![NACCHO - National Association of County & City Health Officials - The National Connection for Local Public Health]

2013-2014 Accreditation Support Initiative (ASI) for Local Health Departments

FINAL REPORT

1. **Community Description**
   Briefly characterize the community(ies) served by your agency (location, population served, jurisdiction type, organization structure, etc.). The purpose of this section is to provide context to a reader who may be unfamiliar with your agency.

   > The Central Connecticut Health District is located 8 miles south of our Capitol City of Hartford, CT. CCHD serves the four urban/suburban communities of Berlin, Newington, Rocky Hill and Wethersfield with a population of 97,500 residents. CCHD is a quasi-governmental agency overseen by a 13 member Board of Health. The daily work of the agency is overseen by the Director of Health. The staff consists of 4 registered sanitarians (one in each town), two temporary sanitarians, administrative staff, a health educator, emergency preparedness coordinator and a community health coordinator/accreditation coordinator (a total of 9.5 FTEs). The overall scope of work includes environmental health and community programming. Programs and services provided include annual flu clinics, public health emergency preparedness, communicable disease and surveillance, public health code enforcement (inspections of restaurants, pools, motels, septic systems and salons) and public health educational programming (asthma home visitation program, gardening and cooking classes, annual trails day event and a senior dental screening and cleaning program).

2. **Project Overview**
   Provide an overview of the work your agency conducted with or because of this funding, including the significant accomplishments/deliverables completed between January 2014-May 2014 and the key activities engaged in to achieve these accomplishments. This should result in a narrative summary of the chart you completed in Part 1, in a format that is easily understandable by others.

   > CCHD is currently in the process of preparing for accreditation and one of our biggest gaps includes not having a workforce development plan in place. A work force development team was created and a template was decided upon. The development of this workforce development plan took three months to complete and included staff, board members, volunteers and a hired consultant in the process. The consultant created a timeline a work plan that would take us to the due date of May 30, 2014.
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   > The consultant conducted and prepared a core competency assessment and a focus group with all health department staff that addressed identifying the core competencies that need to be included in this plan as well as barriers that staff felt should be included in the plan including training needs, staff incentives, career development and a training curriculum.
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   > The consultant prepared assessment and gap analysis reports that were the major deliverables that would be vital in the creation the workforce development plan. The work force development

team met twice a month and each staff member was assigned a portion of the template to compete and the consultant took the team's input to create the final plan. The CCHD accreditation team also reviewed the plan making sure it complied with the PHAB standards and measures.

3. **Challenges**

   *Describe any challenges or barriers encountered as your agency worked to complete the selected deliverables. These can be challenges your agency may have anticipated at the start of the initiative or unexpected challenges that emerged during the course of implementing your proposed activities and completing your deliverables. If challenges were noted in your interim report, please **do** include them here as well. Please include both tangible (e.g., natural disaster, leadership change) and intangible (e.g., lack of staff engagement) challenges.*

   The biggest challenge for our team was collected the necessary data, policies and procedures necessary to complete the plan. This was a challenge as CCHD has never prepared such a plan and had to review what we had and develop a lot of what is in the current plan. It was also necessary to make sure that the plan was compliant with PHAB standards and measures (version 1.5).

   Another challenge was incorporating staff, board member and volunteers into this plan as this is a different approach than most of the other health departments have taken. Most health departments consider their workforce primarily staff not volunteers and board members. WE felt that our agency relies so heavily on our volunteers and Board members that is was appropriate to include then in our plan.

4. **Facilitators of Success**

   Describe factors or strategies that helped to facilitate completion of your agency's work. These can be conditions at your agency that contributed to your successes or specific actions you took that helped make your project successful or mitigated challenges described above. Please include both tangible (e.g., influx of funds from another source) and intangible (e.g., staff or leadership engagement) facilitators.

   The support of our Board of Health and current Director of Health to have CCHD begin preparing for national accreditation has made it achieving our deliverables a success. Without this support, we would not have been able to apply for funding and complete this plan. The funding CCHD received NACCHO has made it possible to complete this plan within three months and begin our journey to become an accredited Health District. The ASI grant held us to a deadline and made it mandatory that we complete this deliverable and helped us get one step closer towards applying for accreditation. We were also able to contact several of our other health departments/districts in the state for help on this plan including the template from Ohio that we decided to use.

5. **Lessons Learned**

   Please describe your agency's overall lessons learned from participating in the ASI. These can be things you might do differently if you could repeat the process and/or the kinds of advice you might

give to other health departments who are pursuing similar accreditation-related funding opportunities or technical assistance activities.

> During this entire process, we learned it was necessary to not only have an accreditation coordinator in place but also staff input and commitment.   At times it was difficult to engage those on the accreditation team as well as other staff, but after staff trainings on accreditation and updating the staff and Accreditation Steering Committee, everything fell into place and we were able to complete a quality plan on time that will meet PHAB approval. Time had to be carved out to meet twice a month to get this plan done and this time also had to be within the budget and time schedule of the consultant. Therefore it was vital that a timeline and work plan be created in order for us to be on schedule and meet grant requirements.

6. **Funding Impact**
   Describe the impact that this funding has had on your agency. How has this funding advanced your agency's accreditation readiness or quality improvement efforts?

> The funding from NACCHO enabled CCHD to complete a necessary deliverable towards accreditation. The funding allowed us the budget to hire a consultant with expertise in this area and produce a quality plan that will be implemented in our agency and updated on an annual basis.

7. **Next Steps and Sustainability**
   What are your agency's general plans for the next 12-24 months in terms of accreditation preparation and quality improvement? How will the work completed as part of the ASI be sustained moving forward?

> CCHD submitted its statement of intent to PHAB in November 2013. We have almost completed our three prerequisites (CHA, CHIP and Strategic Plan) and plan on applying in November of 2014 which will make November 2015 our time to press the "submit" button. CCHD has put considerable money aside for accreditation and our next steps as we approach our next fiscal year beginning July 1, 2014, include creating and Performance Management System, QI plan, along with other processes and procedures that we currently do but do not have in the correct written format.