| **Current State** | **Actions** | **Future State** |
| --- | --- | --- |
| ***PHAB Area: Workforce Policies*** | | |
| Personnel policies not easily accessible – available on paper | Policies are identified, reviewed and updated  Policies are placed in a digital file and are available on a server to staff | Fully updated personnel policies maintained on a regular schedule  Position descriptions available to all staff |
| No regular schedule for updating personnel policies | Designate a person to maintain Human Resource policies | Human Resource function is staffed |
| Beginning to re-write job descriptions for all staff ; new descriptions will include competencies | Job specs should include core competencies | Roles and responsibilities clearly defined (staff, volunteers and Board)  Staff job descriptions include competencies |
| ***PHAB Area: Learning Culture*** | | |
| Support by management and Board for staff trainings which promotes a positive learning culture | Workforce development is a consideration as Health District updates strategic plan and creates performance management system | As appropriate, integration of this support into formal policies, strategic plan and the performance management system |
| ***PHAB Area: Competencies*** | | |
| Have adopted a set of core public health competencies for staff | Set agency-level goals for improving those competencies of priority to the agency  Integrate competencies into job descriptions | Regular review of competencies to assure progress is made meeting agency workforce development goals  Regular updating of competencies, including adding new competency sets or tiers as applicable |
| Competencies for volunteers are based in emergency preparedness competencies | Adopt one or two agency-wide competencies  Support training to these competencies | Competencies are defined for all individuals providing CCHD services |
| Desire for Board competencies | Adopt set of Board competencies | Board members receive training to assure proficiency in competencies |

| **Current State** | **Actions** | **Future State** |
| --- | --- | --- |
| ***PHAB Areas: Training needs assessments; Resources for training; Tracking training*** | | |
| Conducted training needs assessment in 2014 and developing a training plan.  Currently track training on TRAIN but other trainings are not consistently tracked | Consolidated database of training by staff – staff responsible  Staff includes completed trainings or requests for training in monthly reports. | Documentation of training of staff, regular evaluation of impact of training  Annual review and update of training plan  Training plan is integrated into agency Performance Management System and strategic plan |
| Hold agency memberships in state and national public health professional organizations: APHA, CPHA, NACCHO, etc. | Continue to invest in memberships in professional organizations | CCHD staff and board are active members of professional associations to promote advocacy skills and professional growth |
| No formal training for new hires or staff being promoted. | Formal mentoring of new staff  Develop an on-boarding program | All new staff are oriented to public health, CCHD as an agency and their roles. Some of these materials are used for orientation of new board members and volunteers |
| Monthly staff meetings may include training or education updates | A schedule of trainings to be offered at staff meetings is developed on annual basis; trainings tracked | Full use of low cost training resources is planned and tracked annually through the agency workforce development plan |
| Supportive of cross training | Analyze agency cross training needs by roles and costs of implementation  Develop agency policy and training plan | Staff are cross trained to maximize efficient delivery of services |
| Board of Health members are provided a Board manual  No formal orientation program for Board members | Update Board manual  Develop orientation program | All Board members are provided manual and appropriate training |
| No formal leadership training, but there is money in the budget allocated specifically for it. | Leadership training for Board and staff provided | All Board members and staff have access to leadership training appropriate to their roles at CCHD |

| **Current State** | **Actions** | **Future State** |
| --- | --- | --- |
| ***PHAB Areas: Mandatory Training*** | | |
| Use town resources provided as a courtesy: FOI, web courses |  | Continue to utilize resources from member towns |
| Staff take advantage of CIRMA trainings: blood borne pathogens, etc. |  | Continue to take advantage of CIRMA trainings |
| Not clear which trainings are mandatory for staff, other than emergency preparedness trainings | Develop list of mandatory trainings for adoption as policy, identify curricula, create and implement training schedule and track | Mandatory trainings defined in policy and tracked |
| ***PHAB Areas: Future workforce; Recruitment of people that represent population served; qualified individuals for specific positions; Verified qualifications*** | | |
| Need public health nurse, epidemiologist, information technology, formal internship positions | Exploring job sharing with other agencies  Develop formal regular internship positions that can be filled annually | CCHD has staff capable of providing 10 essential services to jurisdiction  CCHD is training future workforce, building capacity, formalizing relationships |
| Discussion of succession planning in progress | Develop and adopt succession plan | Succession plan implemented and integrated with the workforce plan |
| Large utilization of community volunteers for Health District activities  Database of volunteers maintained | Develop robust job specifications for roles that can be filled by community volunteers  Improve outreach to community, particularly to youth, minority populations and veterans | Job specs including preferred credentials for all volunteer positions  Qualifications, mix of Board members, volunteers are reflective of communities served by Health District  Veterans are used whenever appropriate |
| Have available for “just in time” training sheets and job action sheets for volunteers re: emergencies/mass dispensing | Develop robust documentation system for training of volunteers | Documented use of “just in time” training for events/drills and evaluation of training impact on performance |
| Memorandum of Understanding (MOU) on student interns with Southern CT State University for 2013-2018  No formal student intern orientation plan | Develop intern orientation program  Develop MOUs with other universities for public health, nursing, environmental health students to work on projects | Formal relationship with schools (public health, nursing, environmental studies etc.) on team projects |
| **Current State** | **Actions** | **Future State** |
| ***PHAB Area: Retention activities*** | | |
| Few incentives to support career development of staff There is policy for tuition reimbursement but little funding  There is no step system for advancement of staff  Staff do not have Individual Development Plans | Career professional path supported by use of Individual Development Plan  Explore step system for Health District | Staff wishing to advance their career at Health District understand pathway to advancement |
| Volunteer recognition in process | National Public Health Week events for Health District staff and volunteer recognition | Celebration of staff during National Public Health Week |
| Physical work environment now has staff separated in numerous locations, posing a challenge for communication, teamwork, coverage, etc.  Some computer equipment may not support technical needs for distance learning.  No wellness program for staff | Board will continue to pursue options for new workspace, equipment, programs, etc. | New, centralized office space.  Physical work environment: clean, comfortable necessary tools, etc.  Wellness program |

**February 27, 2014 Gap Analysis Workshop**

**Wethersfield Community Center, Room F3 from 1:30 – 3:30 PM**

Workshop conducted by CT-RI Public Health Training Center consultants Kathi Traugh and Anjuli Bodyk

Health District Participants:

* Nancy Brault – CCHD Interim Director of Health
* Ray Jarema – CCHD Board member
* Tony Mascia – Retired VNA/Pediatric Nurse and CCHD volunteer
* Hilary Norcia – CCHD Community Health Coordinator (Accreditation Coordinator)
* Judy Sartucci – CCHD Board Chair
* Judye Torpey- CCHD Emergency Preparedness Coordinator