.1% of Gallatin County residents are Hispanic or Latino.

GOVERNANCE

The Gallatin City-County Board of Health governs the City-County Health Department. Board members are appointed by County and City Commissioners along with representatives of each commission.

ORGANIZATIONAL STRUCTURE

Gallatin City-County Health Department is comprised of two distinct divisions- Human Services (HS) and Environmental Health Services (EHS) - and provides the following services throughout the county:

The Human Services Department focuses on the health of individuals and families through services of: targeted public health home visitation; immunizations; Women, Infants and Children nutrition; communicable disease surveillance and follow up; public health emergency preparedness; and chronic disease screening and prevention through the Montana Comprehensive Cancer Program and the Montana Tobacco Use Prevention Program.

Environmental Health Services focuses on the interrelationships between people and their environment that impact human health, and works to ensure safe and healthful environments through the adherence of the Gallatin County Environmental Health Codes 1-4. The department conducts inspections of licensed establishments as set forth by the health codes in addition to septic permit reviews and public waste water treatment system inspections. The department also has close working relationships with the local water quality district to ensure clean water throughout the county.

LEARNING CULTURE

GCCHD has a strong learning culture, in which staff is encouraged to seek out training opportunities. In most cases, and to the extent possible, the Department supports staff training by providing both the time and funding necessary. Each division has a consistent record of sending supervisory and mid-level staff to trainings and conferences. Personnel in Health Services and Environmental Health are supported in getting regular, required training and credit hours. In addition, the Gallatin County Human Resources Department offers occasional supervisory and other trainings.

FUNDING

Gallatin City-County Health Department operates with an annual budget of roughly $3.5 million. Local tax dollars account for 25% to 33% of the agency's revenue base. About 35% of funding is federal money that passes through the state and is earmarked for specific programs: maternal-child health block grant funds for home visiting, the Women Infants and Children Nutrition (WIC) program, and air quality protection, for example. The Human Services Division also collects fees from clients receiving immunizations or health care, Medicaid and Medicare reimbursements, and permit fees such as food handling licenses. These fees cover 35% to 40% of the budget. The majority of the budget – usually 70% – supports professional staffing. Environmental Health Services' budget is largely revenue based, which comes from a contract with the Montana Department of Health And Human Services to conduct inspections and review permits.

This diverse funding base provides significant opportunities to pay for staff training and development, while also making it necessary to ensure that federal funding is used according to grant rules and requirements.

WORKFORCE POLICIES

Training policies are found in the contracts and personnel policies used by the Health Department. The existing official policies can be found on the common drive, under "GCCHD Protocol & Procedure Manual."

WORKFORCE PROFILE

This section provides a description of GCCHD's current and anticipated future work force needs.

The table summarizes the demographics of the workforce as of June, 2015:

Category	Number
Total Number of Employees	40
Number of FTEs	38.65
Gender	
Female	30
Male	10
Professional Categories	
(some staff may fall under more than one category)	
Department/Division Director	3
Public Health Nurse	7
Program Manager/Coordinator	11
Registered Sanitarian/Environmental Health Specialist	7
Nutritionist	1
Office/Clerical Support	9
Social Worker	3
Health Promotion Specialist	3
Age	
<20	0
20-29	4
30-39	12
40-49	9
50-59	10
60+	6
Years of Employment	
<5 Years	25
5-10 Years	5
>10 Years	10
Employees potentially within 5 years of retirement	
Management	1
Non-Management	5

FUTURE WORKFORCE

Gallatin County is among the fastest growing counties in Montana, and also among those most visited by those who live outside the state. Based on the demographics of the workforce and the county, GCCHD managers will be dealing with the following issues in the near future:

- Evolving educational requirements related to a changing health system and public health system.
- Diversity – There is limited ethnic diversity on the current staff, and only limited bilingual capabilities. While staff expresses a relatively strong confidence in cultural competencies, it will be important to recognize the need to keep pace with the growing and changing population. GCCHD should put effort into recruiting and retaining diverse ethnicities and persons with language skills. As Latino populations are beginning to move into the Northern Rockies it will become more important. In addition, Gallatin County has multiple licensed facilities (restaurants, hotels, etc) where language abilities would be beneficial. Continuing staff training in this area should be a priority.

This section describes training needs targeted toward newer supervisors or staff members with leadership potential. GCCHD continuously works to create clear paths of career development for committed employees who consistently seek out leadership roles and responsibilities. GCCHD has not experienced problems filling supervisory or manager positions that come open. In the past, leaders have been identified and developed openly but informally from within GCCHD. GCCHD has also had no problems attracting qualified job applicants from outside the organization.

However, GCCHD understands the importance of succession planning, and GCCHD would be in a better position to adapt to these changes with a more formal effort toward leadership development. Succession planning and leadership planning will be considered and encouraged for all appropriate supervisors and staff.

CORE COMPETENCIES

GCCHD has adopted the *Council on Linkages Core Competencies for Public Health Professionals*, as these are considered to be the national standards.

TRAINING NEEDS ASSESSMENT RESULTS

A core competencies assessment of all staff was completed in June, 2015. Results were collected from staff. The assessment tool used was *Competency for Public Health Professionals* from the Public health Foundation. The Tier 1 assessment was taken by staff, Tier 2 by managers/supervisors and Tier 3 by directors and health officer.

The core competencies assessment was done to help identify areas where staff lacks self-perceived expertise in order to better direct workforce development efforts. In general, the staff ranked their knowledge in the middle to lower-middle range. Management expected this, as few employees had training in the 'bigger picture' of public health before employment at GCCHD. In addition, reluctance to be considered expert enough to be 'adequately trained to be able to teach a subject' is evident and understandable.

The following tables present the highest and lowest scores for each category of staff, and the ranking of competencies for the staff department wide.

Competency	Tier 1 Average Score	Tier 2 Average Score	Tier 3 Average Score	Grand Total Average Score
Analytical/Assessment Skills	2.58	2.95	2.77	2.68
Communication Skills	2.68	3.12	2.9	2.84
Cultural Competency Skills	2.83	3.10	3.03	2.92
Community Dimensions of Practices Skills	2.73	2.97	2.93	2.83
Public Health Sciences Skills	2.37	2.88	2.83	2.57
Financial Planning and Management Skills	2.34	2.62	3.03	2.49
Leadership and Systems Thinking Skills	2.57	3.03	2.76	2.74
Policy Development and Program Planning Skills	2.50	2.98	2.8	2.69

n=39; 97% response rate
Core Competencies for Public Health Professionals; Public Health Foundation

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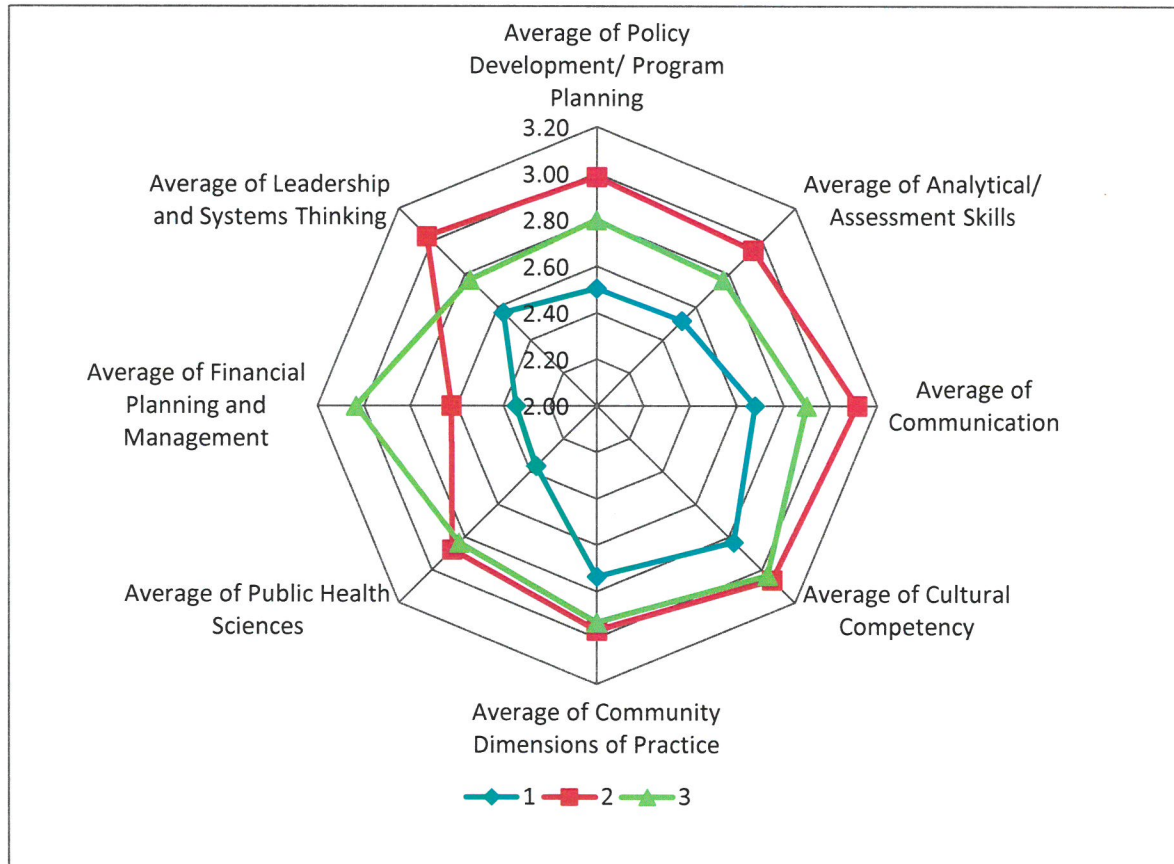
The Workforce Development Team (Matt Kelley, Tim Roark, Tracy Knoedler, Sarah Acker, Cindy Nielson and Tom Moore) used the Public Health Foundation's 3-Step Competency Prioritization Sequence to address the results of the assessments.

The first step was to look at the gap assessment in order to quantitatively identify the organization's relative strengths and areas for development across the eight domains (see results above).

The second step was to complete a competency prioritization to identify the relative importance of the eight Core Competencies domains within the context of the health department's strategic objectives. A prioritization matrix was completed. All domains were compared to all other domains relative to each other. Below is the completed matrix.

	1	2	3	4	5	6	7	8	Score	Rank
1. Analytical/Assessment Skills		1	1/10	5	1/5	5	1	1/5	12.5	5
2. Policy Development/ Program Planning Skills	1		5	5	1	5	1	1	19	3
3. Communication Skills	10	1/5		10	1	5	1	1	28.2	1
4. Cultural Competency Skills	1/5	1/5	1/10		1/5	1/5	1/10	1/5	1.2	7
5. Community Dimensions of Practice Skills	5	1	1	5		1	1/5	5	18.2	4
6. Public Health Sciences Skills	1/5	1/5	1/5	5	1		1/5	1/5	7	6
7. Financial Planning and Management Skills	1	1	1	10	5	5		1	24	2
8. Leadership and Systems Thinking Skills	5	1	1	5	1/5	5	1		18.2	4

Rating Scale:
1- Equally Important
5- Significantly more important
10- Exceedingly more important
1/5- Significantly less important
1/10- Exceedingly less important

Higher Competency Domains	Lower Competency Domains
1. Cultural Competency	5. Analytical and Assessment
2. Communication	6. Policy Development and Program Planning
3. Community Dimensions of Practice	7. Public Health Sciences
4. Leadership and Systems Thinking	8. Financial Planning and Management

Higher Priority Domains	Lower Priority Domains
1. Communication	4. Leadership and Systems Thinking
2. Financial Planning and Management	5. Analytical and Assessment
3. Policy Development and Program Planning	6. Public Health Sciences
4. Community Dimensions of Practice	7. Cultural Competency

Financial Planning and Management Policy Development and Program Planning I	Communication Community Dimensions of Practice Leadership and Systems Thinking II
Analytical and Assessment Public Health Sciences IV	Cultural Competency III

Priority for future success →

Current Competency →
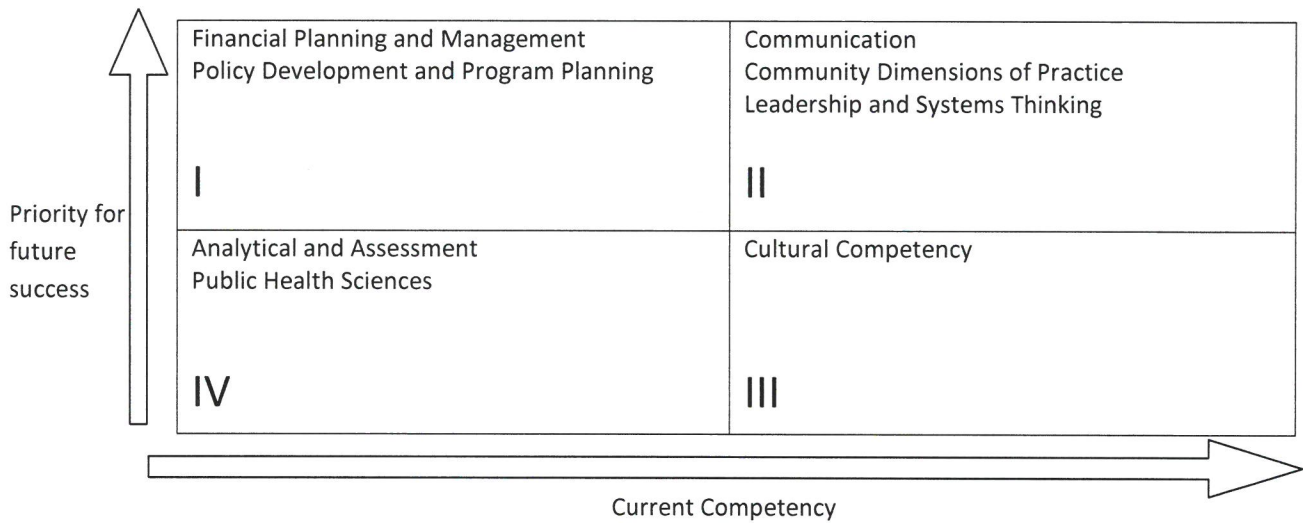
I: Develop: Higher Priority areas where competency is relatively low
II: Leverage: Higher priority areas where competency is relatively high
III: Maintain: Lower priority areas where competency is relatively high
IV: De-Emphasize: Lower priority areas where competency is relatively low

EDUCATION REQUIREMENTS AND IMPLEMENTATION PLAN

INTRODUCTION

This section provides information regarding mandatory training needs within the agency, as well as training objectives as identified through the Core Competencies assessment. This section also includes resources, roles, and responsibilities related to training implementation.

ROLES AND RESPONSIBLITIES

The table below lists the position responsible for the implementation of this plan as well as the associated roles and responsibilities.

Who	Roles & Responsibilities
Board of Health	Ultimately responsible for ensuring resource availability to implement the workforce development plan.
Health Department Director	Responsible to the Board of Health for workforce strategy, priority setting, establishment of goals and objectives, and establishing an environment that is conducive and supportive of learning. Identifies high-potential employees as part of agency succession planning and leadership development.
Division Directors	Responsible to the Health Officer for all employees within their divisions. Supports, coaches and mentors employees to assure that appropriate training resources and support structures are available within the division. Identifies high-potential employees as part of agency succession planning and leadership development.
Program managers and Coordinators	Responsible for coordinating training and staff development necessary for their specific subject matter or program area. This includes recommending required and optional training, facilitating access to training, and informing staff of training opportunities. In some cases, it may also involve providing training directly to staff.
All Employees	Ultimately responsible for their own learning and development. Work with directors to identify and engage in training and development opportunities that meet individual as well as agency based needs. Identify opportunities to apply new learning on the job.

Multiple public health related disciplines require continuing education (CE) for ongoing licensing/practice. Licenses held by staff and their associated CE requirements are shown in the table below. GCCHD supports continuing education – however, maintaining licensure is the responsibility of individual employees. Each division is responsible for tracking its own licensed and certified staff.

Discipline	MT Continuing Education Requirements (as of Dec. 2013)
Registered Nurses	24 CEUs every 2 years
Certified Lactation Counselors	18 CEUs every 3 years
Registered Sanitarians	15 CEUs every 2 years
Certified Health Educator	15 CEU's every year/75 CEU's every 5 years
Certified Professional Biller	33 CEU's every 2 years (AAPC)
Registered Dieticians	75 CEU's every 5 years
WIC Staff	12 CEUs every year (6 if part time)

MANDATORY TRAININGS

COURSETITLE	Frequency	Recipient	Coordinator
Personnel Training and Policies			
HIPAA Policies Training	Upon Hire/ Every 5 Years	All Staff	Department Director
Core Competency Assessment	Every Year	All Staff	Accreditation Coordinator
Diversity and Cultural Competency Training	Periodically	All Staff	Department Director
Harassment and Discrimination Training	Every 2 Years	All Staff	Human Resources
New Hire Orientation	Upon Hire	All Staff	Admin Staff
Online Accreditation Orientation	Upon Hire/ Every 5 Years	All Staff	Accreditation Coordinator
Emergency Response			
Incident Command System 100	Within 6 months Upon Hire	All Staff	PHEP Coordinator
Incident Command System 200	Within 1 year upon hire	PHNs, Sanitarians, Program Managers/Coordinators, PHEPIT, CD Team	PHEP Coordinator
Incident Command System 300	As available	HO, Directors, CD Team, PHEPIT	PHEP Coordinator
Incident Command System 400	As available	HO, Directors, PHEP Coordinator	PHEP Coordinator
Incident Command System 700	Within 6 months Upon Hire	All Staff	PHEP Coordinator
Program Specific			
BFPC/CLC/WIC BF	Annually	WIC Staff, Select HS Staff	Program Manager
ASQ	Within 6 months Upon Hire	MCH Program Staff	Program Manager
ASQE	Within 6 months Upon Hire	MCH Program Staff	Program Manager
CDC IZ module training for Clinic	Upon Hire	Select IZ RNs	Program Manager
Certified Pool Operator	Upon Hire/ Every 5 Years	Sanitarians	Program Manager
Certified Subdivision Reviewers	1 year on the job training, then periodically	Land Sanitarians	Program Manager
Civil rights	Annually	WIC Staff	Program Manager
CLC Training	Within 1 year Upon Hire	MCH, WIC Staff	Program Manager
CPR	Every 2 Years	RNs	Program Manager
Domestic Violence Training	Within 6 months Upon Hire	MCH Program Staff	Program Manager
FICMR trainings and updates	Periodically	FICMR Coordinator	Program Manager
LSP	Within 6 months Upon Hire	MCH Program Staff	Program Manager
MCCP Conference	Annually	Chronic Disease Program	Program Manager
MECHV Training	Annually	MCH Program Staff	Program Manager
Motivational Interviewing	Within 6 months Upon Hire	MCH Program Staff	Program Manager
MTUPP Regional Training	Annually	Chronic Disease Program	Program Manager
On-site Septic Reviewers	1 year on the job training, then periodically	Land Sanitarians	Program Manager
OSHA Bloodborne Pathogens	Annually	Select HHS Staff/ WIC	Program Manager
Parents as Teachers	Upon Hire, Annually	MCH Program Staff	Program Manager
PAT 3-K Training	Within 1 year upon hire	MCH Program Staff	Program Manager
PAT Partnering with Teen Parents	Within 1 year upon hire	MCH Program Staff	Program Manager
Regional IZ meeting with DPHHS		IZ Program Manager	Program Manager
Sanitarian Exam	Within 1 year upon hire	Land Sanitarians	Program Manager
ServSafe	Upon hire, then periodically	Estab Sanitarians	Program Manager
State WIC training	Upon Hire, Annually	WIC Staff	Program Manager
VENA Value Enhanced Nutrition Assessment	Annually	WIC Staff	Program Manager
WIC Confidentiality	Annually	WIC Staff	Program Manager

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The following objectives will be reflected on the Senior Staff and Accreditation Performance Plan to ensure execution and accountability of the training objectives.

The following Core Competencies were identified through the prioritization process, and agreed upon by the Workforce Development Team to be priorities for Fiscal Year 2016:

- Financial Planning and Management
- Policy Development and Program Planning
- Public Health Sciences
- Community Dimensions of Practice
- Leadership and Systems Thinking

Goal: Increase Public Health Core Competencies through Workforce Development

Objective	Core Competency	Target Audience	Responsible Party
By June 30, 2016, hold three financial and fiscal management trainings • **Human Services to focus on Budget, Time and Effort, and Grants** • **Environmental Health to focus on budget and revenues, and DPHHS contract/payments**	Financial Planning and Management	Tier 2, but open to all	Matt, Tracy and Tim
By June 30, 2016, conduct at least 6 brown bag lunches focusing on public health topics	Public Health Sciences	Tier 1, but open to all	Matt and Cindy
By June 30, 2016, explore the possibility of hosting a Facilitative Leadership training in collaboration with partner organizations.	Leadership and Systems Thinking	Tier 2	Matt

ADDITIONAL ALIGNMENT:

The Core Competency of Policy Development and Program Planning is in alignment with the Quality Improvement goal on the Accreditation and Senior Staff Performance Plan, which is, "to Improve the Culture of Quality Improvement within the department." Additionally, the department's performance management efforts, specifically the program evaluation through quarterly progress reviews, address many skills within the competency. The department will also be conducting a strategic planning process, which will include all staff. This also falls under Policy Development and Program Planning.

EVALUATION AND TRACKING

INTRODUCTION

Evaluation of training will provide GCCHD with useful feedback regarding its efforts, including content, delivery, vendor preferences, and training effectiveness. Accurate evaluation tracking is necessary, particularly for professional continuing education documentation and quality improvement purposes. This section describes how evaluation and tracking of training will be conducted.

EVALUATION

Formal training offered by GCCHD may be evaluated using simple pre- and post-tests on main content and a course evaluation survey. Less formal training may be evaluated using post-training surveys to gauge staff satisfaction and identify areas for improvement or emphasis.

External training will be assessed in the training planning and review activities overseen by the Health Department Director through interviews with supervisors and staff. GCCHD will also repeat the all-staff competency assessment annually to evaluate the level of knowledge and competency of the staff as a whole and the effectiveness of ongoing training programs and policies.

Required staff training will be tracked with the goal and assumption that 100 percent of staff will complete the trainings. The number of staff that complete additional training will also be tracked.

TRACKING

Training will be tracked using the *Training Manager* software. Personnel from each division will be responsible for tracking all staff training. The Accreditation Coordinator will direct tracking and documentation efforts.

All staff will need to provide documentation of training to the assigned division staff in order to receive credit for it, per the GCCHD Training Protocol and Procedure.

REVIEW OF PLAN

The Workforce Development Plan will be reviewed and revised on an annual basis as part of a regular review of all plans. The Health Officer or their designee will be responsible for maintaining the plan, with the assistance of the Accreditation Coordinator and the authorization of the Board of Health.

AUTHORSHIP

This plan was revised by the following individuals and finalized on August 20, 2015

Name and Title	Signature	Date
Matt Kelley, Health Officer		8/26/15
Sarah Acker, Accreditation Coordinator		8/20/15