WORKFORCE DEVELOPMENT PLAN



MADISON COUNTY DEPARTMENT OF HEALTH

SUBJECT: Department of Health Workforce Development Plan

SCOPE: Madison County Public Health, All Staff

Review Frequency: Annually

Original Date Adopted: June 13, 2018

Latest Effective Date:

**SIGNATURE PAGE**

**Endorsement: Workforce Development Plan**

We hereby endorse the *Workforce Development Plan*, on behalf of the Madison County Department of Health.

The *Workforce Development Plan* shall be used to explain how training is structured throughout the department and who is responsible for what.

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*Eric Faisst, Director of Public Health Date*

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*Kelly Golley, Director of Administrative Services Date*

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*Connie Coulthart, Assistant Director of Administrative Services Date*

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*Katherine Mungari, Director of Community Health Date*

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*Rosanne Lewis, Director of Children with Special Needs Date*

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*Aaron Lazzara, Assistant Director of Environmental Health Date*

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*Alexander Coyle, Health Statistician Date*

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*Kari Shanahan, Disease Specialist Date*

**RECORD OF CHANGES TO THE PLAN**

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| **Date** | **What is Changed** | **Name** | **Signature** |
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**INTRODUCTION AND PURPOSE**

Training and development of the workforce is one part of a comprehensive strategy toward department quality improvement. Madison County Department of Health (MCDOH) will identify gaps in knowledge, skills, and abilities, and address those gaps through targeted training and development opportunities.

This document provides a comprehensive workforce development plan for MCDOH.

In addition this plan addresses the training needs documented through the Mission, Vision, and strategic directives from the Strategic Plan. This Plan also explains how MCDOH will develop nationally adopted public health core competencies among our staff. The MCDOH Workforce Development Plan is adaptable to meet the ever changing needs and priorities set forth by the department and serves as a guide for workforce development efforts.

**POLICY**

* All new employees shall complete orientation trainings within provided deadlines.
* All employees must obtain approval from their supervisor prior to attending training; this includes requests for funding.
* All new and existing MCDOH employees must complete required county and division-specific trainings.

**BACKGROUND**

MCDOH has the need for an organized training program, which will strengthen our infrastructure, as well as support and sustain a capable and qualified workforce. This plan will assist us to retain current employees, and invest in the future leaders of this organization with a sustaining educational program.

**CONTRIBUTORS**

1. *Eric Faisst, Director of Public Health*

2. *Kelly Golley, Director of Administrative Services*

3. *Connie Coulthart, Assistant Director of Administrative Services*

4. *Katherine Mungari, Director of Community Health*

5. *Rosanne Lewis, Director of Children with Special Needs*

*6. Aaron Lazzara, Assistant Director of Environmental Health*

*7. Alexander Coyle, Health Statistician*

*8. Kari Shanahan, Disease Specialist*

**GLOSSARY OF TERMS**

* **Competency** – applied knowledge, skills, and abilities that enable people to perform work effectively and efficiently.
* **Strategic Directives** – a course of action that leads to the achievement of the goals of an organizations strategy.
* **SMART Objective** – objectives that are Specific, Measureable, Achievable, Realistic, and Time-bound.
* **After-Action Report** – a narrative report that captures observation of an exercise and makes recommendations for improvements.

**DEPARTMENT PROFILE**

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| --- | --- |
| **Mission and****Vision** | The mission of MCDOH is to protect and enhance the health of our community.The vision of MCDOH is a healthy environment and community for all. To facilitate meeting the MCDOH mission and vision, the Department’s strategic directives are (https://intranet.madisoncounty.ny.gov/public-health/strategic-plan):* Healthy Environments
* Healthy Care
* Healthy Behaviors
* Improved DOH Capacity
 |
| **Location and****Population****Served** | MCDOH is located in Wampsville, New York. Through various funding sources, MCDOH provides a variety of services for Madison County residents. Madison County is mostly rural and covers approximately 661 square miles. It is comprised of 16 townships and 1 city. The County was estimated by the U.S. Census Bureau in 2015 to have a population of 73,442 (cite US Census Bureau, 2015 ACS 5-year estimates). Since 2000, the population has increased by about 4%. However, between 2010 and 2015, it is estimated that the county population has slightly decreased, (see Appendix A: Population Served Chart) |
| **Governance** | Under § 340 of Public Health Law, the Madison County Board of Supervisors established the Board of Health in May of 1994. The Board of Health maintains full control over regulations and sanitary code pursuant to § 347. The Board of Health is comprised of 8 members, at least one of whom shall be a member of the Madison County Board of Supervisors, at least 3 are licensed physicians, and one who is a representative of the City of Oneida. The Board of Health has the power to enter into contracts, promulgate, formulate, adopt and publish rules, regulations, orders, and directions for the security of life and health of the residents. MCDOH contracts a Medical Consultant, who provides medical oversight of the County's health protection programs, consults on County health care policy, provides clinical supervision of physicians and allied health professionals and, acts as liaison to local medical community. |
| **Organizational Structure** | MCDOH is comprised of 39 full and part-time employees, led by a Health Director, and further divided into 4 divisions. An organizational chart is available in Appendix B. * Health Director
	+ Director, Administrative Services
		- Assistant Director, Administrative Services
	+ Director, Children with Special Needs
	+ Director, Community Health
	+ Director, Environmental Health
		- Assistant Director, Environmental Health
 |
| **Learning Culture** | The MCDOH learning philosophy is to support and sustain a capable and qualified workforce. Training and educational activities are conducted to strive for the highest quality of services and performance improvement while meeting the needs and expectations of customers.MCDOH is committed to improving quality in all of its services, processes and programs, including workforce development, and all staff is required to maintain a culture of quality. |
| **Funding** | MCDOH is funded through a variety of sources. Revenue sources include State Aid, State and Federal grants, fees/charges for services, and County funds.Funding to support training initiatives is available through the budget process or through grant monies within individual programs. Employees utilizing grant funding to attend a training or conference must utilize the funds appropriately by attending programming that is required by, or supported by, the grant deliverables. Prior to utilizing any funds to attend a training or conference, MCDOH employees must obtain written approval, by following MCDOH policies and procedures and must show justification as to how the training directly impacts or enhances their job duties. |
| **Workforce Polices** | The MCDOH “Policies and Procedures” related to workforce development are available to staff on the Department’s shared drive (P:\POLICIES AND PROCEDURES). These include things such as approving conferences and seminars, tuition reimbursement for employees seeking degreed education, and both required and elective training sessions. |

**WORKFORCE PROFILE**

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| **Introduction** | This section provides a description of MCDOH’s current and anticipated future workforce needs. |
| **Current Workforce Demographics** | The table below summarizes the demographics of the department’s current workforce as of 10/01/2017. The numbers reflect a retirement assumption at 63 years of age or 30 years of county service. |
| **Category** | **Number** |
| Total Number of Employees | 39 |
| Number of FTE | 37 |
| % of Total MCDOH Personnel Salaries Paid by Grants |  |
| Percentage Paid by BudgetPercentage Paid by Grants | 85.3%14.7% |
| Gender |  |
| FemaleMale | 30 (77%)9 (23%) |
| Race |  |
| CaucasianAmerican Indian/Alaskan IndianXxxMore than 1 race | 36 (92%)2 (5%)1 (3%) |
| Age |  |
| <2020 – 2930 – 3940 – 4950 – 59>60 | 03 (8%)6 (15%)11 (28%)11 (28%)8 (21%) |
| ManagementSr. ManagementMiddle ManagementSupervising Nurse | 8 (20%)521 |
| Professional/TechnicalNurses (PHN, RN)SanitariansEnvironmental Health SpecialistWeights and MeasuresHealth EducatorsHealth StatisticianDisease SpecialistCommunity Health WorkerService CoordinatorsSummer Intern | 21 (54%)3421211131 |
|  |  |
| Office/Administrative | 10 (26%) |
| Principal Account ClerkConfidential SecretaryOffice Assistant IIOffice Assistant I | 1153 |
| Employees < 5 Years from Retirement | 12 (31%) |
| ManagementNon-Management | 48 |
| Employees with 25 or More Years of County Service | 2 (5%) |

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| **Future Workforce** | The MCDOH staff is dynamic and ever-changing. Within the next five years, over 30% of staff will be eligible to retire. In addition, there are current and expected changes in the New York State Public Employees Retirement System that will influence the decision of many of our current employees. Changes in funding and mandates have created a need for new trainings and educational opportunities. MCDOH continues to grow and change.The complexity and reality of strong public health practice demand much of its staff, as evidenced by the multi-tiered public health competencies. By investing in our employees and continuing to build our training program we will retain current employees, enhance the competencies of staff, build a bench of potential future top public health leaders, and provide redundancy for MCDOH. In order to support a capable and qualified workforce, MCDOH coordinates several internal programs to build the capabilities and competencies of our managers and future leaders. Training topics are selected based on training needs assessment results, current topics of importance to the department and suggestions from staff. The following training resources are available to MCDOH staff. * **NYLearnsPH.com** (LMS) provides a portal to a wealth of online and in-person public health training, all in a single predictable location on the web. The LMS is available to register and track participation in and completion of competency-based public health training. The LMS is a self-directed tool that allows learners to search for, enroll in, complete and maintain a record of their continuing education. Learners can access information about new training opportunities through announcements, a calendar, and course and program catalogs. There is even a competency self-assessment tool to help learners identify their individual skill gaps and receive targeted course recommendations to address them. This program is designed to provide educational offerings in basic public health leadership competencies and to build a bench of potential future leaders with MCDOH.
* **Star12** is an online training program for MCDOH staff to get the continued learning and development needed to thrive in a competitive business environment. This package includes live seminars, online webinars and courses. Currently employees are required to attend at least 2 trainings per year. Trainings are coordinated by the Confidential Secretary and scheduled monthly.
* **Public Health Foundation** has a website (phf.org) with many training resources; within this source MCDOH uses TRAIN. TRAIN is a national learning network that provides training opportunities by bringing together agencies and organizations in the public health, healthcare, and preparedness sectors to disseminate, track, and share trainings for the health workforce on a centralized training platform.
* Other training opportunities may include:
	+ Upstate Medical’s MPH Program: see brochure @ http://www.upstate.edu/cnymph/pdf/2017CNYMPHprogrambooklet.pdf
	+ New York State Association of County Health Officials (NYSACHO): Resources and training opportunities @ http://www.nysacho.org
	+ American Public Health Association (APHA): Continuing education available @ www. APHA.org
	+ National Association of City and County Health Officials (NACCHO): Resources and training opportunities @ www.NACCHO.org
	+ National Environmental Health Association (NEHA): Resources and training opportunities @ www. NEHA.org
	+ Our New York State Public Health Association (NYSPHA) mission is to promote and protect the public's health through professional development, networking, advocacy and education.
	+ Mandatory County-Wide Trainings provided through the Personnel Office including: work place violence, harassment, occupational health and safety, corporate and HIPPA compliance and occasional management trainings.

In addition, MCDOH provides mentoring opportunities for employees. Mentoring is an informal, non-threatening, fun way for employees to partner with a more experienced MCDOH supervisor, manager or leader to strengthen their professional development. |

**COMPETENCIES AND EDUCATION REQUIREMENTS**

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| **Core Competencies for Department** | MCDOH will use the *Council on Linkages Core Competencies for Public Health Professionals* as the primary public health competencies, as these are considered to be the national standard guiding the development of the current and future workforce. |
| **Other Competencies** | In addition to the *Council on Linkages*, MCDOH will utilize the Community Health Improvement Plan, Community Health Assessment, Department Strategic Plan, Madison County Success Plan, Board of Health/Board of Supervisors directives and the NYS Prevention Agenda to develop a competency framework consisting of areas of focus that integrate other professional competencies. This framework is used not only to plan and develop workforce development strategies, but is incorporated into writing MCDOH functional competency-based job descriptions.1. Organizational Competencies
* All MCDOH employees would be expected to follow these organizational or department level competencies selected from the following sources: departmental mission, vision, employee performance evaluation categories, and other areas of importance to the organization.
* Organizational competency areas:
	+ Customer Service
	+ Cultural Competence
	+ Community Engagement
	+ Health Equity and Fairness
	+ Continuous Quality Improvement
	+ Community Engagement
	+ Health Informatics and Technology
	+ Public Health Preparedness
	+ Professional Development
	+ Written & Oral Communication
	+ Agency & Organizational Roles
	+ Internal & External Relationship Building
1. Manager/Supervisor Level Competencies
* These competencies are specific to employees who are managers, supervisors or leaders. In most, but not all, cases, the position may supervise one or more employees.
* Competency Areas:
	+ Leadership and Systems Thinking Skills
	+ United States Office of Personnel Management Executive Core Qualifications
	+ Public Health and Crisis leadership Competency
1. Job-Specific Competencies
* The Council on Linkages Core Competencies for Public Health Professionals is the primary competency set used in the job-specific category. The delineation of the three tiers, used to define the type of position, is incorporated into the workforce development planning strategy (tier 1: front line employee, tier 2: mid-level employee, and tier 3: senior management/ leadership).
* The competencies in the job-specific category reflect the functional part of the employee’s job or the minimum level of expected practice.
* Competencies from other disciplines will also be utilized in this category, such as those that do not require certification or licensure.
1. Professional Competencies
* These competencies are discipline-specific and may not be utilized for all positions. This category would require advanced knowledge in a field of study.
* This competency category would only be used for those employees who need to maintain a certificate or license that requires continuing education in order to do a critical requirement of their job.
 |
| **CE Required by Discipline** | Multiple public health-related disciplines require continuing education (CE) for ongoing licensing and practice. MCDOH supports providing CE in the various professions. It is the employee’s responsibility to obtain the necessary CE to maintain any required licensures and/or certifications. |

**TRAINING NEEDS**

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| **Introduction** | This section describes both current identified and mandatory training needs for MCDOH. Targets for achieving specific competencies among staff will be developed incorporating results from training needs assessments, identified and required training needed for all staff (organization level), and training to meet professional competency requirements.  |
| **Training Needs** **Assessment and Results** | To further prepare and organize training and educational development at MCDOH, surveys and assessments will be utilized to obtain real-time feedback from staff. The results of the training needs assessment will be reported to the professional development committee and to the senior management team to address areas of improvement, tracking, and quality improvement.The Region 2 Public Health Training Center conducted a Training Needs Assessment for management staff in 2017. The executive summary of this assessment will be utilized to assist in developing training and is located on the Department’s shared drive P:\Strategic Plan 2015\Career development. |
| **Department-Specific Needs** | The MCDOH Strategic Plan established a mission, vision, and strategic priorities for the department. Competency-based training is aligned with the following departmental strategic directives: Healthy Environments; Healthy Care; Healthy Behaviors; and Improved DOH Capacity.The identified department-specific training priorities are incorporated into the MCDOH training plan, as well as other human resources initiatives, such as the development of functional competency-based job descriptions for all employees.A complete list of all department-specific training will be maintained.  |
| **Discipline-Specific****and Mandatory Training**  | A complete list of the job -specific positions, and the trainings that are required to maintain their licensure along with training currently required by MCDOH and/or by state/federal mandate is located in Appendix C.  |
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**PLAN IMPLEMENTATION**

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| **Introduction**  | This section provides information regarding the roles and responsibilities related to the implementation of the plan. |

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| **Who** | **Roles and Responsibilities**  |
| Board of Supervisors | Responsible for approving departmental budget, which includes funding for training, and approve county training activities, including out of state travel to training events. |
| Board of Health  | Responsible for ensuring resource availability to implement the Workforce Development Plan and Training Plan. Overall direction and guidance to public health work, including workforce development. Advocate for resources to support public health workforce development.  |
| Health Director | Responsible to the Board of Health and Board of Supervisors for workforce strategy, priority setting, establishment of goals and objectives, and establishing an environment that is conducive and supportive of learning.  |
| Personnel | Assist in creating a culture that is conducive and supportive of learning. Provide guidance to the directors with coaching, mentoring and succession planning. Participate and assist in the new employee orientation process.  |
| Senior Management Team | Responsible to the Health Director for all employees within their divisions. Supports, coaches, and mentors supervisors and/or employees to assure that appropriate training resources and support structures are available within the division. Identifies high potential employees as part of department succession plan. Ensures required trainings are completed in a timely manner. |
| Supervisors and Managers | Responsible to their Division Director, supervisor and employees to ensure that individual and organizational-based training initiatives are implemented. Works with employee to develop an individualized learning plan and supports the implementation of the plan (i.e. time away from work, coaching, opportunities for application, tuition reimbursement, etc.). Identifies high potential employees as part of department succession plan. Ensures required trainings are completed in a timely manner. |
| All Employees | Ultimately responsible for their own learning and development. Work with supervisor to identify and engage in training and development opportunities that meet their individual as well as organizational-based needs. Identify opportunities to apply new learning on the job. Write and implement individualized learning plans. Complete required training in a timely manner. Complete required continuing education needed for licensure and maintain and recertify said licensure on time. Maintain a record of all trainings completed. |
| Professional Development Committee | Plans for and implements a workforce development strategy based on direction from Health Director and needs assessment results. Maintains all workforce development-related plans, policies and procedures. |

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| **Communication Plan****Goals and Objectives** | Training opportunities will be shared with employees through department e-mail, the Department newsletter, and division meetings. This plan will be communicated to staff, and an electronic copy will be available on the MCDOH shared drive and MCDOH intranet page site. Goals and objectives will be established for the implementation, monitoring, and assessment of the Workforce Development Plan. Annually, MCDOH Senior Management will review and revise, where appropriate, the goals and objectives of this plan. The goals and objectives for the current year are located in Appendix F and an Action Plan is located in Appendix G of this plan.  |

**EVALUATION and TRACKING**

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| **Introduction** | Evaluation and tracking will provide MCDOH with useful feedback regarding its efforts, including content, delivery, vendor preferences, and training effectiveness. Accurately conducting evaluations and tracking results 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** | MCDOH will use various means to evaluate training. Methods may be contingent upon the training provider and continuing education reporting requirements.Through evaluation, trainings and exercises will be improved using a building-block approach which includes:* Increasing complexity: developing and improving plans, training to increase skills, and exercising to increase capabilities.
* Lesson learned: improving future trainings and exercises from successes documented throughout the process and improving on previously demonstrated skills and capabilities.
* Needed improvements: documenting gaps and needed improvements, and implementing them into future trainings and exercises.
* Best practices: capitalizing on what MCDOH does well and proactively enhancing those behaviors in future trainings and exercises; sharing our best practices with other local health departments and within the community.

The Professional Development Committee will conduct an annual evaluation of Department-sponsored trainings. Through this evaluation, the Committee will determine the trainings’ appropriateness and effectiveness based on the following: MCDOH strategic priorities and goals, continuing education requirements, professional competencies, assessment findings from training surveys, trainings of real-time importance, and improvements from past exercises and real events. Annually, the Professional Development Committee will provide the Senior Management Committee with a progress report on staff training activities. MCDOH will use the following methods to evaluate and improve planning:* All Department-sponsored trainings will distribute a written evaluation form to obtain participant feedback. Trainings will be revised as needed (see Appendix D).
* Department-sponsored trainings will have defined SMART objectives. The performance will be evaluated against identified competencies, core capabilities, and objectives.
* Standing agenda item during the quarterly Professional Development Committee meetings to monitor and discuss employee feedback evaluations from Department-sponsored trainings, and overall training needs.
* On an annual basis, the Professional Development Committee reviews staff training and exercise participation and progress towards competency goals (see ‘Tracking’ section below for information about tracking this indicator).
* An after-action report (AAR) will be completed within thirty days of any Department exercise, or real-life event (e.g. Emergency Preparedness, disease outbreak investigation).
* The AAR from each exercise or event will be used to make improvements to MCDOH plans and improve future capabilities-based trainings and exercises.
 |
| **Tracking** | Currently, MCDOH does not have a single system to track staff training participation and completion. The tracking of training includes a variety of different methods, including: attendee lists, certificates of completion, transcripts, databases and sign-in sheets. All Department-sponsored trainings will use a sign-in sheet to track participant attendance (see Appendix E) and have a written evaluation (see Appendix D). Depending on the training sponsor, content, and format, staff completion of trainings is tracked in 5 formats/places:1. Employee Training Log – this system tracks participation in Department-sponsored trainings, the results from the training evaluations, and other feedback. It is maintained by the Confidential Secretary to the Public Health Director.
2. NYSDOH Learning Management System (LMS) – a state-run, free, secure, web-based system that functions as a learning management tool. The system has the ability to create and maintain personal learning records.
3. Quality Improvement Tracking Database – this system tracks QI projects within the Department. Staff attendance in QI-related trainings is recorded.
4. Division/Personnel Department – tracking may be done by an individual division, and/or Department-wide through the Personnel Department.
5. Employee records – employees are responsible for tracking their own training. They may use methods that include electronic and paper copies to maintain their completed trainings.

In preparation for the Professional Development Committee’s annual training participation evaluation, all of the above listed sources will be queried. The resulting report will be used in conjunction with the list of position-specific required trainings (see Appendix C) to ensure the Department continues to strive to meet its core competency requirements (see Competencies & Education Requirements). |

**PLAN MAINTENANCE AND POINT OF CONTACT**

The MCDOH Senior Leadership and Professional Development Committee are responsible for training and workforce development initiatives, including the maintenance of this plan. The Workforce Development Plan will be reviewed annually.

For questions about this plan, please contact:

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**APPENDICES**

Appendix A: Population Served Chart

Appendix B: Organizational chart

Appendix C: Department –Specific and Discipline –Specific Required Trainings

Appendix D: Training Evaluation Form Template

Appendix E: Training Sign-In Sheet Template

Appendix F: Goals & Objectives

Appendix G: Action Plan

**Appendix A: Population Served Chart**

The racial make-up of Madison County is almost entirely Caucasian (94.8%). It is estimated that both the African American and Hispanic/Latino communities have only slightly increased over the past 5 years.

The proportion of families and people whose income in the past 12 months is below the poverty level has increased since 2010. It is estimated that this proportion increased from 9.8% to 12.2% among all people, and from 13.6% to 17.9% among individuals under 18 years of age. However, the median income in the county has increased from $53,345 to $54,145 over that timeframe. It is estimated that about 5.7% of the county population does not have health insurance coverage.

**Population Chart for Madison County, New York**

|  |  |
| --- | --- |
|  | 2015 population |
|  | Estimate | Percent |
| Total population | 72,427 | (x) |
| **SEX AND AGE** |  |  |
| Median age (years) | 40.8 | (x) |
| Male population | 35,647 | 49.2 |
| Female population | 36,780 | 50.8 |
| **RACE** |  |  |
| One race | 71,328 | 98.5 |
| Caucasian or White | 68,687 | 94.8 |
| Black or African American | 1,484 | 2.0 |
| American Indian and Alaska Native | 443 | 0.6 |
| Asian | 580 | 0.8 |
|  Native Hawaiian and Other Pacific Islander | 4 | < 0.1 |
| Some other race | 130 | 0.2 |
|  Two or more races | 1,099 | 1.5 |
| **HISPANIC OR LATINO** |  |  |
|  |  |  |
| Hispanic or Latino (of any race) | 1,455 | 2.0 |

Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

|  |  |
| --- | --- |
|  | 2015 population |
|  | Estimate | Percent |
| **EMPLOYMENT STATUS** |  |  |
| Population 16 years and over | 59,567 | (x) |
| In labor force | 34,887 | 58.6 |
| Unemployed | 3,038 | 5.1 |
| **INDUSTRY** |  |  |
| Civilian employed population 16 years and over | 33,023 | (x) |
| Educational services, and health care and social assistance | 9,473 | 28.7 |
| **INCOME AND BENEFITS** |  |  |
| Total households | 26,288 | (x) |
| Median household income (dollars) | $54,145 | (x) |
| **HEALTH INSURANCE COVERAGE** |  |  |
| Civilian non-institutionalized population | 71,788 | (x) |
| With health insurance coverage | 67,661 | 94.3 |
| With private health insurance coverage | 53,192 | 74.1 |
| With public coverage | 24,015 | 33.5 |
| No health insurance coverage | 4,127 | 5.7 |

|  |  |
| --- | --- |
|  | 2015 population |
|  | Estimate | Percent |
| **PERCENT OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL** |  |  |
| All people | (x) | 12.2 |
| Under 18 years | (x) | 17.9 |
| 18 years and over | (x) | 10.6 |
| 18 to 64 years | (x) | 11.2 |
| 65 years and over | (x) | 8.4 |

Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

**Appendix B: Organizational chart**



**Appendix C: Department-Specific and Discipline-Specific Required Trainings**

|  |  |  |
| --- | --- | --- |
| **Training** | **Who** | **Frequency** |
| Blood borne Pathogens | Nursing staff | Annually |
| Corporate Compliance | All staff | Annually |
| CPR/BLS for Healthcare Providers |  Nursing Staff | Bi-annually |
| Emergency Response Plan | All staff | Annually |
| HIPAA | All staff | Annually |
| HazCom/Right to Know | All staff  | Annually |
| Nondiscrimination/Sexual Harassment | All staff  | Annually |
| US Data Privacy /Security | All staff | Annually |
| Workplace Violence  | All staff  | Annually |
| Americans with Disabilities Act | All staff | Annually |
| Workplace Safety /Health | All staff | Annually |
| Information Security | All staff | Annually |
| Business Identity Theft | All staff | Annually |
| ICS-100 | All new employees | Within 3 months of hire |
| ICS-200 | All Management staff  | Within first year of hire |
| IS-700 | All new employees | Within 3 months of hire |
| New Employee Training (County) | All new employees | Within 3 months of hire |
| PPE Donning and Doffing | Nursing staff | Annually |
| PPE Respiratory Fit – Testing | Nursing Staff | Annually |
| NYS Mandated Reportertraining | Nursing, Preschool, Early Intervention staff  | Annually |
| Safety Procedures | All employees, all new employees | Annually; within 3 months of hire |
| Pink Book Series | Nursing staff | Annually |
| Orientation to Public Health | All new employees | Within 3 months of hire |
| Infection control/prevention  |  Early Intervention, Preschool, Nursing, Disease Specialist | Annually |
| HIV Confidentiality | Early Intervention, Preschool, Nursing, Disease Specialist | Annually |
| Exposure Control | Early Intervention, Preschool , Nursing, Disease Specialist | Annually |
| Aversive Intervention & Behavior Management  | Early Intervention, Preschool staff | Annually |
| NYS Introductory Service Coordination training  | Early Intervention Service Coordinators  | Within the first 3 months of hire. |
| EI Advance Service Coordination, Evaluation | Early Intervention Service Coordinators  | Within first year of hire  |
| Basic Environmental Health Course | Environmental Health Sanitarians and Technicians | Within 2 years of hire |
| US EPA Lead Assessor and Inspector Certification | Lead Poisoning Prevention Staff | At program entry |
| Human Trafficking | Nursing | Annually |

**Appendix D: Training Evaluation Form Template**

**Madison County Department of Health**

**Training/Webinar Evaluation Form**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title and location of training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. How would you rate this training/webinar overall?

[ ]  Poor [ ]  Fair [ ]  Good [ ]  Excellent

1. The time allotted for the training was:

[ ]  Too short [ ]  Just right [ ]  Too long

1. On a scale of 1-5 (1 being low and 5 being high) what was your level of knowledge about the training topic:

Before the training \_\_\_\_\_\_\_

After the training \_\_\_\_\_\_\_

1. Will you use the information gained from the training in your work? [ ]  Yes [ ]  No

Why or why not?

1. SMART Objective 1: [ ]  Yes [ ]  No
2. SMART Objective 2: [ ]  Yes [ ]  No
3. SMART Objective 3: [ ]  Yes [ ]  No

1. What did you like most about the training?
2. How could the training be improved?

**Feel free to leave any other comments on the back of this form. Thank you for your feedback!**



**Appendix F: Annual 2018 Goals & Objectives**

**Goal 1: Identify MCDOH Workforce Competencies to be surveyed and assessed.**

Objective 1: Compile Core Competencies for Public Health Professionals by MCDOH determined tiers.

Objective 2: Identify any additional competencies to be assessed.

Objective 3: Prioritize competencies to be assessed.

**Goal 2: Assess MCDOH Workforce Competencies and Gaps.**

Objective 1: Identify and develop format to survey/ assess competencies.

Objective 2: Develop process for gathering and tabulating results.

Objective 3: Present and review competencies and format for survey/assessment with MCDOH staff.

Objective 4: Implement competency survey/assessment with MCDOH staff and tabulate results.

Objective 5: Utilizing results of the competency survey/assessment, identify strengths and gaps.

Objective 6: Share results with MCDOH staff.

**Goal 3: Determine training to meet identified needs/gaps.**

Objectfive1: Prioritize identified needs/gaps based on results of competency survey/assessment.

Objective 2: Research and identify training resources/costs to meet prioritized competency needs/gaps.

Objective 3: Begin to map out and project training for 2019.

**Appendix G: Action Plan**

**Madison County Health Department Workforce Development Action Plan**

