

Public Health Accreditation Sustainability Plan

Agency Name – DPHHS Public Health & Safety

Forward:

The use of this ASTHO template is not required by the Public Health Accreditation Board (PHAB). Where the Montana Department of Health & Human Services (DPHHS) Public Health & Safety Division (PHSD) Performance Excellence Program did not have a PHAB Sustainability Plan. The PHSD Accreditation Coordinator applied for and was accepted into a cohort led by Association of State and Territorial Health Officials (ASTHO). The objective was to learn and end up with a sustainability plan. PHSD would like to thank ASTHO for the use of the template to develop an agency-wide sustainability plan for PHAB accreditation and formally ending an era of documentation 'cat' herding.

It is with great anticipation that PHSD continue to use the helpful template where "Parts of this plan were adapted from the Public Health Accreditation Sustainability Plan template, developed by the Association of State and Territorial Health Officials (ASTHO)." If you have feedback, questions, or comments regarding the template, please contact us at performanceimprovement@astho.org.



**DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES**

Adopted on: xx/xx/xxxx

Revised on: xx/xx/xxxx

Overview

Purpose	<p>The purpose of this document is to provide a framework for the process and achievement associated with PHAB Accreditation. The key elements in this plan will ensure continuity of work regardless of staffing. While the plan is not required or endorsed by PHAB, having a sustainability plan in place provides a process for maintaining accreditation status, helps prepare for reaccreditation, and ensures a culture of continuous quality improvement and performance management. This plan can also aid the agency during staff turnover, funding cuts, leadership changes, and resource allocation. Addressing possible hurdles at the front-end such as unknown processes, unforeseen circumstances where planning, organization, and clear communication are essential in maintaining activities necessary to sustain accreditation and continuous improvement must be visible to all staff who strive to achieve their best.</p> <p><i>This plan serves as the foundation of the Montana DPHHS Public Health & Safety's ongoing commitment to sustaining public health accreditation efforts.</i></p>
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Section 1

Organizational and Infrastructure Sustainability Planning for Accreditation

Agency Profile

Mission and Vision Vision: Healthy Communities, Healthy People
 Mission: Improve and protect the health of Montanans by advancing conditions for healthy living.

Strategic Priorities **Strategy:** Sustain PHAB accreditation by adhering to standardized process requirements, ensuring accountability and strong leadership, and leveraging the Achievelt project management platform.
Strategy: Advance PHSD from Level 4 (“Formal QI in Specific Agency Areas”) to Level 5 (“Formal Agency-Wide QI”), following NACCHO’s Roadmap to a Culture of Quality Improvement. This will be demonstrated through the annual completion of at least three quality improvement processes and one quality improvement project from each program.

Governance The Montana Department of Public Health and Human Services (DPHHS) is the state’s governing entity for public health. It’s responsibility for improving and protecting the health, safety, and self-reliance of all Montanans, including public health services. The Public Health & Safety Division (PHSD) plus the Family Community Health Bureau (FCHB) comprise the PHAB accredited Montana Public Health Department. The public health management employs this sustainability succession plan as a comprehensive and strategic approach that combines traditional succession planning with a strong emphasis on sustainability and responsible business practices. The PHSD & FCHB believe this plan provides more than a tool used in replacing departing leaders; this plan will proactively develop future leaders who can uphold the organization’s commitment to a performance improvement quality culture ensuring long-term value and use of best practices throughout the public health realm.

See Appendix-Governance-RACI Matrix document for roles and responsibilities.

Date of Initial Public Health Accreditation 11/30/2016

Reaccreditation Due Date 05/08/2030

Benefits of Public Health Accreditation

Introduction	This section provides a description of the impact public health accreditation has had on the agency.
Agency's Benefits from Public Health Accreditation	<p>The list below summarizes the benefits the agency has experienced from public health accreditation to date 7/7/2025. See REF-Values Benefits 07-2025 pdf. While achieving PHAB Accreditation is commendable, it's essential to recognize that its true value lies in its role as a framework for transforming public health practice. By providing a structured approach, PHAB accreditation enables health departments to move beyond working in silos and strategically build capacity, leading to greater efficiency and significant improvements in community health. The PHAB domains and focus are crucial to achieving these improvements, making accreditation a vote of confidence for citizens in their public health department.</p> <p>How has public health accreditation...</p> <ul style="list-style-type: none"> • Helped identify strengths and areas for improvement? • Requirement of department performance management system framework has led to understanding of system performance • Encouraged the use of communities of practice where gaps are defined and solutions are found. (Dashboard, Achieveit, R/SAS CoPs provide department staff time & security to discuss freely ways ahead to improve systems and communications) • Uncovered gaps to documentation of pm/qi projects and efforts. • Increased transparency & collaboration through performance management techniques & presentations called Progress Reviews • Provides a framework or guide to advance HDs on our journey to create a culture of health. • Increased and impactful communication between the health department and local/tribal health jurisdictions • Keeping the high level of work performed is standardized and utilized. • Strengthened internal and external partnerships to improve health? • Created changes in public health system performance • Stimulated quality and performance improvement opportunities • Increased performance management • Improved employees' perception of the workforce environment and job satisfaction • Increased communication between the governing entity and the health department
Resources to Communicate the Value of Public Health Accreditation	<p>Resources from National Agencies and Organizations</p> <p>Center for Disease Control and Prevention: Benefits and Impacts of Accreditation</p> <p>National Opinion Research Center at the University of Chicago (Commissioned by PHAB): Initial Evaluation of the Public Health Accreditation Program</p> <p>PHAB: What are the Benefits of National Public Health Department Accreditation</p> <p>PHAB: The Value of PHAB Accreditation (infographic)</p>

Communication Plan

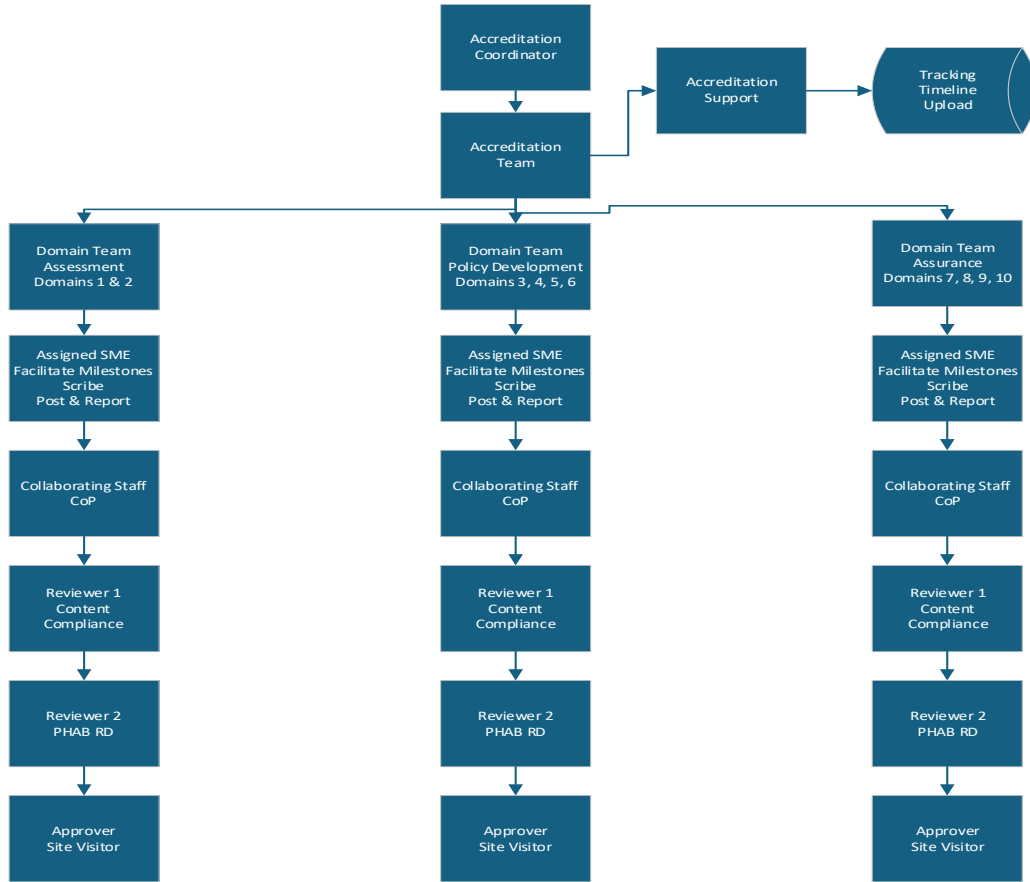
Introduction				
This section provides a description of how the health department will keep various levels of staff and stakeholders informed of the agency's accreditation activities.				
Communication Product (Newsletter, blog, video, presentation, etc.)	Audience	Purpose and Message	When	Lead
Video	Agency Staff Leadership	Benefits of Public Health Accreditation	Yearly Updates	Accred Coord
Blog	Public Health Partners	Progress Updates Around Plans for Reaccreditation	Bi-Annual	Accred Coord
Newsletter	Public Health Partners	Progress Updates Around Plans for Reaccreditation	Monthly	SIO
CoPs	Agency Staff Leadership	Progress Updates Around Plans for Reaccreditation	Assigned	SIO
Division Meetings	Agency Staff Leadership	Progress Updates Around Plans for Reaccreditation	Quarterly	Accred Coord
Progress Reviews	Public Health Partners	Demonstrating the Best Practices & Performance Improvement	Bi-monthly	Scheduled
Press Release	Public Health Partners / Citizens	Progress Updates Around Plans for Reaccreditation	As Directed	Accred Coord
Social Media	Public Health Partners / Citizens	Demonstrating the Best Practices & Performance Improvement	As Directed	Accred Coord
Pod Cast	Public Health Partners / Citizens	Demonstrating the Best Practices & Performance Improvement	Bi-Annually	PHSD PIO
Website	Public Health Partners / Citizens	Progress Updates Around Plans for Reaccreditation	Quarterly	Accred Coord
Dashboards	Public Health Partners	Progress Updates Around Plans for Reaccreditation	Monthly	SIO
Calls – Local & Tribal	Public Health Partners	Progress Updates Around Plans for Reaccreditation	Quarterly – As Directed	Accred Coord
Sub Workgroups	Public Health Partners	Progress Updates Around Plans for Reaccreditation	As Directed	Accred Coord

Organizational Sustainability – Funding

Introduction	This section will describe the specific funding mechanism for accreditation-related activities.
Funding Mechanism	<p>Funding Source(s) for Initial Accreditation Task(s):</p> <ul style="list-style-type: none"> • CDC Public Health Associated Program (PHAB) for Support Staff • Prevention Health and Health Services Block Grant • Title V Maternal and Child Health Block Grant • Programmatic Funding from – Environmental Health <p>Funding Source(s) for Maintenance Related Task(s):</p> <ul style="list-style-type: none"> • Cost-Free Technical Assistance (TA) through CDC supported by Public Health Organization • ASTHO Technical Assistance (TA) <p>Funding Source(s) for Reaccreditation Task(s):</p> <ul style="list-style-type: none"> • Programmatic Funding • Prevention Health and Health Services Block Grant
Resources on Funding and Staffing for PH Accreditation	<p>Resources from National Agencies and Organizations:</p> <ul style="list-style-type: none"> • ASTHO: Achieving More with Less: Three Strategies for States to Obtain Public Health Accreditation • ASTHO: Accreditation Readiness Toolkit – Step 1 http://www.astho.org/Programs/Accreditation-and-Performance/Accreditation-Readiness-Resources/Step-I-Pre-Application/ • Center for Disease Control Public Health Associate Program https://www.cdc.gov/phap/index.html <p>Resources and Examples from State Health Agencies:</p> <ul style="list-style-type: none"> • California Department of Public Health’s Domain Team Orientation PowerPoint http://www.astho.org/Accreditation-and-Performance/Accreditation/California-Department-of-Health-Accreditation-Domain-Teams-Orientation/ • Oregon Division of Public Health’s Domain Team Lead Expectations Document http://www.astho.org/Programs/Accreditation-and-Performance/Accreditation/Domain-Team-Lead-Expectations_OR-DOH/ • Idaho Division of Public Health Accreditation Domain Team Lead Training http://www.astho.org/Accreditation-and-Performance/Accreditation/Idaho-Division-of-Public-Health-Accreditation-Team-Lead-Training/ • Idaho Division of Public Health Domain Team Lead and Team Member Position Descriptions http://www.astho.org/Accreditation-and-Performance/Accreditation/Idaho-Division-of-Public-Health-Domain-Team-Lead-and-Team-Member-Position-Descriptions/

Organizational Sustainability – Re-Accreditation Team Structure, Roles, and Responsibilities

Introduction	This section provides a breakdown of the roles and responsibilities of the accreditation/reaccreditation team. Subject to the measure specifics.
Re-Accreditation Team: Organizational Chart	



Organizational Sustainability – Re-Accreditation Team Structure, Roles, and Responsibilities

Accreditation Team: Roles and Responsibilities

Role	Responsibility	Current Lead	Past Lead (if different) - Function
Accreditation Coordinator	Ensures compliance with PHAB Standards. Submits documentation to PHAB for reaccreditation. Assign the Narrative or RD. Maintains timeline & milestones	Richard Knecht, Accreditation Coordinator, Richard.Knecht@mt.gov	Assigns in Achievelt
Accreditation Support	Supports Assignment. Provides PM/QI TA & Resources. Monitors Achievelt Domain tiles & dashboard to ensure compliance. Attends Progress Reviews to identify Domain connections to RDs	Marilyn Trevino Performance Excellence Ambassador (PM/QI) MaTrevino@mt.gov	
Domain Team Lead	Bureau Chief and/or Section Supervisor. Possesses knowledge of Domain activities. Provides linkages to possible collaborative projects/work. Champion and Driver to achieve accomplishments.	TBD	Assigned in Achievelt at Domain Title tile
RD Assigned SME	Section Supervisor/Program Manager Subject Matter Expert for the RD or Narrative Possess intimate knowledge of the work behind the RD Facilitate Working Sessions Assigns Scribe – aka Narrative Writer Posts & Reports to Achievelt and Progress Reviews Attaches document in Achievelt tile	TBD	Assigned in Achievelt at the RD/Narrative tile
Collaborating Staff CoP	A group of SMEs providing examples of RDs & Narratives *Use QI Workgroup Champions where applicable Does the work that matches the RD requirements Actively participates Narrative Writer	TBD	Listed in Achievelt in Access
Content Reviewer 1 - SME with leadership	Content is factual, relevant, timely and compliant.	TBD	Assign Review thru Achievelt to Content Reviewer 2 aka Richard Knecht

Content Reviewer 2 – PHAB RD	Ensures documents meet PHAB standards	Richard Knecht, Accreditation Coordinator, Richard.Knecht@mt.gov Kerry Pride, In house Site Visitor KPride@mt.gov	In Achievelt move status to Achieved
Approver Site Visitor	Final Approval prior to upload Health Director Attestation	Stacy Campbell, Administrator, StCampbell@mt.gov	Within PHAB platform

History of Agency's Accreditation Process

Introduction	<p>This section highlights important historical context and knowledge that would be helpful for re-accreditation maintenance and reaccreditation.</p>
Past Processes and Important Contacts and Dates	<p>The Montana Public Health & Safety Division (PHSD) became the 26th State to successfully certify through PHAB in November 2016.</p> <p>The (PHSD) recognized that while its programmatic work and bureaus were making significant contributions, the lack of standardized practices led to inefficiencies. Organizational silos hindered collaboration and innovation, resulting in duplication of efforts, wasted staff time, and product redundancy, which ultimately caused frustration.</p> <p>To support the initial accreditation process, subject matter experts gathered data and submitted documentation to the Accreditation Coordinator, Wendy Kowalski, storing it on SharePoint. However, managing this process was challenging, as documents were often delayed and lacked a consistent format, necessitating extensive rewrites that consumed valuable time.</p>
Successes, Challenges, and Best Practices from Initial Accreditation Process	<p>The designated PHAB accreditation specialist and the Performance Management/Quality Improvement Coordinator worked with the health department implementing an action plan to strengthen Domain 9.</p> <p>During the initial accreditation phase, challenges in document flow arose due to technological limitations and competing priorities, leading staff to view the document-gathering process as an added burden on their already demanding workload.</p> <p>The PHSD employed two new Accreditation Coordinators for short periods of time, so proposed improvements to the process were postponed until after COVID-19 work settled down and a new Accreditation Coordinator was hired in 2024. May 8, 2025, the PHSD was reaccredited.</p> <p>The Accreditation and PM/QI Coordinators were accepted to an ASTHO Cohort with the purpose of creating the PHAB Sustainability Plan in spring 2025. The Plan complimented their new communication & document control process that included fresh tools and will optimize the use of the AchieveIt platform and incorporate data visualization tools to effectively track project timelines.</p> <p>Additionally, standardized templates will be introduced to ensure consistency in documentation over the next five years, minimizing last-minute efforts and streamlining the overall process.</p>

Documentation/Narrative Submission and Tracking

Introduction	This section documents various processes related to documentation and narrative submission and tracking.
<p>Storing/Saving the Documentation/Narrative:</p> <ul style="list-style-type: none"> • Post assignment of RD/Narrative, <i>working documents</i> are stored in RD Assignee designated areas (i.e. Teams channel, One Drive, Share Drive, SharePoint, etc.) providing document owners with the leeway to utilize the document collaboration most productive for the document writing group. • Final WORD draft and corresponding compliant PDF draft will be saved to: \\state.mt.ads\HHS\Shared\PHSD\DIV-SHARE^2025-2030, titled using “-DRAFT+DATE” in the PHAB file folder used by the “Review Team”. Approved documents will be listed as final, resaving only the PDF with altered title that removed the “-DRAFT+DATE” with “-FINAL+DATE”. <p>Documentation and Narrative Creation Process</p> <ul style="list-style-type: none"> • All required documents will be developed using an ADA 508-compliant template to ensure accessibility and stored in Word & PDF on the Share Drive: \\state.mt.ads\HHS\Shared\PHSD\DIV-SHARE^2025-2030 PHAB • Each document template will be linked to its corresponding AchieveIt tile, following a naming convention that aligns with PHAB platform requirements. • The Accreditation Coordinator will assign documents within AchieveIt to the designated Subject Matter Expert (SME) writer. Each assignment will include a timeline and scheduled progress updates. • The SME writer will draft the document in Microsoft Word, finalize it as a PDF, and upload both the completed file and any supporting documentation to the appropriate tile for streamlined access and organization. 	
<p>Editing the Documentation/Narrative:</p> <ul style="list-style-type: none"> • Document Review Process - Procedure • During the design phase, the SME writer will conduct document review sessions as needed. The review process involves two reviewers: <ul style="list-style-type: none"> ○ Reviewer 1: A staff member with extensive knowledge of the content, program, and programmatic work. ○ Reviewer 2: The Accreditation Coordinator or Accreditation Support, responsible for ensuring ADA 508 compliance, PHAB compliance, and alignment with required measures. 	

Documentation/Narrative Tracking:**Document Review Process**

- Throughout the review process, Reviewer 1 will evaluate the document for completeness and accuracy, with a particular emphasis on data and measures. Multiple rounds of edits and revisions may be required before finalization.
- Once finalized, the document will be assigned to Reviewer 2 via AchieveIt for a comprehensive review. Reviewer 2 will conduct a final quality check, which may involve requesting additional edits, consulting PHAB Technical Assistance (TA) as needed, and ultimately approving the document.
- Upon approval, Reviewer 2 will save the narrative in AchieveIt as a PDF or in the PHAB-preferred format and mark the item as achieved within the system.

Sharing the Documentation/Narrative:**Communication & Progress Monitoring Plan**

- A structured Communication Plan will be implemented to ensure complete documents are effectively shared with PHSD through multiple channels, including newsletters, posters, and Division meetings.
- To facilitate efficient progress tracking, a dashboard has been developed to enable real-time monitoring of document completion. This system helps maintain project timelines, promptly address obstacles, and celebrate key accomplishments.

Submitting the Documentation/Narrative**E-PHAB Documentation Submission Process**

- The submission of documentation and narratives through E-PHAB is conducted in accordance with E-PHAB guidelines. This task is managed by the Accreditation Coordinator, who maintains the E-PHAB login credentials and is solely responsible for submitting all required documents and narratives.

Section 2

Accreditation Maintenance

Plan of Action for Using the PHAB Site Visit Report

Introduction		This section highlights areas identified in the PHAB Site Visit Report where measures were scored: “not demonstrated,” “slightly demonstrated,” or “largely demonstrated” and are opportunities or areas that the health department should consider. Use this template during the site visit and thru the site visit report to ensure all deficiencies are addressed. Assignment and monitoring will occur in AchieveIt.				
Plan of Action to PHAB Site Visit Report						
Measure	Opportunity for Improvement Identified –	Strategies for Improvement	Beginning Date to Initiate Improvement	Target Date to Complete Improvement	Responsible Parties for Implementing Strategies (Specify Lead)	Status Use this section for ongoing monitoring updates Updates in AchieveIt using recognized status levels, assigned SME, and progress reporting feqency
Measure Number, Statement of Measure, and Score			XX/XX/XXXX	XX/XX/XXXX	Name, Title, Contact	In progress/Not started/Complete
Measure Number, Statement of Measure, and Score			XX/XX/XXXX	XX/XX/XXXX	Name, Title, Contact	In progress/Not started/Complete
Measure Number, Statement of Measure, and Score			XX/XX/XXXX	XX/XX/XXXX	Name, Title, Contact	In progress/Not started/Complete

PHAB Annual Reports

Introduction	This section includes a plan of action to complete PHAB required annual reports .				
Maintenance Guidance Requirements by PHAB	In this section, the Accreditation Coordinator will describe the requirements (called out in the agency's accreditation award letter) for maintaining accreditation including annual reporting and updating key plans. Please note, PHAB recently updated their annual report template on Jan. 1, 2019. Please refer to the latest version of the annual report template and timeline found on PHAB's accredited health department portal. <i>Tip: Write your annual reports so that they are useful for your reaccreditation narratives down the road.</i>				
Plan of Action to Complete PHAB Required Annual Reports					
Section 1 of the Annual Report					
Activity	Specific Areas That Require Response	Timeframe for Completion	Responsible Parties (specify Lead that will develop response)	Reviewer	Status
Category 1: Continued Conformity Circumstances that would potentially jeopardize continued conformity with the standards and measures	<i>Tip: (List the circumstances that might affect the health department's continued conformity with the standards and measures here.)</i>	XX/XX/XXXX	Richard Knecht, Accreditation Coordinator, Richard.Knecht@mt.gov	Kerry Pride, Internal Site Visitor, KPride@mt.gov	In progress/Not started/Complete/Etc.

<i>under which the accreditation was initially awarded.</i>					
Category 2: Priority Measures <i>Specific measures the Accreditation Committee requested that the health department address in its annual report.</i>	<i>(Include the priority measures that the accreditation committee requested from the health agency.)</i>	XX/XX/XXXX	Name, Title, Contact	Name, Title, Contact	In progress/Not started/Complete/Etc.
Category 3: Adverse Findings <i>Adverse findings or communications related to oversight or control from federal or state funding agencies that indicate the health department is at risk for loss or reduction in those funds.</i>	<i>(List the related adverse Finding/Communication(s) here.)</i>	XX/XX/XXXX	Name, Title, Contact	Name, Title, Contact	In progress/Not started/Complete/Etc.

Category 4: Adverse Findings <i>Activities related to continuous improvement as required by PHAB.</i>	(List the related Continuous Improvement Projects, where required here.)	XX/XX/XXXX	Name, Title, Contact	Name, Title, Contact	In progress/Not started/Complete/Etc.
Section 2 of the Annual Report					
Activity Specific Areas That Require Response	Timeframe for Completion <i>Refer to PHAB's timeline found on their accredited health department portal.</i>	Responsible Parties (Specify Lead that will develop response)	Reviewer	Status <i>Use this section for ongoing monitoring updates on completion of annual report response.</i>	
Category 1: Performance Management and Quality Improvement	XX/XX/XXXX	Name, Title, Contact	Name, Title, Contact	In progress/Not started/Complete/Etc.	
Category 2: Description of Quality Improvement Activities (number and reach), highlighting one Quality Improvement Project (administrative or programmatic)	XX/XX/XXXX	Name, Title, Contact	Name, Title, Contact	In progress/Not started/Complete/Etc.	
Category 3: Continuing Processes	XX/XX/XXXX	Name, Title, Contact	Name, Title, Contact	In progress/Not started/Complete/Etc.	
Category 4: Emerging Issues	XX/XX/XXXX	Name, Title, Contact	Name, Title, Contact	In progress/Not started/Complete/Etc.	

Final Submission of Annual Report			
Tasks Related to Submission	Timeframe for Completion	Responsible Parties (Specify Lead that will develop response)	Status
Sub-Activities (List specific activities related to submission here. (i.e. compile responses, final review, submit in ePHAB)	Refer to PHAB's timeline found on their accredited health department portal.		Use this section for ongoing monitoring updates on completion of annual report response.
Compile Responses	XX/XX/XXXX	Name, Title, Contact	In progress/Not started/Complete/Etc.
Final Review of Responses	XX/XX/XXXX	Name, Title, Contact	In progress/Not started/Complete/Etc.
Submit in ePHAB	XX/XX/XXXX	Name, Title, Contact	In progress/Not started/Complete/Etc.

Resources for PHAB Annual Reports	
Resources for PHAB Annual Reports	<p>Resources from National Agencies and Organizations:</p> <ul style="list-style-type: none"> PHAB: Annual Report Guidelines for Accredited Health Departments http://www.phaboard.org/wp-content/uploads/PHAB-Annual-Report-Guidelines-for-Accredited-Health-Departments-January-2015.pdf ASTHO: Accredited States Learning Community Webinar on Understanding Narrative Writing by Susan Ramsey https://youtu.be/xGNv1cHoi-U

Updating Key Accreditation Plans

Introduction	This section includes a plan of action for the agency to update key accreditation documents as required. <i>TIP: Please note that agency priorities and specific planning requirements may dictate the completion timelines for these key plans. It's suggested that timelines for the development of these plans be determined with agency leadership and key programmatic staff that might be involved.</i>					
Document Name	Lead Contact (indicate current and previous leads)	Document Expiration Date	Responsible Parties for Updating Plan	Responsible Parties for Reviewing Updates and Ensuring Conformity with PHAB Requirements	Expected Review Date	Status Use this section for ongoing monitoring updates on completion of document updates.
State Health Assessment (SHA)	Name, Title, Contact	XX/XX/XXXX	Name, Title, Contact	Name, Title, Contact	XX/XX/XXXX	In progress/Not started/Complete/Etc.
State Health Improvement Plan (SHIP)	Name, Title, Contact	XX/XX/XXXX	Name, Title, Contact	Name, Title, Contact	XX/XX/XXXX	In progress/Not started/Complete/Etc.
Strategic Plan (SP)	Name, Title, Contact	XX/XX/XXXX	Name, Title, Contact	Name, Title, Contact	XX/XX/XXXX	In progress/Not started/Complete/Etc.
Workforce Development Plan (WFD)	Name, Title, Contact	XX/XX/XXXX	Name, Title, Contact	Name, Title, Contact	XX/XX/XXXX	In progress/Not started/Complete/Etc.
Performance Management System/QI Plan	Name, Title, Contact	XX/XX/XXXX	Name, Title, Contact	Name, Title, Contact	XX/XX/XXXX	In progress/Not started/Complete/Etc.
Emergency Operations Plan (EOP)	Name, Title, Contact	XX/XX/XXXX	Name, Title, Contact	Name, Title, Contact	XX/XX/XXXX	In progress/Not started/Complete/Etc.
Organizational Branding Strategy	Name, Title, Contact	XX/XX/XXXX	Name, Title, Contact	Name, Title, Contact	XX/XX/XXXX	In progress/Not started/Complete/Etc.

Other Documents Communication Plan	Name, Title, Contact	XX/XX/XXXX	Name, Title, Contact	Name, Title, Contact	XX/XX/XXXX	In progress/Not started/Complete/Etc.
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Documentation Updates and Tracking

Introduction	<p>This section lays out a plan for updating specific PHAB required documentation. PHSD will use an export into Excel from Achievetl will be used as master tracker for PHAB Standards and Measures Version 2022. Document controller is the Accreditation Coordinator. The master tracker will utilize the following framework to guide the tracking process ensuring this guide and the Achievetl platform complement one another.</p> <p><i>Tip: If you are including specific documentation required for reaccreditation in this section, be sure to include updated requirements from the PHAB version of Standards and Measures that you were initially accredited under. This will ensure you are prepared when it comes time to submit reaccreditation narratives and/or examples. Also, by noting which program areas the examples are from, you can ensure the examples you provide PHAB are diverse.</i></p> <p><i>TIP: Please note that agency priorities and specific planning requirements may dictate the completion timelines for documentation. Domain teams should have regular discussion on status updates, documentation requirements and timelines.</i></p>						
	Domain/Measure	Documentation Provided to PHAB	Original Program Area	Documentation Expiration Date	Responsible Leads for Updating Plan (Also consider including past leads for historical tracking)	Responsible Parties for Reviewing Updated Plans (Also consider including past leads for historical tracking)	Expected Review Date
<i>Domain 1-10 Each line represents one of the Domain areas</i>			XX/XX/XXXX	Name, Title, Contact	Name, Title, Contact	XX/XX/X XXX	In progress/Not started/Compl ete/Etc.

Resources for Documentation Updates and Tracking	<p>Resources from National Agencies and Organizations:</p> <ul style="list-style-type: none">• PHAB: PHAB Standards and Measures Version 1.5 Documentation Selection http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Documents-Selection-Spreadsheet-Version-1.51.xlsx• NAACHO: Selecting Programmatic Documentation https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/accreditation-preparation/documentation <p>Resources and Examples from State Health Agencies:</p> <ul style="list-style-type: none">• Alabama: PHAB Accreditation Documentation Tracker http://www.alabamapublichealth.gov/accreditation/assets/Leadership_Handouts_01-08-15.pdf• Connecticut: PHABuloCiTy Cheat Sheet - Key points to remember when collecting and reviewing documentation https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/State-Health-Planning/Accreditation/Tool-Card.docx?la=en• Oklahoma City County Health Department: An Action Maintenance Tool http://www.phf.org/resourcestools/Pages/An_Accreditation_Maintenance_Tool.aspx
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Section 3

Reaccreditation Planning

Reaccreditation Plan Timeline and Activities

Introduction	<p>The section lays out the scope of work and timeline required to complete reaccreditation related activities with assigned staff.</p> <p>It's strongly recommended that planning for reaccreditation starts early (ideally three years before the application is due).</p> <ul style="list-style-type: none">• Date initial accreditation was received by the Health Department was November 2016.• Due to COVID-19 pandemic, the timeline for Reaccreditation was altered.• The first reaccreditation certification was May 8, 2025.• Date e-PHAB 2nd Reaccreditation Module will be Open and Reaccreditation Application will be available Health Department for Completion is April 1, 2030.• Date Reaccreditation Application Must Be Completed and Submitted to PHAB (This is NOT the date that documentation is due. Documentation is due 8 weeks after the application is accepted by PHAB as complete.) No later than June 30, 2030. <p>This will ensure that the agency has time to complete any requirements asked in reaccreditation, including many narratives that ask about agency-wide capacity to do certain activities that were only required in one or two parts of the agency for initial accreditation.</p> <p>TIP: Our health department received initial accreditation under Version 1.0 of the Standards and Measures; by addressing the Reaccreditation Standards and Measures, we addressed the new areas that were added in Version 1.5. A full read through of the Guide to Reaccreditation Standards and Measures occurred. For our second Reaccreditation we will be using Version 2022 accessed only through the PHAB Learning Center or by emailing the Accreditation Coordinator. Note, the possibility is high that 2027 may see a new version of 2022. Conducting a gap analysis once new versions are set is written into this plan to assist with continuity of this sustainability plan.</p> <p>See:</p>
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Recommended Reflection & Learning Options by Year

Reflection & Learning Option	Year 1	Year 2	Year 3	Year 4
Document Review	✓	✓	✓	✓
Domain Reflection Report	✓	✓	✓	✓
Foundational Capability Report	✓	✓	✓	✓
Quality Improvement (QI) Project	✓	✓	✓	✓
Innovation		✓	✓	
Participation*	✓	✓	✓	✓
Reaccreditation Readiness			✓	✓
FPHS Capacity & Cost Assessment	✓	✓	✓	

*Participation is offered each year but can only be selected once during the four Annual Report cycles.

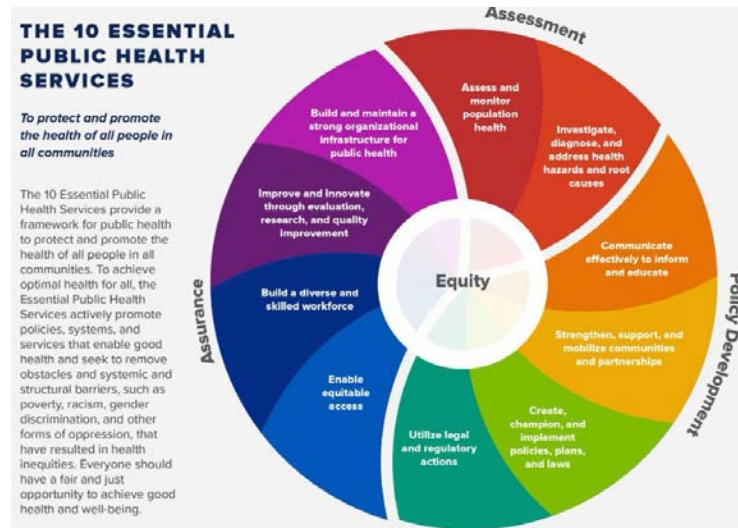
Activity	Timeframe	Responsible Parties (Specify Lead)
<p>Phase 1: Process Evaluation and Reaccreditation Plan Development:</p> <ul style="list-style-type: none"> - Seek leadership support - Obtain funds/staff to support reaccreditation - Establish reaccreditation coordinating teams and processes - Review PHAB Reaccreditation Standards and Measures (S&M) and Documentation Forms (narrative templates) - Perform S&M gap analysis to identify areas where new programs and/or documentation need to be developed to meet conformity to reaccreditation - Develop a reaccreditation communication plan - Develop internal online system to facilitate documentation collection - Reaccreditation coordinator and governing entity complete PHAB online reaccreditation training - Create reaccreditation project charter - Create timeline for reaccreditation - Identify core reaccreditation team members and roles - Continual monitor of Progress Reviews – identify possible RDs & Narratives - Assign RDs & Narratives (informed by the Achievelt Excel document) <ul style="list-style-type: none"> o \\state.mt.ads\HHS\Shared\PHSD\DIV-SHARE\PH System Imp\Performance Excellence Program\PHAB\2025\PHAB Sustainability Plan and Reference Documents - Provide training to core reaccreditation team 	<p>Year 1 – Early</p> <p>Year 1 – Early</p> <p>Year 1 – Mid</p> <p>Year 1 – Early</p> <p>Year 1 – Mid & Annually</p> <p>Year 1- Mid</p> <p>Year 1 – Early</p> <p>Year 1 – Mid</p> <p>Year 1 – Early</p> <p>Year 1 – Mid</p> <p>Year 1 – Mid</p> <p>Year 1 – Late</p> <p>Year 1 - Late</p>	<p>Richard Knecht</p> <p>Marilyn Trevino</p> <p>Richard Knecht</p> <p>Richard Knecht</p> <p>Marilyn Trevino</p> <p>Comms QI Team</p> <p>Achievelt – Complete</p> <p>Richard Knecht</p> <p>Marilyn Trevino: use QI Charter temp</p> <p>Richard Knecht</p> <p>Richard Knecht</p> <p>Richard Knecht & Marilyn Trevino</p> <p>Richard Knecht</p>
<p>Phase 2: Documentation Preparation and Quality Review</p> <ul style="list-style-type: none"> - Identify improvements to Progress Reviews Tier III presentations. 	<p>Year 1 – Early</p>	<p>Richard Knecht & Marilyn Trevino</p>

<ul style="list-style-type: none"> - Collect documentation or write narratives using PHAB forms - Improve documentation when necessary or develop new documentation where missing - Develop a process to track progress and identify where assistance/training is needed - Upload the documentation to a shared organizational drive for review - Conduct qualitative review and approval of documentation, and forms and provide feedback to Domain Teams and/or Accreditation Coordinator 	<p>Year 2,3,4 Year 2,3,4</p> <p>Year 2 – Early</p> <p>Year 2 – Early Year 2 - Early</p>	<p>Richard Knecht Richard Knecht & Marilyn Trevino</p> <p>Achievelt platform & pulse survey Richard Knecht & Marilyn Trevino Richard Knecht & Marilyn Trevino Richard Knecht (review) & Marilyn Trevino (support)</p>
<p>Phase 3: PHAB Application, Fee and Documentation Submission</p> <ul style="list-style-type: none"> - Submit application for Reaccreditation. After about a week, PHAB will send an invoice for the fee <ul style="list-style-type: none"> o PHAB Reviews and provides response on application - Conduct final review of documentation forms that are waiting to be uploaded on to ePHAB - Submit final documentation forms within 8 weeks of approved application - Schedule video conference site visit 	<p>Year 5 – April 1, 2030</p> <p>Year 4 – Mid</p> <p>Year 5 -TBD Year 5 - TBD</p>	<p>Richard Knecht <i>This is not the annual fee of \$14K</i></p> <p>Richard Knecht</p> <p>Richard Knecht Richard Knecht</p>
<p>Phase 4: PHAB Review and Virtual Site Visit</p> <ul style="list-style-type: none"> - Review PHAB’s Pre-Site Visit Report and respond to any open measures within 6 weeks - Participate in videoconference site visit 	<p>Year 5 – TBD</p> <p>Year 5 - TBD</p>	<p>Richard Knecht</p> <p>Richard Knecht</p>
<p>Phase 5: Reaccreditation Report, Decision</p> <ul style="list-style-type: none"> - Obtain reaccreditation report - Review report to identify quality improvement projects, action plans and/or improvements for PHAB annual report - Complete Annual Reports - Reaccreditation Submission 	<p>Year 5 Year 5</p> <p>Year 1,2,3,4 Year 5</p>	<p>Richard Knecht Richard Knecht</p> <p>Richard Knecht Richard Knecht</p>
<p>Phase 6: Reaccreditation Sustainability</p> <p>Develop a plan to sustain resources and staff to maintain reaccreditation status including completing annual reports.</p> <p>Maintain reaccreditation staff procedure:</p> <ul style="list-style-type: none"> • In conjunction with maintaining the PHSD Employee master control sheet, the Performance Excellence Ambassador will indicate in a column the 	<p>Year 5 and Ongoing</p>	<p>Richard Knecht</p> <p>Richard Knecht & Marilyn Trevino</p>

<p>“role” assigned to each participating staffer.</p> <ul style="list-style-type: none"> Where a staff member leaves employment or moves to a new position, a notice via email to the Management Team and including the Domain Team lead, requesting decision makers appoint staff to take over the vacancy. This appointee will be provided with training and set of clear expectations to ensure the continuity of work is achieved. <p>The Montana DPHHS/PHSD Annual Report Plan:</p> <ul style="list-style-type: none"> - Year 1 – Participation* - Year 2 – Quality Improvement (QI) Project - Year 3 – FPHS Capacity & Cost Assessment - Year 4 – Reaccreditation Readiness 		Richard Knecht
<p>Resources for Reaccreditation</p>	<p>Resources from National Agencies and Organizations:</p> <ul style="list-style-type: none"> PHAB: Guide to National Public Health Department Reaccreditation: Process and Requirements http://www.phaboard.org/wp-content/uploads/Guide-to-Reaccreditation-1.pdf PHAB: Centralized States Reaccreditation Guidelines http://www.phaboard.org/wp-content/uploads/CSILPHDS-REACCREDITATIONGUIDELINESMARCH2017ADOPTED.pdf PHAB: Online Reaccreditation Training https://phab.hosted.panopto.com/Panopto/Pages/Sessions/List.aspx?folderID=37d503ea-16c4-4601-9ff6-99444a08691a PHAB: Reaccreditation Documentation Forms http://www.phaboard.org/wp-content/uploads/Reaccreditation-Documentation-Forms020317.doc PHAB: Reaccreditation Application Due Dates http://www.phaboard.org/wp-content/uploads/accredited-and-reaccreditation-dates-FINAL-1.pdf PHAB: Reaccreditation Documentation Tip Sheet http://www.phaboard.org/wp-content/uploads/Reaccred-Documentation-tip-sheet1.pdf PHAB: Reaccreditation Training Handouts http://www.phaboard.org/wp-content/uploads/Good-and-Bad-Narrative-Examples1.pdf 	

Staff Engagement and Training for Reaccreditation

Introduction	This section will identify a training and education plan for topical areas related to reaccreditation. Consider cross-referencing this section with the department's accreditation staff engagement and training plans and the Workforce Development Plan.		
Topic Area	Target Audience	Training/Education Lead	Timeline for Training
Reaccreditation 101	Leadership	TBD	Year 1
Domain Team Orientation Training	Domain Teams	TBD	Year 1 – Early Year 2
Narrative Writing	Narrative Writers Team	TBD	Year 1 – Early Year 2
AchieveIt Training	RD Assigned SME	Performance Excellence Ambassador	Annual Training - Spring
PM/QI Resources Training	Collaborative Staff CoP	Performance Excellence Ambassador	Annual Training - Spring
Policy & Procedures Orientation/Training	Collaborative Staff CoP	Performance Excellence Ambassador	Annual Training - Spring
Reaccreditation CoP	RD Assigned SME + Collaborative Staff CoP	Accreditation Coordinator	Kickoff Year 1 – Early CoPs scheduled Quarterly Year 1-3 Mid CoPs scheduled Monthly Year 4 - Early CoPs scheduled bi-weekly Year 4 - Mid
Resources for Staff Engagement and Training	Resources from National Agencies and Organizations: <ul style="list-style-type: none"> • PHAB Reaccreditation Webinar and Resources http://www.phaboard.org/reaccreditation/ • PHAB: Online Reaccreditation Training https://phab.hosted.panopto.com/Panopto/Pages/Sessions/List.aspx?folderID=37d503ea-16c4-4601-9ff6-99444a08691a • PHAB: Reaccreditation Documentation Tip Sheet http://www.phaboard.org/wp-content/uploads/Reaccred-Documentation-tip-sheet1.pdf • PHAB: Reaccreditation Training Handouts http://www.phaboard.org/wp-content/uploads/Good-and-Bad-Narrative-Examples1.pdf • \\state.mt.ads\HHS\Shared\PHSD\DIV-SHARE\PH System Imp\Performance Excellence Program\PHAB\2025\PHAB Sustainability Plan and Reference Documents 		



- Reference the crosswalk document named **REF-EPHS-Alignment-EPHSvsFPHS_PHABSM** where the purpose of this document is to lay out an easy-to-understand diagram that depicts the 10 Essential Public Health Services and Foundational Public Health Capabilities. These documents lay the connecting thread that tie key priority areas and RDs to active Public Health Plans governing the Montana Public Health Department (DPHHS/Public Health & Safety Division + Family Community Health Bureau (as directed).
- The document will inform the assignments of RDs and Narratives.

Appendix-Governance-RACI Matrix

RACI Matrix

PHAB Sustainability Plan with AchieveIT

Roles and Responsibilities

Responsible, Accountable, Consulted, Informed

		ROLES																
		Accreditation Coordinator - Richard Knecht	DPHS Director - Charlie Brereton	Executive Director - David Gerard	Administrator -	Management	Finance - Sarah	HHS PHSD	Accred Support - Marilyn Trevino	Domain Team	RD Assigned SME	Collaborating Staff	Content Reviewer	Content Reviewer	Site Visitor	Approver Site Visitor - Attestation	PHAB / ASTHO TA	Name or Role
Deliverable or Task	Status	Sponsor / Leadership							Project Team								Contractor Staff	
Initiation Phase																		
Feasibility Study - includes survey Using The ASTHO Guide for Sustainable Public Health Accreditation		A	I	I	C	I	I	S	R						S			
Gather a project workgroup		A	I	I	C	C	I	I	R						C			
Financial Study - includes quotes		A	I	I	C	I	C	S	R						S			
Planning Phase																		
Develop Communication Strategy		A	I	I	C	I	I	I	R						S			
Set Funding Obligations		A	I	I	C	C	C	I	R						C			
Set Staffing Responsibilities		D	I	I	A	R	I	C	D						C			

Set Direction, Alignment, Commitment		A	I	I	R	C	I	I	R						C			
Demonstrate Document Flow via Diagram		D	I	I	A	C	I	I	R						C			
Define Document Roles		R	I	I	A	C	I	I	D						C			
Define Domain Suppliers		R	I	I	A	C	I	I	D						C			
Procurement Phase																		
Procure Document Repository		A	I	I	C	C	D	D	R						I			
Procure Status Dashboard		A	I	I	C	C	D	D	R						I			
Implementation Phase																		
<i>Kick-off</i> RoadMap to 5 yr Success		A	I	I	I	I	I	I	S	R	I	I	I	R	S			
Communication Plan & training		A	I	I	I	I	I	I	S	R	I	I	I	R	C			
Set Expectations: Assignments & Required Documents Procedure		A	I	I	I	I	I	I	S	S	I	I	I	R	I			
Implement new processes & procedures timeline		A	I	I	S	S	I	S	S	S	I	S	I	R	I			
Check-ins: create scheduled, agenda, requirements, milestones, report card		A	I	I	S	S	I	S	S	S	I	S	I	R	I			
Change Management Process		A	I	I	S	S	I	S	S	S	I	S	I	R	I			
Perform review % attained & report via dashboard.		A	I	I	S	S	I	S	S	R	I	I	I	R	S			
Handling off track or delayed RDs		A	I	I	S	S	I	S	S	R	I	S	I	R	D			

	<i>Perform final verification of implementation</i>		A	I	I	S	S	I	S	S	S	I	S	I	R	D			
Control Phase																			
	CoP Discussions - Lessons Learned		A	I	I	S	S	I	S	S	R	S	S	I	R	S			
	Quarterly Reports to Management		A	I	I	S	S	I	S	S	R	S	R	I	R	C			
	Monthly Maintenance		A	I	I	S	S	I	S	S	R	S	S	I	R	C			
Close Phase																			
	Year 5 True Up for Submission		A	I	I	I	I	I	I	S	S	I	I	I	R	C			
	Submission & Site Visit		A	I	I	I	I	I	I	S	S	I	I	I	R	S			
	AAR-PHAB Reaccreditation Decision		D	I	I	I	I	I	I	S	I	I	I	I	R	I	A		
<i>Insert new rows above this one</i>																			

D	Driver	Assists those who are responsible for a task.
R	Responsible	Assigned to complete the task or deliverable.
A	Accountable	Has final decision-making authority and accountability for completion. Only 1 per task.
S	Support	Provides support during implementation.
C	Consulted	An adviser, stakeholder, or subject matter expert who is consulted before a decision or action.
I	Informed	Must be informed after a decision or action.