

TASK ORDER AMENDMENT NUMBER THREE
TASK ORDER FOR PHEP (Public Health Emergency Preparedness)
TASK ORDER NUMBER 20-07-6-11-005-0

This TASK ORDER AMENDMENT is to amend the above-referenced contract between the Montana Department of Public Health and Human Services, (the "Department"), whose contact information is as follows: 1400 Broadway St. Room C202, Helena, MT, 59620-2951, Phone Number (406) 444-1611, Fax Number (406) 444-3044, and Broadwater County, ("Contractor"), whose contact information is as follows: Federal Tax ID 81-6001337, 124 N. Cedar, Townsend, MT 59644, Phone Number (406) 266-5209, Fax Number (406) 266-3940, respectively (collectively, the "Parties").

Effective July 1, 2021 this Task Order is amended as follows. Existing language has been struck; amended language underlined.

SECTION 3: SERVICES TO BE PROVIDED, will be amended as follows:

A. The Contractor shall provide the following services:

- 1) through 6) Remain the same.
- 7) Submit to the Department's liaison listed in SECTION 7: LIAISONS AND SERVICE OF NOTICES, the deliverables as outlined and described in the Public Health Emergency Preparedness Deliverable Guide, Budget Period 19-1901, 2019-2020 (Attachment A), COVID-19 Response 2020-2021 (Attachment A1), Cooperative Agreement Requirements & Guidance 2020-2021 (Attachment A2), ~~and~~ Funding Table for Additional Positions (Attachment A3) and Attachment A4 Cooperative Agreement Requirements & Guidance 2021-2022 provided by the Department and incorporated by reference in this document. Deliverables must be completed by due dates noted in Attachments, or by negotiated due date as described in SECTION 6: SOURCE OF FUNDS AND FUNDING CONDITIONS.
- 8) and 9) Remain the same.
- 10) Provide performance, activity and fiscal reports required by the Department as outlined and described in Public Health Emergency Preparedness Deliverable Guide, Budget Period 19-1901, 2019-2020 (Attachment A), COVID-19 Response 2020-2021 (Attachment A1), Cooperative Agreement Requirements & Guidance 2020-2021 (Attachment A2), ~~and~~ Funding Table for Additional Positions (Attachment A3) and Attachment A4 Cooperative Agreement Requirements & Guidance 2021-2022.
- 11) through 17) Remain the same.
- 18) The Congregated Living Coordinator (CLC) will monitor infections in congregate living facilities, including LTC/ALF, other congregate settings.

and jails. CLC will quickly respond to any outbreaks. This employee will also ensure cultural needs are addressed by public health for populations that are at higher risk for COVID.

B. The Department agrees to provide the following services:

- 1) Provide allocation of funds based upon the deliverables specified in Public Health Emergency Preparedness Deliverable Guide, Budget Period 19-1901, 2019-2020 (Attachment A), COVID-19 Response 2020-2021 (Attachment A1), Cooperative Agreement Requirements & Guidance 2020-2021 (Attachment A2), ~~and~~ Funding Table for Additional Positions (Attachment A3) and Attachment A4 Cooperative Agreement Requirements & Guidance 2021-2022.
- 2) Reimburse the Contractor for actual and necessary expenditures in accordance with the Public Health Emergency Preparedness Deliverable Guide, Budget Period 19-1901, 2019-2020 (Attachment A), COVID-19 Response 2020-2021 (Attachment A1), Cooperative Agreement Requirements & Guidance 2020-2021 (Attachment A2), ~~and~~ Funding Table for Additional Positions (Attachment A3) and Attachment A4 Cooperative Agreement Requirements & Guidance 2021-2022.
- 3) Provide guidelines, templates, formats, requirements and evaluation criteria for each deliverable Public Health Emergency Preparedness Deliverable Guide, Budget Period 19-1901, 2019-2020 (Attachment A), COVID-19 Response 2020-2021 (Attachment A1), Cooperative Agreement Requirements & Guidance 2020-2021 (Attachment A2), ~~and~~ Funding Table for Additional Positions (Attachment A3) and Attachment A4 Cooperative Agreement Requirements & Guidance 2021-2022.
- 4) through 7) Remain the same.
- 8) Provide in a timely manner and according to pre-established and mutually agreed upon timelines any review, input or approval of obligations outlined in this Task Order and/or the Public Health Emergency Preparedness Deliverable Guide, Budget Period 19-1901, 2019-2020 (Attachment A), COVID-19 Response 2020-2021 (Attachment A1), Cooperative Agreement Requirements & Guidance 2020-2021 (Attachment A2), ~~and~~ Funding Table for Additional Positions (Attachment A3) and Attachment A4 Cooperative Agreement Requirements & Guidance 2021-2022.
- 9) through 11) Remain the same.
- 12) The Department will pay the Contractor for Epidemiological Services by employing a Congregate Living Coordinator (CLC). This hire is an additional staff person to be the LHJ-level liaison for congregate living facilities, including LTC/ALF, other congregate settings, and jails.

SECTION 5: COMPENSATION, will be amended as follows:

In consideration of the services provided through this Task Order, the Department will pay the Contractor a total of \$30,381 for the period of July 1, 2019 – June 30, 2020, \$30,381 for the period of July 1, 2020 – June 30, 2021, ~~and~~ \$30,381 for the period of July 1, 2021 – June 30, 2022, \$30,381 for the period of July 1, 2022 – June 30, 2023, and \$30,381 for the period of July 1, 2023 – June 30, 2024.

Payments will be made for satisfactory execution of required deliverables submitted in accordance with the schedule detailed below. Each deliverable will be reviewed by the Task Order liaison, or representative, for satisfactory work before payment is released. Payments will be made within 30 days after its receipt and approval by the Department. The Department will reimburse the Contractor for performance as required in the Public Health Emergency Preparedness Deliverable Guide, Budget Period 19-1901, 2019-2020 (Attachment A), COVID-19 Response 2020-2021 (Attachment A1), Cooperative Agreement Requirements & Guidance 2020-2021 (Attachment A2), ~~and~~ Funding Table for Additional Positions (Attachment A3) and Attachment A4 Cooperative Agreement Requirements & Guidance 2021-2022. Upon successful completion and submission of quarterly reports and stand-alone deliverables, payments will be issued as follows:

Task Order period July 1, 2019 – June 30, 2020

1) through 4) Remain the same.

Task Order period July 1, 2020 – June 30, 2021

5) through 8) Remain the same.

Task Order period July 1, 2021 – June 30, 2022

9) through 12) Remain the same.

Task Order period July 1, 2022 – June 30, 2023

13) through 16) Remain the same.

Task Order period July 1, 2023 – June 30, 2024

17) Through 20) Remain the same.

The Department will pay the Contractor a total of \$28,265 for COVID-19 Response funding the period of March 16, 2020 – March 15, 2021.

1) through 3) Remain the same.

The Department will pay the Contractor for Disease Intervention Services by employing a Disease Intervention Specialist (DIS), Epidemiologist, or Sanitarian. Funding for the communicable disease epidemiologist and the disease intervention specialist, is \$91,811.84, which includes annual salary and benefits. Funding for the sanitarian is

\$91,811.84 which includes annual salary, benefits, and travel. Refer to Attachment A3 for specific breakdown of salaries, benefits, and travel.

Funding for the Congregate Living Coordinator (CLC), is \$69,284, which includes annual salary and benefits. This funding will be divided evenly over the 4 quarters, starting on July 1, 2021. Quarterly payments will be made only for the quarters LHJs have a CLC employed.

The Department shall have the right at any time to request additional documentation concerning Contractor expenditures and activities. The Department may withhold payment at any time during the term of the task order if the Contractor is failing to perform its duties and responsibilities in accordance with the terms of this task order. Additionally, payment or partial payment may be withheld if a required deliverable is not submitted, submitted late, or considered unsatisfactory in either form or content. It will be the Department's discretion to determine if they will agree to another submittal deadline or to a replacement or substitute for a required deliverable.

SECTION 6: SOURCE OF FUNDS AND FUNDING CONDITIONS, will be amended as follows:

A. and B. Remain the same.

C. The Contractor must complete deliverables as defined and by the deadline noted in the Public Health Emergency Preparedness Deliverable Guide, Budget Period 19-1901, 2019-2020 (Attachment A), COVID-19 Response 2020-2021 (Attachment A1), Cooperative Agreement Requirements & Guidance 2020-2021 (Attachment A2), ~~and~~ Funding Table for Additional Positions (Attachment A3) and Attachment A4 Cooperative Agreement Requirements & Guidance 2021-2022. If the Contractor cannot meet the established deadline for a specific deliverable, the Contractor may request an extension. The extension request must be in written format justifying the need for an extension and must be received prior to the established deadline. The Department will provide written approval or denial of an extension request. The department has the discretion to provide partial reimbursement for incomplete deliverables after consultation with the Contractor.

D. Remains the same.

E. The Contractor may not use monies provided through this Task Order as reimbursement for the costs of services that are reimbursed from other sources. The Contractor will use the funds available under this Task Order for activities outlined in Public Health Emergency Preparedness Deliverable Guide, Budget Period 19-1901, 2019-2020 (Attachment A), COVID-19 Response 2020-2021 (Attachment A1), Cooperative Agreement Requirements & Guidance 2020-2021 (Attachment A2), ~~and~~ Funding Table for Additional Positions (Attachment A3) and Attachment A4 Cooperative Agreement Requirements & Guidance 2021-2022; and for related activities that strengthen the public health infrastructure to meet the 15 public health preparedness capabilities.

F. through K. Remain the same.

SECTION 8: DISPUTE RESOLUTION PROCESS, will be amended as follows:

The following process is to be used in the event of a disagreement between the Contractor and the Department about the terms of this Task Order. Written notification by the Contractor providing specific details about the disagreement must first be provided to the Department Bureau Chief:

~~Jim Murphy, 406-444-4016 (office), 406-444-3044 (fax) jmurphy@mt.gov (email)~~ Bekki Kirsch-Wehner, 406-444-0065 (office), 406-444-2920 (fax), bkirschwehner@mt.gov (email). The Department Bureau Chief shall attempt to resolve the dispute. If resolution of the disagreement is not obtained, then the Contractor may request a review and determination to be made by the Division Administrator. The Contractor shall provide in writing specific details about the remaining issues that are in dispute. The Contractor may also request an in-person meeting with the Administrator to present its reasons or position on the disagreement. If the Division Administrator cannot resolve the dispute, the reasons for the department's position on the issues in dispute must be presented to the Contractor in writing.

SECTION 9: SCOPE OF TASK ORDER, will be amended as follows:

This task order consists of 9 numbered pages, Amendment One, Attachment A, Attachment A1, Amendment Two, Attachment A2, ~~and Attachment A3,~~ Amendment 3 and Attachment A4.

AUTHORITY TO EXECUTE

Except as modified above, all other terms and conditions of Task Order Number 20-07-6-11-005-0 remain unchanged.

The parties through their authorized agents have executed this Task Order Amendment on the dates set out below.

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

By: _____ Date _____
Todd Harwell, Administrator
Department of Public Health & Human Services
Public Health & Safety Division
1400 Broadway B201
Helena, MT 59620-2951
(406) 444-4141

BROADWATER COUNTY

By: _____ Date _____
Broadwater County Commissioner

Attachment

BP 19-03
2021-2022

A

Attachment A4 2021 – 2022 Budget Period Cooperative Agreement Requirements & Guidance

Montana Department of Public Health &
Human Services
Public Health Emergency Preparedness

Introduction

This document is the supplemental material for the task order amended to your jurisdiction's contract for services with the Montana Department of Public Health and Human Services (DPHHS). It is a continuance from the 2019 – 2020 budget period and provides guidance information for the requirements of the Public Health Emergency Preparedness (PHEP) cooperative agreement for the 2021-2022 budget period. Funding for completing the required PHEP activities comes from the Centers for Disease Control and Prevention (CDC) Cooperative Agreement, which is managed by the Center for Preparedness and Response (CPR). Montana DPHHS PHEP applies for the continuing funding each year. It then distributes a majority of the funding to county and tribal governments for their public health agencies **in return** for completing the requirements described herein.

The purpose of the PHEP cooperative agreement is exclusively intended by the CDC to support emergency and disaster preparedness efforts with public health implications in the State. Local Health Jurisdictions (LHJ) fulfill the requirements of this cooperative agreement according to its intent of building capabilities and mitigating gaps.

Please **carefully and completely** read the requirements and guidance in its entirety. If you have questions, please contact the associated **subject matter expert** or the **PHEP Section Supervisor directly**.

Noted Items for 2021-2022

1. **This is the third budget period of the 2019–2024 PHEP Cooperative Agreement Funding.** Each successive budget period will be considered continuances until conclusion of the five-year agreement cycle. You will often see the third budget period referred to as 1901-03.
2. CDC did not release the updated **Operational Readiness Review (ORR)** tool in the 2019-2020 budget period as expected due to the early COVID-19 pandemic response.

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The work group organized by the CDC designed this tool to measure a state’s progress towards public health emergency readiness. CDC indicates it will publish it this year and they will initially apply the new ORR at the state and the Community Ready Initiative jurisdictions (Yellowstone and Carbon Counties).

3. **Deliverable requirements postponed or canceled in the 19-02 budget period are reappearing in this year.** The state-wide response to the COVID-19 pandemic strained many resources at tribal, local, and state levels, prompting PHEP to make prudent decisions each quarter to keep, suspend, or cancel deliverable requirements. Separate requirements for the COVID-19 funding also contributed to these decisions.
4. **Requests for progress report extensions will return to standard criteria** (see below). Extension rules were loosened during the COVID-19 pandemic response in consideration of strained resources. Nearly all jurisdictions were experiencing on-going emergency operations, which is one of the reasons to request an extension. Thirty-nine percent of jurisdictions returned progress reports after the due date in the 2020-2021 budget period. Late returns were 13% in 2018-2019, and 7% in 2019-2020.
5. **The Volunteer Registry has returned with an accelerated implementation during the COVID-19 response.** Juvare, the company that supports eICS, provides the platform for the new registry. PHEP is retaining the deliverables that require jurisdictions to maintain two train staff to manage the system for their tribal and county volunteer databases.
6. **PHEP continues to adjust the deliverable categories to reflect the Standard Preparedness Capability Domains.** The 15 Capabilities fall into 6 domains: Community Resilience, Incident Management, Information Management, Countermeasure & Mitigation, Surge Management, and Biosurveillance. The response to the pandemic has slowed the progress of the project, however. PHEP has pushed back some of the planned changes, such as developing packaged deliverables. We will continue moving forward during this budget period to return to planned project schedule.

By the Numbers
2021-2022 Deliverable Requirements

Quarter:	Every	1st	2nd	3rd	4th
Unique Each Q:	12	4	7	6	12
Total		16	19	18	24
	41				

Progress Report Due Dates

Jurisdictions must complete all contract deliverable work **within the quarter it is due** as designated in the task order (Section 4: Compensation). The 15 days between the end of a quarter and the report due date is for gathering information and completing the report only. *Work completed between the quarter end and the report due date does not qualify.* See Figure 1 for the Progress Report Due Schedule.

Progress Report Due Schedule		
Quarter 1	July 1 – Sep. 30	Due Oct. 15
Quarter 2	Oct. 1 – Dec. 31	Due Jan. 15
Quarter 3	Jan. 1 – Mar. 31	Due Apr. 15
Quarter 4	April 1 – June 30	Due July 15

Figure 1.

Therefore, jurisdictions will no longer receive extensions beyond the 15-day grace period to complete the required progress report except under extreme extenuating circumstances.

A jurisdiction must provide justification for an extension request and must make an extension request to the DPHHS PHEP Section supervisor **before the end of the quarter** in writing (using the extension request form). Exceptions are made on a case-by-case basis. The Section Supervisor will contact the applicant for discussion of the circumstances and reach a resolution of the request.

DPHHS PHEP may withhold payment or issue only a partial payment if deliverables are submitted incomplete or beyond the 15-day grace period. (Section 4: Compensation).

PHEP encourages jurisdictions to complete and return the quarterly progress report early for review. Jurisdictions submitting early can receive payment sooner.

PLEASE NOTE: Most of the deliverables due in the Fourth Quarter are cumulative for work that is

required throughout the budget period. Know what work you must do to complete for submission at the end of the year. Guidance is provided throughout the year.

The PHEP Deliverables Resource (PDR) Website

PHEP maintains the PDR website contains documents, weblinks, and other material for completion of the deliverable requirements. It also has links to the quarterly progress reports, DPHHS plans, exercise guidance, and other reference information.

You will see the PDR reference frequently throughout this document. The website address is

<https://dphhs.mt.gov/publichealth/cdepi/cdcpbresources/phep-resources>



Requirements for Every Quarter

Administration

A1

Community Resilience

CR1, CR2

Epidemiology

E1, E3, E4

Food & Water Safety

F3

Health Alert Network

H1, H2, H4

Immunization

IZ1, IZ2

Each quarter has specific deliverables for reporting. These requirements, however, are due every quarter. All deliverable progress reports are due 15 days after the end of the quarter.

Administration

Melissa Burch, 444-0919, melissa.burch@mt.gov

Community Resilience

Capabilities 1 & 3

A1 Maintain the Montana Public Health Directory

Due Every Quarter

Maintain and update contact information for all staff listed in the public health directory. Verify all specimen collection kit locations.

Guidance:

The Directory is an active resource and we ask that jurisdictions update information during the quarter *when changes occur*. Do not wait until the end during your review. The Directory information is used to send vital information, Health Alert Network messages, incident updates, to maintain situational awareness, and much more. Remove staff names and contact information when a vacancy occurs and leave positions blank until there is a replacement. Don't wait for the replacement.

Review your jurisdiction's *entire* directory information at the end of the quarter.

Each jurisdiction must log into the system with a username and password provided by DPHHS. The directory is found at <https://health.hhs.mt.gov/phd>. Verify that the information in the directory is complete each quarter, by selecting the "mark as reviewed" button at the bottom of each page for the various types of contacts. Every category and all data for each contact name listed must be verified.

To fulfill this deliverable:

1. Review all information for every contact in each category below.
2. Update the following categories:
 - Board of Health Chair contact information
 - Cat A Shippers, DWES, CBAT, and clinical specimen kit locations
 - Epidemiology Lead and secondary contacts
 - HAN Primary, Secondary, and Tertiary contacts
 - Health Department with after-hours numbers
 - Lead Local Health Officials' contact information MIDIS users
 - Preparedness Lead and Secondary
 - Preparedness Contract Liaison
 - Public Information Officer
 - Sanitarian Lead and Secondary contacts
 - SNS Coordinator
 - SNS drop point locations
 - Volunteer registry manager and back-up

NOTE: These are the required categories for PHEP. Other programs might require different or additional categories.

1. Select 'Mark as Reviewed' in the Directory.

CR1 Capability Workplan Progress

Due Every Quarter

Each quarter write a synopsis of the progress made on your jurisdiction’s PHEP Capabilities Gap workplan.

Guidance:

We have spent the past two budget periods determining gaps in our preparedness and response capabilities through the jurisdictional assessments and workbooks. The response to the COVID-19 pandemic also revealed some areas for improvement. It also gave us opportunities to improve and close some gaps. What is left should be included in the workplans you developed to reach an established preparedness level during the Operational Readiness Review in 2024.

You will put these workplans into action for the next three budget periods as work towards your deliverables. You will provide a quarterly record of your progress towards each year’s jurisdictional workplan. Include the targeted function, the objective, and the activities performed. Indicate the estimated percentage of work accomplished towards the goal or if you achieved the goal.

To fulfill this deliverable:

1. Implement your workplan and work towards its goals.
2. Answer the questions on the quarterly progress report.

CR2 Contribute to Growth of Regional Healthcare Coalitions

Due every Quarter

Participate in Regional Healthcare Coalition (RHCC) activities.

Guidance:

The PHEP 2019-2024 Cooperative Agreement requires coordination of activities between PHEP fund recipients and RHCCs, including under *Domain 1: Strengthen Community Resilience* and *Domain 5: Strengthen Surge Management*. The agreement requires activities that include planning, training, and exercises, with emphasis on medical surge and emergency response with RHCCs, EMS, and other health care organizations.

Each public health department must participate in activities of their respective RHCC **throughout** the year. You can view current activities on the coalitions’ website at www.mthcc.org.

[Look at other deliverables to find opportunities to participate in, or contribute to, the RHCCs.](#)

The following are examples of participation



- Attend one of the two biannual meetings (or both)
- Help plan and participate in emergency preparedness drills and exercises with other coalition members
- Create or strengthen agreements such as Memorandums of Understanding with emergency response and healthcare coalition members
- Engage the coalition and its members in capability planning and assigning roles and responsibilities
- Participate on any of the RHCC subcommittees

The Montana Regional Healthcare Coalitions are

Southern Regional HCC: Bighorn, Carbon, CMHD, Crow, Gallatin, Madison, Park, Stillwater, Sweet Grass, and Yellowstone.

Eastern Regional HCC: Carter, Custer, Daniels, Dawson, Fallon, Ft. Peck, Garfield, McCone, Northern Cheyenne, Phillips, Powder River, Prairie, Richland, Roosevelt, Rosebud, Sheridan, Treasure, Valley, and Wibaux.

Central Regional HCC: Blackfeet, Blaine, Broadwater, Cascade, Chouteau, Ft. Belknap, Glacier, Hill, Jefferson, Lewis & Clark, Liberty, Meagher, Pondera, Rocky Boy, Teton, and Toole.

Western Regional HCC: Beaverhead, CSKT, Deer Lodge, Flathead, Granite, Lake, Lincoln, Mineral, Missoula, Powel, Ravalli, Sanders, and Silver Bow.

To fulfill this deliverable:

1. Engage in a process that ensures **two** public health representatives within your RHCC sits on the executive committee. This does not mean two from your jurisdiction, just two from the *region* (see above). Determining how or who will be the representatives on the committee is up to the LHJs of each region. DPHHS PHEP can provide technical support if requested. Executive committees will have to vote to accept new representatives.
2. Provide a narrative in the progress report outlining your jurisdiction’s quarterly activities supporting your regional HCC.

Epidemiology

Biosurveillance

Jen Miller, RN, 444-3165, jennifer.miller@mt.gov

Capability 13


E1 Collaborative Activities with Key Surveillance Partners (KSP)

Due Every Quarter

Identify, engage, and report activities with your jurisdiction’s Key Surveillance Partners.

Guidance:

KSPs are critical sources for ongoing case report and disease related information. Knowing the number and types of KSPs in your jurisdiction is critical to ensuring the data you collect is reliable and accurate.



The number and type of KSPs may vary for each local or tribal jurisdiction, as well as the urban or rural nature of its population. KSPs should always include laboratories and key providers who are likely to report diseases, such as community health centers, hospitals, clinics, etc. KSPs should also include schools and long-term care facilities, at least seasonally, because those can be affected during influenza season and are often sources of outbreaks like norovirus.

Engaging these KSPs in active surveillance is very valuable for the timely identification of cases and outbreaks. It also encourages two-way communication pertaining to the collection of information related to reportable conditions, as well as sharing of information that may be relevant to the provider.

We encourage you to employ effective communication strategies with these partners, including weekly calls, which will increase the likelihood of reporting a communicable disease. However, weekly calls to each one may not be feasible for highly populated jurisdictions. It may be best to identify a key contact in an organization or facility and count them as one KSP. We do, however, recommend establishing primary and secondary contacts with each KSP to ensure communication. KSPs will likely overlap with your HAN lists.

Disseminating regular informational materials will also maintain communication channels. Examples of items to distribute are: DPHHS Communicable Disease Weekly Updates, MIDIS generated reports, HAN messages, and reportable disease related presentations.

You will describe your activities on the quarterly progress report. Here is an example of providing a short narrative of your communication activities: "Two HAN messages from the state and one local HAN were sent to KSPs. An edited local CDEpi weekly update was provided by email to all KSPs as were Norovirus recommendations and guidance to long term care facilities during the winter."

To fulfill this deliverable:

1. Identify and provide the total number of KSPs within your jurisdiction for active surveillance purposes every quarter. Record the number of KSPs by type on the progress report.
 - a. Providers (e.g. private and community clinics)
 - b. Laboratories
 - c. Schools
 - d. Senior Care Facility (Nursing homes/assisted living facilities)
 - e. Other partners
 - f. Total number of KSPs
2. Engage your key surveillance partners through "active" weekly or biweekly surveillance calls.
 - a. Maintain log of active surveillance calls (a sample template is available in the resource directory).
 - b. Indicate on the quarterly progress report if this log was completed.
 - c. It is not necessary to submit this log to DPHHS. Please maintain it locally and keep it with your grant progress report files.
3. Report on the materials your jurisdiction distributes to KSPs each quarter.



- a. Provide the frequency and short description of materials distributed to KSP on the progress report.

E3 Reconcile Communicable Disease Cases with DPHHS Staff

Due Every Quarter

Reconcile all communicable disease investigations performed in the past quarter in order to meet the timeliness and completeness standards set forth by DPHHS and the Administrative Rules of Montana.

Guidance:

This deliverable helps ensure that reporting systems are functioning as intended, by resolving issues related to discrepancies between state and local numbers or by correct assignment of cases to jurisdictions. In addition, it helps us maintain accurate numbers for state generated reports and our submissions to CDC. Review the reconciliation line list provided by DPHHS via ePass in the first month of each quarter (January, April, July, and October).

Information provided to the staff should include:

- Any changes to current cases belonging to your LHJ
- Any cases not on the list that were not reported previously for this time period
- Any cases on the list that do not belong to your LHJ

LHJs should report diseases as timely and completely as possible. These metrics are calculated for all reportable diseases except HIV and animal rabies.

For timeliness, the reporting lag is defined as the average number of days between the date of initial report to a local jurisdiction and the date of report to the state (marked as "Ave Local to State Days" on the reconciliation report). Additionally, the average time for local health providers to report cases to the local health jurisdiction should average less than 24 hours (marked "Ave Diagnosis to Local Days" on the reconciliation report).

Remember, for most diseases the local to state target is less than seven days, but there are some that are immediately reportable, or reportable within one business day. Please review ARM 37.114.204 for reporting time frames.

Data completeness is defined as the percentage of cases reported to DPHHS using MIDIS that contain complete data elements. The data elements are defined both in the Administrative Rules of Montana (ARM 31.114.205) and by federal grant requirements. Reconciliation reports track the following fields for completeness:

- | | |
|--------------------------|---|
| A. Date of birth | H. Diagnosis date |
| B. Race | I. Date control measures were implemented |
| C. Ethnicity | J. Date of interview (STD) |
| D. Physical address | K. Date of treatment (STD) |
| E. Zip code of residence | L. Completeness of treatment (STD) |
| F. Onset date | M. HIV test offered (Y/N) (STD) |
| G. Hospitalization (Y/N) | N. Pregnancy status (female STD cases only) |

The goal for completeness of each data element is 90%. Any cases that have missing elements should be updated in MIDIS during the reconciliation process.

When completeness goals are not met, local health jurisdictions will be asked to identify barriers to reporting in a complete and timely manner and identify tactic(s) to overcome barriers which are present.

To fulfill this deliverable:

1. Review the DPHHS reconciliation report distributed to you each quarter and note the reporting lag between your jurisdiction and DPHHS staff. Correct typos or fill in missing information in MIDS. If reporting timeliness is below goal, please report what barriers you encountered and describe tactics you have identified to overcome them in the quarterly progress report.
2. Review the most recent DPHHS reconciliation report distributed to you each quarter outlining your jurisdiction's reported cases. Complete any missing required data fields in MIDIS. If data

completeness is below goal, please indicate what barriers you encountered and what tactics you have identified to overcome them.

E4 Maintain 24/7 Communication System

Due Every Quarter

Participate in the regular testing of the 24/7 notification system initiated by the CDEpi section.

Guidance:

Your 24/7 notification system is tested monthly. Response is required within 15 minutes of the test call. Review your jurisdiction's 24/7 protocols during the grant period and report any failure of the 24/7 notification test system. Any corrective actions must be summarized in an improvement plan. An improvement plan should identify barriers to reporting in a complete and timely manner and identify tactic(s) to overcome barriers which are present.

To fulfill this deliverable:

1. Report success or failure of your jurisdiction's response to the 24/7 test call.
 - a. A failure is considered any call initiated not returned, or not returned in the 15 minutes guideline. A retest should be issued within the same month of the initial failure.
 - b. When you compile your quarterly progress report, review the summaries of test call outcomes provided by DPHHS each month. Report all test call results (sanitarian and epi calls) under this deliverable.
 - c. If a failure has occurred, state what happened at the time and document the outcome of the retest on your quarterly progress report.
 - d.

Food & Water Safety

Staci Evangeline, 444-2089, staci.evangelina@mt.gov

Community Resilience

Biosurveillance

Capabilities 1, 7, & 13

F3 After-Hours Contact Information for Sanitarians Integrated into 24/7 System

Due Every Quarter

Ensure that environmental health sanitarians are integrated into your jurisdictions 24/7 communication system (see E4).

Guidance:

This system will be tested quarterly. The system will be tested by calling the jurisdiction's After-Hours Number on the Public Health Directory. Our office will ask to speak to the On-Call Sanitarian. Response is required within 15 minutes of the test call by a local public health representative, preferably the On-Call Sanitarian. In the event of a test failure, FCS will notify you and work with you to provide an improvement plan for any failures. A re-test will be conducted to ensure problems are resolved, but the outcome of the re-test does not change the status of the Deliverable. Please remember that this is the same phone that is called for real life events, including truck wrecks.

Reporting requirements will be tracked under the Epidemiology deliverable E6. No additional reporting is needed.

To fulfill this deliverable:

1. Have the On-Call Sanitarian or another public health representative respond to the test call within 15 minutes.
2. The efforts to correct any failures of the system will be detailed in the related Epi deliverable (E6).

Health Alert Network

Gerry Wheat, 444-6736, gwheat@mt.gov

**Incident Management
Information Management
Capabilities 3 & 6**

H1 HAN Distribution

Due Every Quarter

Test your HAN System once each quarter.

Guidance:

Conduct local HAN testing with your health partners each quarter using any communication methods available. This may include e-mail, FAX, text, or phone. You must track the responses for your quarterly report. Your test must measure the number of responses within 25 hours from the start.

Health jurisdictions with large lists should conduct HAN tests with a representative sampling of their list. Actual HAN messages for health events can count as a test if responses are collected.

The average of the 4 quarters must be at least 70% for the whole year. The goal for this deliverable is to have all local health jurisdictions in Montana above 90% by the end of Budget Period 1901-05 (2023-2024) of this cooperative agreement cycle.

To fulfill this deliverable:

1. Provide on the quarterly progress report the total number on local HAN contacts that you sent the test message to and the total number of responses you received in 25 hours. The online progress report will calculate the rate in percentage for you. (# of responses/# of recipients = rate%)
 - a. Number of Recipients _____
 - b. Number of Responses Received Within 25 hours _____
 - c. Response Rate _____

H2 Local HAN Contacts

Due Every Quarter

Provide the total number of HAN contacts.



Guidance:

The number of contacts may change due to an event or medical emergency. Report the total number each

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quarter. Examples of local HAN contacts include: Law Enforcement, Pharmacists, School Nurses, Long Term

Care Facilities, Hospitals, Commissioners, and Veterinarian. Be sure to include your local licensed food establishments. Your local sanitarian should be able to provide you with the number of local licensed food establishments in your jurisdiction.

To fulfill this deliverable:

1. Count and report the total number of contacts in your jurisdiction who are Local HAN Contacts.

H4 DPHHS HAN Coordinators

Every Quarter

List direct number and email for primary, secondary, and tertiary HAN coordinators in the Public Health Directory.

Guidance

Each jurisdiction needs three coordinators to receive DPHHS HANs. Having backup recipients ensures that critical messages can reach people if not all personnel are available. When choosing who should receive HAN messages, make sure he or she is capable of reaching appropriate subject matter experts who can follow your HAN plans and procedures. Any personnel, including office assistants or someone outside of your health department, may fulfill this role.

Contact information for the three recipients, such as phone numbers and email addresses, must be direct and specific to that individual. Avoid using central office numbers or email boxes.

To fulfill this deliverable:

1. Choose primary, secondary, and tertiary HAN coordinators for your jurisdiction.
2. Ensure the three you have selected understand and can follow the procedures for responding to DPHHS HAN messages.
3. List the following in the Public Health Directory with their direct contact information.
 - a. Primary HAN Coordinator
 - b. Back-up HAN Coordinator
 - c. Third HAN Coordinator

Immunization

Michelle Funchess, 444-2969, mfuncness@mt.gov

**Community Resilience
Information Management
Medical Countermeasures
Incident Management
Capabilities 1, 3, 4, & 8**

IZ1 Off-Site Influenza Clinics

Due Every Quarter

Report the total number of off-site influenza immunization clinics and the total number of influenza vaccine doses administered at the off-site clinics.

Guidance:

Off-site influenza clinics help enhance and strengthen the capabilities of a local health jurisdiction to respond to a public health emergency event requiring vaccine transport, handling, and administration. The implementation of off-site influenza clinic best practices increases efficiency and decreases vaccine administration errors and vaccine wastages during a public health emergency.

The *Immunization-PHEP* spreadsheet containing the IZ1 worksheet (tab 1), provided by DPHHS, is available to track and report the total number of off-site influenza clinics and influenza doses administered each quarter. The spreadsheet is available by request.

To fulfill this deliverable:

1. Use the IZ1 worksheet to track off-site clinics and doses of influenza administered.

2. Total the number of off-site influenza clinics conducted every quarter.
3. Total the number of influenza doses administered every quarter.
4. Report the total number of off-site clinics and influenza doses administered to complete the Progress Report every quarter.

IZ2 Influenza Partners & Communication

Due Every Quarter

Report influenza vaccination planning with your jurisdiction’s influenza partner agencies or groups and types of media outreach used to advertise influenza prevention messaging and your influenza clinics.

Guidance:

Advanced planning, including identifying communication strategies, are important components to emergency management. Planned collaborations among local partners strengthen preparedness partnerships. In addition, using effective communication methods during a public health emergency can streamline response activities.

The *Immunization-PHEP* spreadsheet containing the IZ2 worksheet (tab 2), provided by DPHHS, is available to track and report the track vaccine partner meetings and influenza prevention messaging and clinic advertising. The spreadsheet is available by request.

To fulfill this deliverable:

1. Use the IZ2 worksheet to track vaccine partner meetings and influenza prevention messaging and clinic advertising every quarter.
2. Report the information to the Progress Report every quarter.



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Requirements for 1st Quarter

Epidemiology

E2

Exercise

EX1

Food & Water Safety

F2

Risk Communications

RC1

These requirements, in addition to those listed for every quarter (page A-3), are due 15 days after the end of 1st quarter.

Epidemiology Biosurveillance

Jen Miller, RN, 444-3165, jennifer.miller@mt.gov

Capability 13

E2 Disseminate Disease Reporting Instructions to KSPs

Due 1st Quarter

Annually disseminate the list of reportable conditions and reporting instructions to KSPs, preferably in person or via presentations. Record the date(s) of dissemination or indicate when your jurisdiction plans do so. During this distribution, please stress the importance of utilizing the after-hours or 24/7 contact information for your jurisdiction and when these numbers should be used.

Guidance:

The objective of this deliverable is to ensure that 100% of your key surveillance partners have the most current information regarding communicable disease reporting. For more guidance, contact CDEpi.

To fulfill this deliverable:

1. Record the date(s) that disease reporting instructions were provided to KSPs with a general description of what materials were provided.

Exercise

Gary Zimmerman, 444-3045, gzimmerman@mt.gov

Community Resilience

Capabilities 1 & 3

EX1 COVID-19 AAR/IP

Due 1st Quarter

Complete an After-Action Review/Improvement Plan (AAR/IP), to include at a minimum 10 findings, for your organizations COVID-19 response operations for the 2020-2021 grant year.

Guidance:

AAR/IPs are usually due around 90 days from the conclusion of operations. Because of the length of the COVID-19 response, the AAR would cover multiple fiscal/grant years we are asking that LHJs submit an AAR for COVID-19 operations during the 2020-2021 grant year.

You must include 10 findings based on the 15 public Health Emergency Preparedness and Response Capabilities (October 2018). **You must also incorporate the Risk Communications deliverable requirement, RC1** (see below), into the AAR/IP.

You may use your organization's AAR/IP template or MT PHEP's located on the PHEP Deliverables Resource

Page.

To fulfill this deliverable:

1. Conduct or participate in an AAR/IP meeting with your organization and partners.
2. Develop your public health AAR/IP using the PHEP Emergency Preparedness and Response Capabilities documenting at least 10 findings.
3. Upload to the progress report.

Food & Water Safety

Staci Evangeline, 444-2089, staci.evangeline@mt.gov

Community Resilience

Biosurveillance

Capabilities 1, 7, & 13

F2: Review Truck and Train Wreck Protocol

Due 1st Quarter

The Registered Sanitarian (RS) for your jurisdiction works with the local Board of Health to maintain an approved procedure to respond to truck wrecks under MCA 50-2-118. This MCA can be found at https://leg.mt.gov/bills/mca/title_0500/chapter_0020/part_0010/section_0180/0500-0020-0010-0180.html.

Guidance:


Ensure that the information in your current protocol is up to date and meets standards. DPHHS will provide sample accident protocols on the sanitarian resource page located at <http://dphhs.mt.gov/publichealth/FCSS/SanitarianResource.aspx> . These may be used as guidance in cases where protocols need to be re-written. Though commonly referred to as the, "Truck Wreck Protocol, remember that this protocol should be used for any accident involving the transportation of food, including trains.

To fulfill this deliverable:

1. If the protocol has been modified or relevant staffing changes have occurred, summarize any changes that were made in the progress report or, provide a written statement that the previous year's protocol is still accurate.
2. Have your Sanitarian or their designee attend a training or watch the recording of the training related to truck wrecks. If the recording is watched submit a short statement summarizing one thing learned during the training.

OR implement the protocol twice in the last 12 months. If protocol is implemented answer the following questions in the progress report. Did your protocol function as planned?

- a. If no – why did it not function?



- b. What was done to correct the issue?

Risk Communications

Ian Thigpen, 444-0931, ithigpen@mt.gov

Information Management

Capability 4

RC1 COVID-19 Risk Communications After Action Review

Due 1st Quarter

Include Risk Communications observations in COVID-19 After Action Review

Guidance

Identify areas of strength and weakness for your COVID-19 communication or information activities.

Use the review tool provided to conduct your risk communications after-action review. PHEP will provide the review tool on the PDR. It will prompt you to examine how you used your jurisdiction's risk communications plan and its Crisis and Emergency Risk Communications (CERC) components, such as message templates, training, toolbox, etc.

To fulfill this deliverable

1. Report your CERC findings in the COVID-19 After Action Review in the PHEP Exercise Deliverable EX1.



Requirements for 2nd Quarter

Emergency Medical Countermeasures
EMC1

Exercise
EX2

Food & Water Safety
F4

Health Alert Network
H3 (Part 1)

Immunization
IZ3, IZ4

Surge Management
SM1

These requirements, in addition to those listed for every quarter (page A-3), are due 15 days after the end of 2nd quarter.

Administration

Colin Tobin, 444-3011, colin.tobin@mt.gov

Information Management

Capability 6

A3 Designate Two Individuals to Report ORR Data

Due 2nd Quarter

Your public health jurisdiction must designate two individuals (a primary and a secondary) to be responsible for entering data for the Operational Readiness Review (ORR).

Guidance:

The CDC has released an interim ORR document describing the expectations for jurisdictions to meet certain PHEP capabilities. Its overall evaluation strategy is guided by the Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health (Oct. 2018). CDC's Center for Preparedness and Response (CPR) has indicated that reviews for local jurisdictions *will be required* in the 2022-2023 budget period (BP4).

The new ORR assesses all-hazards readiness across all 15 public health capabilities and has developed interim guidance that outlines the associated reporting requirements and evaluation criteria. DPHHS PHEP is subject to these measurements as a state. CPR has informed us that **local and tribal jurisdictions will be evaluated in BP4** and will be responsible for **entering their own data for ORR evaluation** into a CDC database tool, which they have not revealed as a final product. The final ORR also has not been released and we expect more information.

In anticipation of the requirement for local involvement, individuals who are responsible for entering the data must have clearance to enter the Federal database system known as SAMS (Security Access Management Services). **Each jurisdiction must have primary and secondary individuals to have this access.**

The process of registering in SAMS must begin with an invitation from the system. Your designation of these individuals gives PHEP the information needed by SAMS administrators to send specialized registration emails. PHEP will need the contact information for each of the designees.

DPHHS PHEP will work throughout BP3 to bring more information to the local and tribal health jurisdictions about the new ORR, the reporting methods, and orientation as it becomes available to us.

To fulfill this deliverable:

1. Select two individuals (a Primary and a Secondary).
2. Provide the names and contact information of the designees in the progress report

Emergency Medical Countermeasures

Countermeasures & Mitigation

Taylor Curry, 444-6072, taylor.curry@mt.gov

Capabilities 8 & 9

EMC1 Update and Share CHEMPACK Plan

Due 2nd Quarter

Upload a reviewed and updated CHEMPACK plan to the progress report. Provide the date reviewed, signed, and dated by all identified response partners.

Guidance:

CHEMPACK plans must be reviewed and updated on a regular basis. The plan must be shared with identified response partners. LEPC/TERC partners are critical partners.

A webinar presentation will be available to assist with this deliverable.

To fulfill this deliverable:

1. Update your CHEMPACK locations and contact information.
1. Review and update the CHEMPACK plan.
2. Share the plan with response partners at an LEPC/TERC meeting.
3. Obtain a copy of the sign-in sheet from the meeting in which the plan was shared (available from the emergency manager) and upload it to the progress report.
4. Upload CHEMPACK plan to the quarterly report.

Exercise

Community Resilience

Gary Zimmerman, 444-3045, gzimmerman@mt.gov

Capabilities 1 & 3

EX2 Training & Exercise Planning

Due 2nd Quarter

Conduct an Integrated Preparedness Planning Workshop (IPPW) and produce a multi-year plan for training and exercise.

Guidance:

Formally known as the Training and Exercise Planning Workshop, the IPPW establishes the strategy, timeline, and structure for an exercise and training program that enhances public health preparedness. In addition, it sets the foundation for the planning, conduct, and evaluation of exercises with other community emergency and response partners.



The purpose of the IPPW is to use the guidance provided by elected and appointed officials to identify to set exercise program priorities and develop a multi-year schedule of exercise events and supporting training activities to meet those priorities. The workshop should include your community's preparedness and response partners.

- Local Emergency Responders (fire, EMS)
- Healthcare Providers (hospitals, clinics, pharmacists, etc.)
- Community Leadership
- Cultural and Faith-Based Groups
- Civic and Volunteer Organizations
- Social Services
- Mental/Behavioral Health Service Providers
- Local Area Office of Aging
- Education and Childcare

The multi-year training and exercise plan outlines an organization's overall priorities for training and exercise during a defined multi-year period. It also identifies the specific training and exercises that will help the organization build and sustain the core capabilities needed to address those priorities.

A multi-year training and exercise plan is the strategic approach to filling your jurisdiction's public health capability gaps and contributing to community resilience. Your jurisdiction can develop collaborative exercise and training priorities with your community partners and HCC. However, the multi-year training and exercise plan should include these PHEP priorities.

Priority 1: Work towards filling identified public health preparedness gaps.

Priority 2: Sustain current training and exercise activities.

Priority 3: Collaborate with preparedness and response partners to build community resilience

The TEPW should also incorporate other informational tools to build the multi-year training and exercise plan. The following is a list of example documents to bring to the IPPW.

- After Action Reports
- Threat and Hazard Identification and Risk Assessment (THIRA) for your jurisdiction
- Workforce needs surveys
- Quality improvement surveys
- Contracts
- Any federal or State standards and requirements (Medicare, social services, public health, etc.)
- Any other similar documents

Note: Guidance and templates for this deliverable are available on the PDR page at <http://dphhs.mt.gov/publichealth/cdepi/CDCPBResources>.

To fulfill this deliverable:

1. Conduct or participate in a IPPW with your jurisdiction's preparedness partners.
2. Upload the meeting agenda (agenda should have Training Plan Meeting or similar to confirm that the IPPW was completed) and the meeting sign-in sheet to the progress report.
3. Create your public health agency's multi-year training and exercise plan and upload a copy to the progress report.

F4: Update Contact Information for All Licensed Establishments

Due 2nd Quarter

Fill in the contact information in the Licensed Establishment Database.

Guidance:

The Registered Sanitarian for your jurisdiction should be maintaining and updating contact information for all licensed facilities regularly. If needed, contact FCS to request a spreadsheet of the licensed facility information that is present in the database.

Review the contact information in the licensing database for your licensed establishments and confirm that the phone numbers, mailing addresses, email addresses and physical addresses for each licensed establishment in your jurisdiction are up to date. Wherever necessary, please correct the contact information so that it is current.

The email addresses and phone numbers gathered for this Deliverable should be added to all applicable HAN lists.

It is important to have up to date contact information for all establishments for emergency responses such as sewerage failures, power outages, flooding, and recall notification. It is also important to be able to easily notify establishments of changes to rules that affect them and remind them of license fee due dates.

To fulfill this deliverable:

1. Ensure that the contact information (phone, email address, mailing address, and physical address) for each licensed establishment in your jurisdiction is current and accurate in the FCS Database.
2. Criteria for approval are:
 - a. Over 95% of phone numbers are present in database or are on spreadsheet.
 - b. Over 95% of physical addresses are valid and accurate in database or on spreadsheet.
 - i. Guidance on correct address formatting will be providing as an attachment. No addresses should be P.O. Boxes, intersections, streets without a number, etc.
 - c. Notable improvement is observed for email addresses.
 - d. Recognizing that 95% may not be obtainable if a jurisdiction has less than 20 licensed establishments, the metrics will be evaluated on a case by case basis. The evaluation will be based on measurable improvements and efforts seen.



3. If updated information cannot be modified by the Sanitarian in the FCS database, submit a spreadsheet that notes information changes by uploading it to the quarterly progress report.

Health Alert Network

Gerry Wheat, 444-6736, gwheat@mt.gov

**Incident Management
Information Management
Capabilities 3 & 6**

H3 Redundant Tactical Communications Test (Part 1)

Due 2nd Quarter

Conduct a communications test to maintain connectivity with PHEP

Guidance:

Knowing who to call is one of the first elements of activating emergency operations. PHEP asks all jurisdictions to inform us when they initiate operations for an emergency or to notify us of an exercise. This is a necessary element for situational awareness and allows PHEP and its partners to respond appropriately with the proper level of assistance if needed.

This deliverable requires someone from your jurisdiction to contact the on call DPHHS Duty Officer at (406) 461-2042. Be prepared to tell the duty officer why you are calling (redundant communication test) and give him or her information such as your name, your jurisdiction, and method of contact (i.e. Phone, Cell Phone, Satellite Phone, etc.).

To fulfill this deliverable:

1. In the 2nd Quarter: Call the DPHHS Duty Officer at (406) 461-2042 and provide him or her with your name and jurisdiction and the device you are using.
 - Record the date of the call in the quarterly progress report.



Immunization

Michelle Funchess, 444-2969, mfuncness@mt.gov

**Community Resilience
Information Management
Medical Countermeasures
Incident Management
Capabilities 1, 3, 4, & 8**

IZ3 Influenza Checklist, Off-Site Influenza Clinic

Due 2nd Quarter

Complete the *Checklist for Best Practices for Vaccination Clinics Held at one Satellite, Temporary, or Off-Site Locations*.

Guidance:

Establishing readiness for an off-site influenza clinic is comprised of multiple parts. Checklists provide systematic ways to ensure necessary protocols and best practices are followed to ensure the safety of individuals.

Review and complete the checklist throughout the process of planning, exercising and reviewing one off-site influenza clinic. Complete the sections as they correspond to the three stages of an off-site influenza clinic. The stages include “before the clinic”, “during the clinic”, and “after the clinic.”

The checklist will be located on the PHEP Deliverable Resources (PDR) webpage under Immunization and is currently in the PHEP requirements binder. Complete the checklist to the best of your ability and submit.

To fulfill this deliverable:

1. Review the checklist during the pre-planning stage for one off-site influenza clinic.
2. Complete the sections during the appropriate stages.
3. Upload the completed checklist to the Progress Report.

IZ4 Report Vaccination Population Groups, Off-Site Influenza Clinic

Due 2nd Quarter

Submit aggregate totals for each vaccination age group identified (see below, under Vaccination Population Group Screening Question). This data should be collected during the patient intake process of one off-site influenza clinic.

Guidance:

In the event of a pandemic influenza outbreak, jurisdictions may be asked to provide information on the vaccination tier groups who received the allocated vaccine.

Review and decide how to incorporate the *Vaccination Population Group Screening Question* into the patient intake process during one off-site influenza clinic. Submit aggregate data to the Progress Report.

The *Vaccination Population Group Screening Question* is located below and will be available on the PHEP Deliverables Resource webpage under Immunization.

Vaccination Population Group Screening Question:

Indicate if you fit into one or more of the groups below: (check all that apply)

- Pregnant woman
- Infant or toddler 6-35 months old
- Household contact of infant <6 months old
- Person aged 3-64 years old who is at higher risk for influenza-related complications
- Person aged 3-64 years old not at higher risk for influenza-related complications
- Adults 65+ years old

To fulfill this deliverable:

1. Review the Vaccination Population Group Screening Question and incorporate this question into patient intake for one off-site influenza clinic.
2. Report aggregate totals for each vaccination group indicated. There will be a total of six groups to report.
3. Submit aggregate totals for each group to the Progress Report.

Surge Management

Kevin O’Loughlin, 444-1611, koloughlin@mt.gov

Surge Management

Capabilities 10 & 15

SM1 Volunteer Registry Administrator Training

Due 1st Quarter

Selected Primary and Back-up local volunteer registry managers must be trained on the new Volunteer Registry.

Guidance:

The PHEP section will provide a training opportunity on the Volunteer Registry. The person designated as the local volunteer registry manager will be given a higher permission level within the system to “accept” volunteers, search for volunteers, and deploy volunteers within their own county.

To fulfill this deliverable:

1. Select **primary** and **backup** managers for maintaining the volunteer registry.
2. Attend the Volunteer Registry program training at the Summer Institute (PHEP will provide more information).
 - Alternative: If the Institute is canceled or a selected manager is unable to attend, he or she may view the instructional video in Juvare.
3. Provide the name of the administrator and back-up administrator and the date of training on the progress report.



Requirements for 3rd Quarter

Emergency Medical Countermeasures

EMC2

Epidemiology

E7, E9

Exercise

EX3

Food & Water Safety

F5

Risk Communications

RC2

These requirements, in addition to those listed for every quarter (page A-3), are due 15 days after the end of 3rd quarter.

Administration

Colin Tobin, 444-3011, colin.tobin@mt.gov

Information Management

Capability 6

A4 Register Two Individuals in SAMS to Report ORR Data

Due 3rd Quarter

Register the two people designated to enter ORR data into the Federal Security Access Management Services (SAMS).

SAMS users must register online and be approved by a CDC program administrator. PHEP will give CDC the contact information of the two people designated from each jurisdiction and ask that they be invited to register in SAMS. Invitations are created and sent by CDC's public health program administrators. You will receive your invitation in email with the subject "U.S. Centers for Disease Control: SAMS Partner Portal - Invitation to Register."

The registration process consists of several steps:

1. Receive an Invitation: You will receive an invitation to register and instructions in your email.
2. Go Register: You will go online and register with the SAMS Portal. SAMS will ask you to verify that your name is correct and to provide the following:
 - a. Your home address
 - b. Your organization / employer and their address
 - c. Your telephone number
3. Get Identity Verification: If necessary, you will receive a second email with instructions and a request to provide proof of your identity.
4. Receive Access Approval: Following registration and identity verification (if required) your information will be forwarded to a CDC administrator for approval.

Once a SAMS portal invitation arrives in your email, you will have thirty (30) days to register.

To fulfill this deliverable:

1. Ensure that the two designated individuals receive their invitation emails from SAMS and register.
2. Provide the date of SAMS registration of each person in the quarterly progress report.

Emergency Medical Countermeasures

Countermeasures & Mitigation

Taylor Curry, 444-6072, taylor.curry@mt.gov

Capabilities 8 & 9

EMC2 POD Facility Setup and Inventory (Combine with EX3)

Due 3rd Quarter

Using your POD supplies (i.e. the POD Box) Set-up at least one (1) of your selected POD Facilities.

Guidance:

Jurisdictions must ensure they can support medical countermeasure distribution and dispensing for all hazard events. This includes having an auxiliary inventory to support operations, such as office supplies, signs, credentialing systems, crowd control equipment, and more.

PODS (Points of Dispensing) are set up to quickly get medicines and treatment advice to people in emergency situations, when there is an outbreak of a highly contagious disease, during some natural disasters, or in the event of a bioterror or chemical attack. It is important to know what you need to establish a POD and how to set up a POD facility efficiently and quickly.

A flu or COVID-19 related POD qualifies to satisfy this deliverable. Following the deployment and demobilization of the POD, complete an AAR/IP. You can use your own AAR/IP form or download a copy from the PHEP Deliverable Resources Folder under Exercises.

To fulfill this deliverable:

1. Inventory your POD supplies (POD Box) and upload a copy of the inventory to the progress report.
2. Set up at least one of your selected POD Facilities
3. Complete and submit an AAR/IP to the progress report.

Epidemiology

Biosurveillance

Jen Miller, RN, 444-3165, jennifer.miller@mt.gov

Capability 13

E5 Review Your Local Communicable Disease Response Plan

Due 3rd Quarter

Guidance:

Utilize the assessment tool provided in the deliverable resources folder in CDCB Resource Page or in the PDR page at <http://dphhs.mt.gov/publichealth/cdepi/CDCPBResources> for your review. If you have problems retrieving the assessment tool, contact the subject matter expert. Communicable disease response plans should consider all components stated on the checklist or have a reference to another portion of your plan or a separate protocol that covers the listed component. A sample of the checklist is in Appendix A.

To fulfill this deliverable:

1. Review your communicable disease plan using the Communicable Disease Response Plan checklist found on the PDR page, and have it signed by your Board of Health Chairperson and Health Officer.
2. Upload a scanned version of your signed checklist into your 3rd quarter progress report.

E7 Attend Communicable Disease and Public Health Law Training

Due 3rd Quarter

Participate in a webinar from Montana DPHHS and Communicable Disease Epidemiology for updated guidance on public health law and how it relates to communicable disease event response. The webinar will cover local and state powers and duties, local and state command

and control, how to fulfill your local responsibilities, legal considerations for public health emergencies, and when to enforce public health law.

Guidance:

This deliverable helps ensure that local health jurisdictions understand basic public health law and structure. In addition, it may assist local health jurisdictions in the plan review process of their health department emergency operations plans.

To fulfill this deliverable:

1. At least one individual from each jurisdiction are required to attend one of the Communicable Disease and Public Health Law webinars either live or from a recording.
2. Take the post-test and submit your name and jurisdiction on the evaluation.
3. Report the name of those who attended and the date of attendance on your 3rd quarter progress report.

Exercise

Community Resilience

Gary Zimmerman, 444-3045, gzimmerman@mt.gov

Capabilities 1 & 3

EX3 Influenza Point-of-Dispensing (POD) Clinic (Combine with EMC2)

Due 3rd Quarter

Conduct an Influenza (or COVID-19) POD Clinic involving at least two local or state organizations utilizing your jurisdiction's Emergency Medical Countermeasures Plan and complete an After-Action Report/Improvement Plan (AAR/IP).

Guidance:

Jurisdictions must ensure they can support medical countermeasure distribution and dispensing for all hazard events. Therefore, this year's exercise requirement is to conduct a Point of Dispensing clinic. **A flu or COVID-19 related POD qualifies to satisfy this deliverable.**

A POD clinic exercise prepares local health jurisdictions for mass vaccination operations in a pandemic response. Jurisdictions will conduct one (1) off-site flu or COVID-19 vaccination clinic. This clinic does not have any size requirements, but it **MUST** be conducted at a location other than your health department.

Following the POD clinic, complete an AAR/IP. You can use your own AAR/IP form or download a copy from the PHEP Deliverable Resources Folder under Exercises.

Contact the DPHHS Immunization section or SNS Coordinator for assistance in planning and executing the Influenza POD Clinic.

Note: Guidance and templates for this deliverable are available on the PDR page at <http://dphhs.mt.gov/publichealth/cdepi/CDCPBResources>.



To fulfill this deliverable:

1. Conduct an Off-Site POD Clinic.
2. Complete and submit an AAR/IP to the progress report.

Food & Water Safety

Staci Evangeline, 444-2089, staci.evangeline@mt.gov

Community Resilience

Biosurveillance

Capabilities 1, 7, & 13

F5: Tabletop Exercise for Written Investigative Procedure for Foodborne Illness & Food-Related Injury (*Part 2 from BP-02*)

Due 3rd Quarter

Conduct a TTX for the written procedure for investigating foodborne illnesses and food-related injuries.

Guidance:

Your jurisdiction should have submitted a copy of the locally approved Written Investigative Procedure for the last budget period. The second part of the F5 deliverable, however, was suspended due to the COVID-19 pandemic response, which was the required tabletop exercise.

At this point your jurisdiction should have completed all phases of the plans and procedures development project. As a reminder, the table showing the phases are in Appendix A of this document.

Exercising those protocols will test those plans and show any items that might need attention or improvement for your jurisdiction. Conducting a tabletop exercise can demonstrate the efficacy of your plan and reveal any gaps. You will have to write an after-action report (AAR) and improvement plan. The improvement plan might include adjusting or refining your procedures.

Adjustments to your plan should encompass the list of components in the standards document found at: <https://www.fda.gov/downloads/Food/GuidanceRegulation/RetailFoodProtection/ProgramStandards/UCM372504.pdf>

If your jurisdiction uses the online complaint form and follow up procedure ONLY, then annual data analysis done by the State will meet the data review component. If your jurisdiction tracks complaints differently, analysis will need to be done independently.

To fulfill this deliverable:

1. Conduct a food-borne illness tabletop exercise with the appropriate jurisdictional partners.
2. Complete an after-action report and improvement plan. Include answers to the following questions.
 - a. Did you follow your plan?
 - b. If not, why not?
 - c. Does your plan need to be modified so that it will be followed in the future?

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3. Upload the AAR/IP to the progress report.

Risk Communications

Ian Thigpen, 444-0931, ithigpen@mt.gov

Information Management

Capability 4

RC2 COVID-19 Risk Communications Improvement Plan

Due 3rd Quarter

Include risk communications observations from your COVID-19 After Action Review in your COVID-19 Improvement Plan

Guidance:

Use the findings from the RC1 deliverable in the development of your jurisdiction's COVID-19 IP. Identify objectives and strategies to improve your CERC plan and capabilities; to include potential training and resources.

To fulfill this deliverable:

1. Report your CERC improvement objectives and strategies in the COVID-19 improvement plan developed from the AAR/IP in EX1 and RC1.



Requirements for 4th Quarter

Administration

A2

Access & Functional Needs

AFN1, AFN2

Budget

B1

Emergency Medical Countermeasures

EMC3

Epidemiology

E8

Food & Water Safety

F1

Health Alert Network

H3 (Part 2)

Surge Management

SM2, SM3

Training

T1

These requirements, in addition to those listed for every quarter (page A-3), are due 15 days after the end of 4th quarter.

Administration

Colin Tobin, 444-3011, colin.tobin@mt.gov

Community Resilience

Capabilities 1 & 2

A2 End of Year Report

Due 4th Quarter

Write a brief description of your jurisdiction's public health preparedness activities.

Guidance:

Each public health jurisdiction must submit a brief narrative to describe its preparedness activities during the budget period. These descriptions must be for activities performed outside of the deliverable requirements set forth in this cooperative agreement. The purpose of this requirement is to begin a record of accountability for the use of PHEP grant funding. The CDC PHEP program has been requesting more narrative-based examples of how the money is used at the local level. These examples are used to justify continuing funding from Congress.

The report must describe how PHEP funding has improved your preparedness during the last budget period. Activities that might be included are extra vaccination clinics during outbreaks, partial or full responses to actual emergencies such as wildfires or floods, or the number of activations for your Emergency Operations Center. Activation of any of your response plans and participation in exercises with other organizations also qualify. Please also suggest areas of preparedness in which your jurisdiction could use more assistance.

PHEP advises keeping a log or journal of activities throughout the budget period to help with this report.

To fulfill this deliverable:

1. Keep note of preparedness and response activities for your public health organization throughout the budget period.
2. Write a brief report of those activities in the progress report.

Access & Functional Needs

Ian Thigpen, 444-0931, ithigpen@mt.gov

Community Resilience
Information Management
Surge Management
Capabilities 1, 2, 3, 4, 7 & 15

AFN1 Engage AFN Stakeholders

Due 4th Quarter

Meet with AFN stakeholders to build relationships and discuss AFN within an incident management context.

Guidance:

Local and tribal public health agencies should partner with AFN organizations to develop or strengthen network communications toward AFN populations. These AFN stakeholder organizations can be vital response partners within local emergency operations.

Meet with AFN stakeholders discuss AFN emergency preparedness at least once this fiscal year. Conduct this meeting in the most convenient and effective way possible. Include local emergency management considerations for how to best incorporate AFN stakeholders. LEPC approach is optional, but not required.


Three points of conversation:

- 1) AFN population preparedness and resilience.
- 1) AFN stakeholder organization preparedness and continuity of operations.
- 2) AFN stakeholder organization integration with local emergency operations.

PHEP has provided a matrix tool to assist AFN stakeholders visualize and estimate potential needs, community roles and responsibilities, and prepare for multiagency coordination of resources. This tool is in Appendix C for you to copy and use. It is not required, only a resource.

To fulfill this deliverable:

1. Upload to the progress report:
 - a. Meeting sign-in sheet with contact information.
 - b. Meeting minutes (handwritten talking point summary is acceptable)
 - c. Upload documents to deliverable report form



AFN2 Assess Key Mass Care and Emergency Assistance Facilities

Due 4th Quarter

Assess key mass care and emergency assistance facilities for accessibility.

Guidance:

This deliverable was suspended during the last budget period due to the COVID-19 pandemic response. Revived for this quarter, it will conclude the Shelter 2020 Project.

Mass Care activities include: Disaster Sheltering, Mass Feeding, Emergency First Aid, Reunification, and Bulk Distribution. Emergency Assistance activities include: Evacuation, Facilitated Reunification, Volunteer Management, Donations Management, and AFN & Medical Needs Support. Partnerships with community organizations that provide mass care and emergency assistance will help build community resilience capabilities. Their assistance in assessing key disaster facilities is an important part of strengthening that resilience and preparedness. Engage these stakeholders and use the [Disaster Facilities Survey](#) to assess the key facilities.

Identifying new facilities is not a requirement. Select key facilities from already identified locations. Assessing all identified facilities is encouraged, but not required. Communication with local emergency management and the American Red Cross (for disaster shelters) is required.

The following jurisdictions have had this survey completed on some of their disaster shelters by FEMA Corps. These jurisdictions may have other facilities which have not been surveyed.

Surveys Completed:

• Beaverhead	12	• Golden Valley	2	• Silver Bow	11
• Big Horn	5	• Granite	6	• Stillwater	4
• Carbon	21	• Jefferson	6	• Sweetgrass	4
• Crow	3	• Madison	4	• Treasure	1
• Custer	9	• Park	10	• Yellowstone	52
• Deer Lodge	4	• Powell	3		
• Gallatin	8	• Rosebud	11		

Analyzed report results are available upon request. A full report will be published in January 2021 to all stakeholders.

A webinar presentation will be available to assist with this deliverable.

To fulfill this deliverable:

1. Complete a Disaster Facilities Survey for each key facility
https://PHEP.formstack.com/forms/disaster_facility_survey
2. List the facilities surveyed in the deliverable report form

Budget

All Capabilities

Dan Synness, 444-6927, dsynness@mt.gov

B1: Actual Line Item Expenses

Due 4th Quarter

Provide the actual expenses in the listed line item categories.

Guidance:

All categories combined *must meet or exceed the sum* of your annual PHEP award. The sum can be more than your annual award depending on how many of your expenses were paid with matching funds from your jurisdictional agency or other entities. If any of the expense categories included matching funds, please provide the amount of matching funds. Categories are

- | | |
|--|---------------------------------|
| 1) Staff salary (list each employee's salary | 11) Consultant fees |
| 2) Staff Benefits (list each employee's benefits | 12) Contractual office services |
| 3) Office space rent | 13) Contractual PHEP services |
| 4) Utilities (Electric/Heat/Water) | 14) Meeting expenses |
| 5) Phone (Office/Cell/Satellite) | 15) Office equipment |
| 6) Internet service | 16) PHEP equipment |
| 7) Auto mileage | 17) Office supplies |
| 8) Airline travel | 18) Fax/Copier/Printing |
| 9) Lodging/business related meals | 19) Additional Overhead. |
| 10) Employee tuition/training | |

You must also report any purchase, or contribution to a purchase) of a single item costing more than \$5,000. You must consult with PHEP before encumbering that large of an expense as well.

To fulfill this deliverable:

1. Complete and upload the budget spreadsheet in the progress report. (A sample is provided in Appendix D)

Emergency Medical Countermeasures Countermeasures & Mitigation

Taylor Curry, 444-6072, taylor.curry@mt.gov

Capabilities 8 & 9

EMC3 Update and Share POD Plan

Due 4th Quarter

Upload a reviewed and updated POD Plan to the progress report. Provide the date reviewed, signed, and dated by all identified partners.

Guidance:

POD plans must be reviewed and updated to be effective. The plan must be shared with identified response partners. Jurisdictions must ensure they can support medical countermeasure distribution and dispensing for all hazard events.

PODs are set up to quickly get medicines and treatment advice to people in emergency situations, when there is an outbreak of a highly contagious disease, during some natural disasters, or in the event of a bioterror or chemical attack. It is important to know what you need to establish a POD and how to set up a POD facility efficiently and quickly.

To fulfill this deliverable:

1. Review and update your jurisdiction's POD plan, locations, and contact information.
2. Share plan with identified response partners.



3. Upload a copy of POD locations and contact info to progress report. Upload POD plan to quarterly report.

Epidemiology

Jen Miller, RN, 444-3165, jennifer.miller@mt.gov

Biosurveillance

Capability 13

E6 Review the Pandemic Influenza Plan

Due 4th Quarter

Review and update your jurisdiction's Pandemic Influenza Plan. Upload your plan review worksheet to the progress report and upload your latest version of your plan if edits were made over the previous year.

Guidance:

Utilize the assessment tool provided in the deliverable resources folder in CDCB Resource Page or in the PDR page at <http://dphhs.mt.gov/publichealth/cdepi/CDCPBResources> for your review. If you have problems retrieving the assessment tool, contact the subject matter expert. Local planning for pandemic influenza is better served by reflecting what will actually happen. Those planning efforts should also reflect the resources and capabilities of your community then outline the processes for engaging other state and local partners.

To fulfill this deliverable:

1. Attach the completed assessment tool to the progress report (please clearly save it as your jurisdiction's 2021 Pan Flu Assessment).

Food & Water Safety

Staci Evangeline, 444-2089, staci.evangelina@mt.gov

Community Resilience

Biosurveillance

Capabilities 1, 7, & 13

F1: Sanitarian Participation in LEPC

Due 4th Quarter

A registered sanitarian (RS) from your jurisdiction's environmental health office attends at least one LEPC or TERC meeting annually.

Guidance:

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Interaction with your local sanitarian in reporting their Food & Water Safety preparedness and response activities creates a routine collaboration intended to cultivate a foundation for emergency preparedness. DPHHS encourages sanitarians to share opportunities to collaborate on preparedness and response with the LEPC and TERC groups. Be sure to introduce and explain the local truck wreck procedures in the meetings. Other topics could include the role of sanitarians in a community water tampering event, water safety in flooding conditions, or the role of a sanitarian in shelter operations.

In jurisdictions without a dedicated sanitarian, a representative may attend in their place to provide information on the role of the sanitarian during public health events, including interacting with LEPC members and other partners during response activities. The representative may be a local DES agency, the local health officer, or another public health official who is able to communicate important information on behalf of the local sanitarian.

To fulfill this deliverable:

1. Collaborate with your jurisdiction’s sanitarian regarding upcoming LEPC or TERC meetings.
2. Enter the date the sanitarian attended your jurisdiction’s TERC or LEPC Meeting on the PHEP quarterly deliverable report.
3. If a representative attends the meeting in place of the sanitarian, provide a summary of what information was communicated, who the representative was, and the date they attended the meeting.

Health Alert Network

Gerry Wheat, 444-6736, gwheat@mt.gov

**Incident Management
Information Management
Capabilities 3 & 6**

H3 Redundant Tactical Communications Test (Part 2)

Due 4th Quarter

Conduct a communications test to maintain connectivity with PHEP

Guidance:

Knowing who to call is one of the first elements of activating emergency operations. PHEP asks all jurisdictions to inform us when they initiate operations for an emergency or to notify us of an exercise. This is a necessary element for situational awareness and allows PHEP and its partners to respond appropriately with the proper level of assistance if needed.

This deliverable requires someone from your jurisdiction to contact the on call DPHHS Duty Officer at (406) 461-2042. Be prepared to tell the duty officer why you are calling (redundant communication test) and give him or her information such as your name, your jurisdiction, and method of contact (i.e. Phone, Cell Phone, Satellite Phone, etc.).

To fulfill this deliverable:

1. In the 4th Quarter: Call the DPHHS Duty Officer at (406) 461-2042 and provide him or her with your name and jurisdiction and the device you are using.

- Record the date of the call in the quarterly progress report.

Risk Communications

Ian Thigpen, 444-0931, ithigpen@mt.gov

Information Management
Capability 4

RC3 CERC Training

Due 4th Quarter

Complete a Crisis and Emergency Risk Communications training or refresher training.

Guidance

Identify personnel from your jurisdiction who is responsible for public health risk communications or public information in need of training. This year's CERC training will be moving away from a CERC theory centered training and toward a CERC process centered training. Areas which will be covered include:

1. Information Management
1. Planning (including Hasty, Detailed, and Deliberate approaches)
2. Development (including Audience Assessment, Prototyping, and Pre-Testing)
3. Approval
4. Publication (including Production, Distribution, and Dissemination)
5. Evaluation

There will be two trainings provided by DPHHS PHEP: *CERC Operations* and *CERC Refresher*. CERC Operations will be a 12-Hour small group discussion-based course covering each step, in detail, with several practical exercises and an exam. The CERC Refresher Course will be 1-Hour course summarizing CERC Operations with no practical exercises or exam. If the CERC Operations training is too much, and the CERC Refresher is not enough; identified personnel may opt to take the CDC online CERC Class.

To fulfill this deliverable

1. Provide the names of people from your jurisdiction who ATTENDED DPHHS CERC Operations, CDC CERC Online, or DPHHS CERC Refresher Training, or other training course approved by the PHEP risk coordinator.
 - If you do not have staff in your public health office to take this training, you can offer it to others in your county government with applicable roles. Work with your local emergency manager.
 2. Provide the titles and dates of the courses and who attended.
 3. Upload certificates of completion.

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Surge Management

Kevin O'Loughlin, 444-1611, koloughlin@mt.gov

Surge Management

Capabilities 10 & 15

SM2 Volunteer Registry Promotion and Recruitment

Due 4th Quarter

Introduce and promote the new version of the Volunteer Registry.

Guidance:

Community emergency response partners can take advantage of the robust functions of the new Volunteer registry. Although public health agencies receive PHEP funds to maintain the Registry, it is a valuable community resource. Promoting its use and encouraging groups and individuals to sign up will increase its value. Recruiting volunteers to self-register from a variety of backgrounds or with specific skill sets for public health emergencies response will contribute to community resilience.

To fulfill this deliverable:

1. Introduce the new Volunteer Registry to your LEPC or TERC.
2. Encourage groups and individuals to self-register on the Volunteer Registry as public health volunteers
 - a. Distributing promotional materials or other public information methods.
 - b. Encourage potential health event volunteers to self-register

SM3 Volunteer Activation Plan:

Due 4th Quarter

Develop a plan on how you will activate your volunteers using the following guidance

Guidance:

Every entity that will be utilizing the volunteer registry will be required to develop a plan that describes the process to activate and track volunteers through demobilization. The activation plan will address the following items:

- Who are the system participants?
- How do you activate an internal public health event within your jurisdiction?
 - Should include notification of partners
 - How do you activate the volunteers when you need volunteers from an outside agency?

- Should include conference call with partners to discuss needs,
- Agreement of partners to include DES,
- Process for local DES to notify State DES will inform the PHEP Duty Officer.
- The procedure outlined on how to request additional volunteers from outside the jurisdiction.
 - Should include conference call with partners to discuss needs,
 - Agreement of partners to include DES, hospitals, other partners as needed.
 - The procedure should include a request to State DES for volunteers and sent to the PHEP Duty Officer for processing within PHEP/HPP.
- What is the process that each entity will use to recruit and retain volunteers?
- What type of training or exercises will be conducted annually for the volunteers?
- How do you track volunteers that are activated?
- How do you provide for their needs while activated (Food, water, lodging, restrooms, etc...)
- How do you provide care for volunteers that may be injured during the activation?
- What is your demobilization process for volunteers to include follow-up medical and mental healthcare as needed?

To fulfill this deliverable:

1. Complete the plan and upload a copy in the progress report addressing each item that is listed in the guidance.

Training

Incident Management

Jake Brown, 444-1305, jacob.brown@mt.gov

Capability 3

T1 ICS/IS Training

Due 4th Quarter

Ensure public health staff have passed FEMA training courses for the incident command structure, at a minimum, in ICS 100, 200, and 700.

Guidance:

All PHEP personnel and public health staff that could be called upon to respond to an emergency or disaster should know how incidents are managed under the National Incident Management System. This system is the framework to ensure that all events are handled the same way across all agencies, ensuring consistency in operations and communications. The basic courses of 100, 200, and 700 familiarizes participants with the concepts.

If staff is already trained to that level, those who might serve in an emergency operations center or an incident command role should take the ICS 300 and 400 courses if they are available (at the time of this writing, those courses are under revision). If all staff are already trained to the higher level, at least one person must take at least one other FEMA ICS or independent study course.

The courses can be completed at any time during the budget period.

The introductory courses are available online via the FEMA Independent Study training website (<https://training.fema.gov/is/>). You may work with your emergency manager to explore training options for other courses through the Montana Disaster and Emergency Services.

To fulfill this deliverable:

1. Select staff to take the appropriate courses
 - a. IS/ICS 100, 200, 700 for new staff or those needing refresher
 - b. ICS 300, 400 (if available) for staff already trained in basic courses
 - c. If all staff are trained in the prescribed series, at least one other ICS course of choice

2. The select staff takes the courses from a live instructor or the on-line course and receives or downloads the official FEMA certificate.
3. Keep a record or spreadsheet of who has completed which courses for future reference.
 - a. Make a back-up file
 - b. Scan certificates for files
4. List the names, courses, and dates of completion on the progress report.