

**Cover Sheet for Example Documentation
for PHAB Domain 9 Standard 1 Measure 6**

The following documentation has been submitted to ASTHO for the Accreditation Library as a potential example of Health Department documentation that might meet the PHAB Standard and Measure 9.1.6. This document is not intended to be a template, but is a reference as state health agencies develop and select accreditation documentation specific to the health department's activities.

Please note that the inclusion of documentation in this library does not indicate official approval or acceptance by PHAB.

Document Title:	Technical Assistance Bank of Hours RFA						
Document Date:	March 2016						
Version of Standards and Measures Used: 1.5							
Related PHAB Standard and Measure Number							
Domain:	9	Standard:	1	Measure:	6	Required Documentation:	1
<p>Short description of how this document meets the Standard and Measure's requirements:</p> <p>The Technical Assistance Bank of Hours RFA was sent to all 45 of Michigan's local health departments and Tribal public health agencies. The Michigan Department of Health and Human services offers no-cost technical assistance to LHDs and Tribal public health agencies in Michigan to advance quality improvement, performance management, and accreditation readiness activities.</p>							
Submitting Agency:	Michigan Department of Health and Human Services						
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CAPACITY BUILDING FOR NATIONAL PUBLIC HEALTH ACCREDITATION TECHNICAL ASSISTANCE & CONSULTATION REQUEST FORM

The Michigan Department of Health and Human Services (MDHHS) will provide technical assistance (TA) and consultation at no cost to local and Tribal public health agencies in Michigan. To build capacity for performance management, quality improvement, and national accreditation, MDHHS has established a TA bank of hours at the Michigan Public Health Institute (MPHI). Public health agencies are encouraged to request TA and/or consultation for the following:

- Input, guidance, or consultation on the process or a particular part of the process used to create PHAB pre-requisites (i.e. Community Health Assessment, Community Health Improvement Plan, or Strategic Plan) or other requirements (i.e. Workforce Development Plan, Quality Improvement Policy/Plan, Performance Management System, or others);
- Review of PHAB pre-requisites or other requirements against PHAB Standards and Measures (please note, our review does not guarantee the document will be approved by PHAB reviewers);
- Consultation on the development of objectives, measures, and strategies for PHAB pre-requisites or other requirements (i.e. performance measures for a performance management system, SMART objectives for a Community Health Improvement Plan, etc.);
- Building capacity to participate in the Quality Improvement Supplement to Michigan’s Local Public Health Accreditation Program, which is now closely aligned with PHAB Domain 9;
- Consultation on quality improvement activities (i.e. assistance with working through a particular part of a quality improvement project, determining the best quality improvement tool to use, determining how to use a quality improvement tool, etc.); and/or
- Other performance management, quality improvement, and accreditation readiness activities on which your agency could use TA and consultation.

Technical Assistance Available

A total of 200 hours of TA and consultation are available to fill requests. TA and consultation will be provided on a first-come, first-served basis for eligible requests. MDHHS will re-open the request process if there are unused hours.

Agency Requirement & Methods by which TA will be Provided:

Once selected, all recipients will be required to complete *Embracing Quality in Public Health: A Practitioner’s Performance Management Primer* during the timeframe in which TA is provided. TA and consultation will be provided via email, phone, webinar, etc. Onsite training or facilitating a process for your agency will not be provided. Requests are due January 15, 2016 and all TA and consultation work must be completed by August 31, 2016.

Application and Submission Process

Please complete the form below in detail. Your organization’s Health Officer or Director will need to sign this form to be eligible to receive TA and consultation. A completed form emailed from the Health Officer or Director will be considered signed. If you have any questions or concerns, or need help completing this form, please contact Jennifer Schuette at MDHHS (SchuetteJ@michigan.gov). Jennifer can be reached by phone at 517-241-7999. **All completed forms must be submitted to Jennifer by January 15, 2016.**

TECHNICAL ASSISTANCE CONTACT INFORMATION		
Contact Name:	Agency Name:	
Address:		
City:	State:	ZIP Code:
Email Address:	Telephone:	
Health Officer Name:	Health Officer Signature:	

DESCRIPTION OF TECHNICAL ASSISTANCE REQUESTED

Please indicate for which activity the assistance is needed:

- Input, guidance, or consultation on the process to create PHAB pre-requisites or other requirements
- Review of PHAB pre-requisites or other requirements against PHAB Standards and Measures
- Consultation on the development of objectives, measures, and strategies for PHAB pre-requisites or other requirements
- Capacity building activities for participation in the Quality Improvement Supplement to Michigan’s Local Public Health Accreditation Program
- Consultation on quality improvement activities
- Other, please specify: [Click here to enter text.](#)

Please provide a detailed summary of the work that has already been done on this activity.

When did you start work on this activity (please provide a date)?

What process do you already have in place for carrying out this piece of work?

What agency staff/committee(s) are currently working on this activity?

What challenges have you encountered at this point in the process?

Additional comments/details: [Click here to enter text.](#)

Please provide a detailed summary of the assistance/consultation needed.

Please describe the activity or process in which you need assistance:

How is your agency considering addressing the activity or process at this point?

How do you see the technical assistance being offered supporting the agency's needs?

What would you like to see as the end product of your TA/consultation work with MDHHS/MPHI? (i.e. process, product, document, presentation, plan of action, etc.)

Additional comments/details: [Click here to enter text.](#)

Based on the information you provided above, please indicate an estimate of the number of hours being requested:

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Please indicate when you would like assistance. (Dates must be between February 1, 2016 and August 31, 2016)

Starting Date:	Ending Date:
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