TASK ORDER AMENDMENT NUMBER TWO
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 August 25, 2020 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 4) Remain the same.

5) Ensure adequate staffing to complete all services and deliverables required in this Task Order. The Department recommends staffing specifically dedicated to execution of this Task Order, at the following levels: .5 FTE for jurisdictions with populations of 5,000 or less; .5 to 1.0 FTE for jurisdictions with populations of 5,000 to 20,000, and 1.0 to 2.0 FTE for jurisdictions with populations of 20,000 or more.

<u>Additional financial support enabling each county and tribal health jurisdiction (LHJ) to hire one FTE using the funding listed in Section 5. This additional funding will be available for year 2 (2020 – 2021 and 3 (2021 – 2022). If the LHJ chooses not to hire the additional FTE, the funding will be reduced to the normal PHEP funding. If the LHJ proceeds with hiring this additional FTE, the LHJ must meet one of the following requirements:</u>

<u>For LHJs employing a full-time health officer as the administrator, support for 1.0 FTE will be provided for a Communicable Disease Epidemiologist. Jurisdictions not employing a full-time health officer as administrator, will receive support for 1.0 FTE to support either a Disease Intervention Specialist or, in those jurisdictions who do not currently employ a full-time sanitarian, a Registered Sanitarian. The Department will provide sample job descriptions for each of the positions listed.</u>

<u>The funding for the communicable disease epidemiologist and the disease intervention specialist, is $91,811.84, which includes annual</u>

salary and benefits. The 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.

The contractor will notify the contract liaison in writing within 14 days that the additional position as stated above has been hired. Failure to notify the contract liaison within the required time frame may result in delayed payments.

6) Remains 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), Attachment A1 COVID-19 Response 2020-2021, Attachment A2 Cooperative Agreement Requirements & Guidance 2020-2021, and Attachment A3 Funding Table for Additional Positions provided by the Department and incorporated by reference in this document. Deliverables must be completed by due dates noted in Attachments ~~A~~, 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 the Public Health Emergency Preparedness Deliverable Guide, Budget Period 19-1901, 2019-2020 (Attachment A), ~~and~~ Attachment A1 COVID-19 Response 2020-2021, Attachment A2 Cooperative Agreement Requirements & Guidance 2020-2021, and Attachment A3 Funding Table for Additional Positions.

11) through 17) Remain the same.

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), ~~and~~ Attachment A1 COVID-19 Response 2020-2021, Attachment A2 Cooperative Agreement Requirements & Guidance 2020-2021, and Attachment A3 Funding Table for Additional Positions.

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), ~~and~~ Attachment A1 COVID-19 Response 2020-2021, Attachment A2

Cooperative Agreement Requirements & Guidance 2020-2021, and Attachment A3 Funding Table for Additional Positions.

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), ~~and~~ Attachment A1 COVID-19 Response 2020-2021, Attachment A2 Cooperative Agreement Requirements & Guidance 2020-2021, and Attachment A3 Funding Table for Additional Positions.

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), ~~and~~ Attachment A1 COVID-19 Response 2020-2021, Attachment A2 Cooperative Agreement Requirements & Guidance 2020-2021, and Attachment A3 Funding Table for Additional Positions.

9) through 11) Remain the same.

SECTION 4: EFFECTIVE DATE AND PERIOD OF PERFORMANCE, will be amended as follows:

The term of this Task Order for the purpose of delivery of services noted in SECTION 3: SERVICES TO BE PROVIDED is from July 1, 2019 through June 30, ~~2022~~2024, unless terminated otherwise in accordance with the provisions of this task order.

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 ~~four quarters of the~~ Public Health Emergency Preparedness Deliverable Guide, Budget Period 19-1901, 2019-2020 (Attachment A), ~~and~~ Attachment A1 COVID-19 Response 2020-2021, Attachment A2 Cooperative Agreement Requirements & Guidance 2020-2021, and Attachment A3 Funding Table for Additional Positions. 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) The first quarter payment of $7,595 will be issued no later than 30 days after receipt of the deliverable due on October 15, 2022.

14) The second quarter payment of $7,595 will be issued no later than 30 days after receipt of the deliverable due on January 15, 2023.

15) The third quarter payment of $7,595 will be issued no later than 30 days after receipt of the deliverable due on April 15, 2023.

16) The fourth quarter payment of $7,596 will be issued no later than 30 days after receipt of the deliverable due on July 15, 2023.

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

17) The first quarter payment of $7,595 will be issued no later than 30 days after receipt of the deliverable due on October 15, 2023.

18) The second quarter payment of $7,595 will be issued no later than 30 days after receipt of the deliverable due on January 15, 2024.

19) The third quarter payment of $7,595 will be issued no later than 30 days after receipt of the deliverable due on April 15, 2024.

20) The fourth quarter payment of $7,596 will be issued no later than 30 days after receipt of the deliverable due on July 15, 2024.

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.

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.

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. The source of funds for this Task Order is Montana's Public Health Emergency Preparedness Cooperative Agreement with Centers for Disease Control and Prevention, CFDA # 93.069, CFDA # 93.323 and CFDA # 93.354**.** Any funds not completely expended must be returned to the Department upon completion of the then current term.

B. Remains 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), Attachment A1 COVID-19 Response 2020-2021, Attachment A2 Cooperative Agreement Requirements & Guidance 2020-2021, and Attachment A3 Funding Table for Additional Positions. 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), Attachment A1 COVID-19 Response 2020-2021, Attachment A2 Cooperative Agreement Requirements & Guidance 2020-2021, and Attachment A3 Funding Table for Additional Positions.

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

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

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 ____________________

Jim Murphy, Administrator
Department of Public Health & Human Services
Communicable Disease and Laboratory Services Division
1400 Broadway C202
Helena, MT 59620-2951
(406) 444-4016

BROADWATER COUNTY

By: ____ Date ____________________

Broadwater County Commissioner

MONTANA DPHHS

Attachment A2

2020 – 2021 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 2020-2021 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 large portion of these funds 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 be sure to ***fully and carefully*** read the requirements and guidance in its entirety. If you have questions, please contact the associated **subject matter expert** or the **PHEP manager directly.**

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Noted Items for 2020-2021

1. The second budget period of the 2019 – 2024 PHEP Cooperative Agreement Funding is a continuance from the first. Each successive budget period will be considered continuances until conclusion of the five-year agreement cycle. You will often see the second budget period referred to as 1901-2.

2. CDC has updated progress on using the Operational Readiness Review (ORR) to measure the State's progress and outcomes of activities outlined in the Public Health Emergency Preparedness and Response Capabilities National Standards (October 2018). DPHHS PHEP expects it will not employ the new tool for measuring local level jurisdictions until it works with the CDC at the state level first.

3. The Volunteer Registry has returned. Juvare, the company that supports eICS, also provides the platform for the new registry. PHEP will again require jurisdictions to maintain two train staff to manage the system for their tribal and county volunteer databases. Regional Healthcare Coalitions (RHCC) will maintain professional licensed medical personnel for volunteer databases.

By the Numbers
2020 – 2021 Deliverable Requirements

Quarter	Unique Each Qtr.	Total Each Qtr.
Every	11	
1st	5	16
2nd	6	17
3rd	5	16
4th	12	23
Total	39	

4. PHEP is beginning to adjust the names of some 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. We have been identifying deliverables by capability and domain for some time and are now beginning to identify the categories by domain to properly address gaps. We have replaced Planning with Community Resilience, which may envelope other deliverables in the future. We created a Surge Management category to encompass the return of the Volunteer Registry.

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 – September 30	Due October 15
Quarter 2	October 1 – December 31	Due January 15
Quarter 3	January 1 – March 31	Due April 15
Quarter 4	April 1 – June 30	Due July 15

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). The Section Supervisor will then 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 submit the required deliverables early. Jurisdictions can receive payment sooner if they submit the progress report for review before the end of the quarter.

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

Due 15 days after each quarter.

Administration
A1

Epidemiology
E1, E2, E3, E5, E6

Food & Water Safety
F3

Health Alert Network
H1, H2

Immunization
IZ1, IZ2

Administration

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

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 user name 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 Lead, 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

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

1. select 'Mark as Reviewed in the Directory.

Epidemiology

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

Capability 13

E1 Identify Key Surveillance Partners (KSP)

Due Every Quarter

Identify and provide the total number of KEY SURVEILLANCE PARTNERS (KSP) within your jurisdiction for active surveillance purposes every quarter. Record the number of KSPs by type (providers, laboratories, and other KSPs).

Guidance:

KSPs should always include laboratories, as well as key providers likely to report diseases such as community health centers, hospitals, clinics, etc. The number of KSPs can vary for each local health jurisdiction based upon the urban or rural nature of its population. We recommend establishing primary and secondary contacts with each KSP to ensure communication. KSPs will likely overlap with your HAN lists. KSPs should include schools and long-term care facilities, at least seasonally, as those can be affected during influenza season and are often sources of outbreaks like norovirus.

To fulfill this deliverable:

1. Provide the total number of KEY SURVEILLANCE PARTNERS (KSP) that you have identified within your jurisdiction on the progress report.
2. From the total, indicate the number of KSP that are:
    a. Providers (e.g. private and community clinics)
    b. Laboratories
    c. Schools
    d. Senior Care Facility (Nursing homes/assisted living facilities)
    e. Other partners

E2 Conduct Active Surveillance with Key Surveillance Partners (KSP)

Due Every Quarter

Engage your key surveillance partners through “active” weekly or biweekly surveillance calls. Maintain a log of calls as part of your tracking system to keep contacts up to date under E1.

Guidance:

KSPs may vary for each local or tribal jurisdiction. KSPs are critical sources for ongoing case report and disease related information. Active surveillance is very valuable for the identification of cases and outbreaks in a timely manner. 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. As in the E1 deliverable, some jurisdictions may add schools during the school year or long-term care facilities during influenza season. Others may conduct routine active surveillance with KSPs most likely to report a communicable disease event to them.

It is important to note if there are a large number of KSPs identified, weekly calls to each one may not be feasible. It may be best to identify a key contact in an organization or facility and count them as one KSP.

To fulfill this deliverable:

1. Maintain log of active surveillance calls (a sample template is available in the resource directory).
2. Indicate on the quarterly progress report if this log was completed.

E3 Routinely Disseminate Information

Due Every Quarter

Report on the materials your jurisdiction distributes to KSPs each quarter.

Guidance:

While deliverables E1 and E2 identify KSPs, this deliverable assists with effective communication with these partners. Examples of items to distribute are: DPHHS Communicable Disease Weekly Updates, MIDIS generated reports, HAN messages, and reportable disease related presentations. Provide a short narrative

of your actions. For example: "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. Provide the frequency and short description of materials distributed to KSP on the progress report.

E5 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
B. Race
C. Ethnicity
D. Physical address
E. Zip code of residence
F. Onset date
G. Hospitalization (Y/N)
H. Diagnosis date
I. Date control measures were implemented
J. Date of interview (STD)
K. Date of treatment (STD)
L. Completeness of treatment (STD)
M. HIV test offered (Y/N) (STD)
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.
3. Record the date that cases were reconciled with the DPHHS staff.
    a. Indicate the reconciliation completion date in the quarterly progress report.
    b. If multiple people in your jurisdiction perform the reconciliation concurrently, please record the date all sections were complete.

E6 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.

Food & Water Safety

Alicia Love, 444-5303, alicia.love@mt.gov

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

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 E6).

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

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 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.

Immunization

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

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.

Requirements for 1st Quarter

In addition to the deliverable requirements for every quarter, these are due 15 days after the end of 1st quarter.

Community Resilience
CR1

Epidemiology
E4

Food & Water Safety
F2

Surge Management
SM1

Community Resilience

Luke Fortune, 444-1281, lfortune@mt.gov

All Capabilities

CR1 Gap Assessment Workbook

Due 1st Quarter

Complete the workbook developed from the 2019-2020 Capabilities Assessment.

Guidance:
You will complete a workbook provided by DPHHS PHEP to use for writing a workplan. The workbook is specific to your jurisdiction and populated with the information you provided in the Capabilities Assessment last period. It will help you prioritize the gaps for your workplan. The workbook is in an Excel spreadsheet. DPHHS PHEP will provide guidance and technical assistance.

To fulfill this deliverable:

1. Complete the gap assessment workbook
2. Upload the workbook to the progress report.

Epidemiology

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

Capability 13

E4 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

Capabilities 1 & 3

EX1 Training & Exercise Planning

Due 1st Quarter

Conduct a Training & Exercise Planning Workshop (TEPW) and produce a Multi-Year Training & Exercise Plan (TEP).

Guidance:

The TEPW 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 TEPW 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 TEP 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.

The TEP 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 TEP 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 TEP. The following is a list of example documents to bring to the TEPW.

- 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 TEPW with your jurisdiction's preparedness partners.
2. Upload the meeting agenda (agenda should have TEP, Training Plan Meeting or similar to confirm that the TEPW was completed) and the meeting sign-in sheet to the progress report.
3. Create your public health agency's Multi-Year TEP and upload a copy to the progress report.

Food & Water Safety

Alicia Love, 444-5303, alicia.love@mt.gov
Staci Evangeline, 444-2089, staci.evangeline@mt.gov

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 http://leg.mt.gov/bills/mca/50/2/50-2-118.htm.

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.
      a. Did your protocol function as planned?
      b. If no – why did it not function?
      c. What was done to correct the issue?

Surge Management

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

Capability 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 in Billings, MT (PHEP will provide more information).
3. Provide the name of the administrator and back-up administrator and the date of training on the progress report.

Requirements for 2nd Quarter

In addition to the deliverable requirements for every quarter, these are due 15 days after the end of 2nd quarter.

Community Resilience
CR2

Emergency Medical Countermeasures
EMC1

Exercise
EX2

Food & Water Safety
F4

Immunization
IZ3, IZ4

Community Resilience

Luke Fortune, 444-1281, lfortune@mt.gov

All Capabilities

CR2 Gap Assessment Work Plan

Due 2nd Quarter

Create a three-year work plan to address the prioritized gaps identified from your jurisdictional workbook.

Guidance:

You will create a work plan to mitigate the PHEP Standard Preparedness and Response Capabilities gaps you identified using the findings from your completed assessment workbook. The work plan must cover the budget periods 2021-2022, 2022-2023, and 2023-2024.

Base your work plan on the function gaps within the capabilities, using the elements as metrics for achievement. Alternatively, you can work on an entire capability if necessary, using both functions and elements as metrics for completion. Use the findings in your workbook to prioritize activities for your workplan. Select two to three priority gaps to address each year in your work plan. You may choose to do more depending on the depth of the gap and its complexity. DPHHS PHEP will provide several avenues of guidance and technical assistance.

You may use any format you are comfortable with for the workplan, or a PHEP can provide you with a template. This workplan will become part of your PHEP deliverable requirements for the next three years.

To fulfill this deliverable:

1. Prioritize the gaps found from the Capabilities Assessment workbook and choose the most important to place in your work plan.
2. Develop the work plan, preferably with your local and tribal stakeholders, to cover the next three budget periods (2021-2022, 2022-2023, and 2023-2024).
3. Review your work plan with PHEP for approval and submit with the progress report.

Emergency Medical Countermeasures

Matt Matich, 444-6072, mmatich@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

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

Capabilities 1 & 3

EX2 After Action Report & Improvement Plan (AAR/IP) Plan

Due 2nd Quarter

Answer yes/no question asking if your organization currently has an AAR/IP Plan. If yes, upload to the progress report.

Guidance:
Organizations that have a current AAR/IP plan will receive feedback on their plans by the end of the 2nd quarter.

Organizations without a current AAR/IP plan should begin the process of creating a new plan.

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. In the progress report identify if your organization has an AAR/IP Plan.
2. If your organization does have an AAR/IP Plan, upload a copy to the progress report.

Food & Water Safety

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Capabilities 1, 7, & 13

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.

Immunization

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

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.

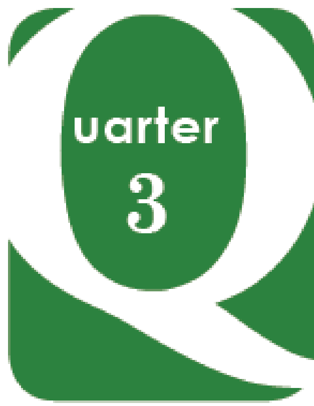
Vaccination Population Group Screening Question:

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.



Requirements for 3rd Quarter

In addition to the deliverable requirements for every quarter, these are due 15 days after the end of 3rd quarter.

Emergency Medical Countermeasures
EMC2

Epidemiology
E7, E9

Exercise
EX3

Food & Water Safety
F5

Emergency Medical Countermeasures

Matt Matich, 444-6072, mmatich@mt.gov

Capabilities 8 & 9

EMC2 POD Security Assessment

Due 3rd Quarter

Work with your security or law enforcement representative to complete POD security worksheets for each identified POD location.

Guidance:

This is a three-year rotated deliverable. Jurisdictions must conduct new security assessments for all pods every three years. Newly identified POD locations are included in this rotation. You can download blank security assessment worksheets from http://dphhs.mt.gov/publichealth/cdepi/CDCPBResources. If you have problems retrieving the template, contact the subject matter expert. You must complete a new POD security assessment with your security or law enforcement partner.

To fulfill this deliverable:

1. Download the POD security assessment worksheet from the PDR web page.
2. Complete the POD security assessment by conducting a walk-through examination, with security or law enforcement agency, utilizing the assessment worksheet.
3. Ensure the worksheet includes the current date of inspection and signature of the security or law enforcement agency representative.
4. Upload the reviewer-signed and dated POD security assessments to the progress report.

Epidemiology

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

Capability 13

E7 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.

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.

E9 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

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

Capabilities 1 & 3

EX3 Influenza Point-of-Dispensing (POD) Clinic

Due 3rd Quarter

Conduct an Influenza 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 an influenza Point of Dispensing clinic.

An Influenza POD Clinic prepares local health jurisdictions for a mass vaccination in the event of an influenza pandemic or other event requiring a vaccination response. Jurisdictions will conduct one (1) off-site flu vaccination clinic. This flu clinic does not have any size requirements, but it **MUST** be conducted at a location other than your health department.

Following the Flu 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 Influenza POD Clinic.
2. Complete and submit an AAR/IP to the progress report.

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

F5: Written Procedure for Investigating Foodborne Illness & Food-Related Injury (Phase 4)

Due 3rd Quarter

Provide a written process that outlines the procedure for investigating foodborne illnesses and food-related Injuries.

Guidance:

If your jurisdiction is participating in the FDA's Voluntary Retail Food Program Standards and has completed Standard 5, that plan would meet this deliverable. If not, this may already be part of your jurisdiction's communicable disease response plan. Sample written procedures will be provided on the Sanitarian Resource Page and provided to counties upon request.

The boxes in yellow indicate years that should have already been completed and should need minor revisions, if anything. The green boxes indicate new items for the procedure that will need to be submitted in addition to the yellow components already submitted. The gray boxes will be required in future grant years.

The list of components needed for this written plan can be 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.

Part	Deadline
Procedures	
Part 1: Investigative Procedure	Submitted document in Quarter 4, 2017-2018 year. Verify for accuracy every year after.
Part 2: Reporting Procedures Part 3: Laboratory Support Documentation Part 4: Trace-back Procedures	Submitted document in Quarter 3, 2018-2019 year. Verify for accuracy every year after.
Part 5: Recalls Part 6: Media Management	Submitted document in Quarter 3, 2019-2020 year. Verify for accuracy every year after.
Part 7: Data Review and Analysis	Submitted document in Quarter 3, 2020-2021 year. Verify for accuracy every year after.

Documentation	
Documentation Numbers: 1, 2, and 9	Submitted document in Quarter 3, 2018-2019 year. Verify for accuracy every year after.
Documentation Numbers: 3, 4, 5, 6, 7, 8, and 10	Submitted document in Quarter 3, 2019-2020 year. Verify for accuracy every year after.

To fulfill this deliverable:

1. Upload a copy of the locally approved Written Investigative Procedure to the progress report. Use the Table in the Guidance section to determine what components are needed for each year.
2. Review your plan after a real-world event that occurred in your jurisdiction in the last 12 months and evaluate the following in the progress report:

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?

OR complete a food-borne illness table top exercise (provided by the State) and upload the accompanying documents to the progress report.

Requirements for 4th Quarter

In addition to the deliverable requirements for every quarter, these are due 15 days after the end of 4th quarter.

Administration
A2

Access & Functional Needs
AFN1, AFN2

Budget
B1

Community Resilience
CR3, CR4

Emergency Medical Countermeasures
EMC3

Epidemiology
E8

Exercise
EX4

Food & Water Safety
F1

Surge Management
SM2, SM3

Administration

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

Capabilities 1 & 3

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

Capabilities 1, 2, 3, 4, 7 & 15

AFN1 Engage AFN Stakeholders

Due 4th Quarter

Meet with AFN stakeholders to discuss the need for emergency preparedness.

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.
2) AFN stakeholder organization preparedness and continuity of operations.
3) AFN stakeholder organization integration with local emergency operations.

Essential Elements of Information - These questions are so stakeholders know what information partners will be looking to receive from them:

- Critical Information Requests (CIR) for immediate decision making
  - Is there an AFN stakeholder organization which is non-functional? If so, what is their situation, tentative plan (e.g., evacuate location A to location B), available resources, and unmet needs?
- Partner Information Requests (PIR) for resource planning
  - Who are the AFN stakeholder organizations?
  - Where are AFN stakeholder organizations located?
  - What is AFN stakeholder organizations contact information?
  - What is AFN stakeholder organizations capability status (Not Impacted, Fully Functional, Mostly Functional, Partially Functional, Non-Functional)?
  - What activities are AFN stakeholder organizations' performing?
  - What are the AFN stakeholder organizations' strengths?
  - What are the AFN stakeholder organizations' weaknesses?
  - What are AFN stakeholder organizations' unmet needs?

- Incident Information Requests (IIR) for situational awareness
  - What hazards impact AFN stakeholder organizations and the potential risks?
  - What are the AFN stakeholder organizations' opportunities?
  - AFN stakeholder organizations' constraints?
  - How are AFN populations being impacted?

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

To fulfill this deliverable:
1. Upload to the progress report:
   a. Meeting sign-in sheet with contact information.
   b. Meeting minutes (hand written 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 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
- Big Horn 5
- Carbon 21
- Crow 3
- Custer 9
- Deer Lodge 4
- Gallatin 8
- Golden Valley 2
- Granite 6
- Jefferson 6
- Madison 4
- Park 10
- Powell 3
- Rosebud 11
- Silver Bow 11
- Stillwater 4
- Sweetgrass 4
- Treasure 1
- Yellowstone 52

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

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

All Capabilities

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

To fulfill this deliverable:

1. Complete and upload the budget spreadsheet in the progress report.

Community Resilience

Luke Fortune, 444-1281, lfortune@mt.gov

All Capabilities

CR3 Contribute to Growth of Regional Healthcare Coalitions

Due 4th 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.

Be sure to track your activities each quarter to remind yourself for the 4th quarter report. 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.
2. Provide a narrative in the progress report outlining your jurisdiction's quarterly activities supporting your regional HCC.

CR4 Public Health Recovery Plan

Due 4th Quarter

Create a framework plan for providing public health services in community recovery scenarios.

Guidance:

More than 50% of Montana health jurisdictions have indicated that they have only some or limited abilities with the three functions in PHEP Capability 2: Community Recovery. This deliverable requirement will help cover this gap. The purpose is to create a framework from which a full plan will emerge. Write either a stand-alone document or a section into a current plan for supporting community recovery operations following a disaster. **This planning component does not have to be detailed; a high-level overview will be sufficient.**

It should encompass the purpose, scope of recovery, roles, responsibilities, local partners, access and functional needs, and a caveat for providing service as-able. The first step is to identify and review potential public health needs during disaster recovery with community and response partners. These partners should also understand the scope and roles of public health during recovery. Keep in mind that your roles should not go beyond the currently available services you provide. Sharing this information is critical to recovery planning.

Remember that recovery is more than just returning to the previous status after a disaster. It is an opportunity to establish a modern and up-to-date standard.
Consider sharing and gathering input for your recovery framework with these partners.

- Emergency manager
- School administrators
- Hospital administrators or emergency managers
- Local health officials
- Local elected leadership
- Social service representatives

Public health recovery is a broad endeavor. You will need many more partners from several community sectors to do full recovery planning, but public health is the current focus.

Public health recovery activities (operations) should include the following.

- Restore services
- Provide long-term follow-up to those affected
- Implement recommendations from after-action reports
- Ensure sustained, basic and surge capacities of public health resources
- Address the psychosocial needs of impacted populations and responders

This is a framework, not a full plan, so details and processes are not needed. Keep it high-level. DPHHS PHEP will provide guidance and technical assistance. A template will be developed in the coming budget period.

To fulfill this deliverable:

1. Submit the completed and approved framework recovery plan to the progress report.

Emergency Medical Countermeasures

Matt Matich, 444-6072, mmatich@mt.gov

Capabilities 8 & 9

EMC3 Emergency Medical Countermeasure (EMC) Plan

Due: 4th Quarter

Review, update, and post your jurisdiction's Emergency Medical Countermeasure Dispensing Plan to the progress report.

Guidance:
EMC plans must be reviewed and updated on a regular basis and shared with identified response partners, including LEPC or TERC, Fire, EMS, DES, Dispatch, hospitals, and other healthcare organizations. All response partners must sign to agree to their roles and responsibilities in the plan.

To fulfill this deliverable:
1. Review the EMC Plan Checklist
2. Review and update plan
3. Share with identified response partners
4. 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.
5. Upload your EMC plan containing current signatures of all identified response partners to the progress report

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

Capability 13

E8 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 2020 Pan Flu Assessment).

Exercise
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Capabilities 1 & 3

EX4 Submit After Action Report & Improvement Plan (AAR/IP) Procedures
Due 4th Quarter

Update or create new AAR/IP Plan for your organization.

Guidance:
An AAR/IP is the standard tool in emergency management and response that captures participant, controller, and observer comments and suggestion about an actual incident or exercise. It allows an organization to make recommendations for improvements and identifies specific corrective actions for completion.

This deliverable requires your jurisdiction to have a procedure for how an AAR/IP is created following an exercise or actual emergency response.

You may submit a copy of a current written procedure for writing AAR/IPs from your public health department or your jurisdiction's overall emergency operations plan. Be sure it is updated. You will have to write a simple guidance procedure if your public health department does not have any such document. DPHHS PHEP can give guidance on writing these documents.

PHEP also encourages you to enlist the assistance of your jurisdiction's emergency manager. He or she will most likely have experience with creating AAR/IPs. Developing an AAR/IP is part of exercise design. The process follows the principles of Homeland Security Exercise and Evaluation Program (HSEEP). Although the process seems complex, the principles are reasonably simple.

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. Create/Update AAR/IP Plan.
2. Upload a copy of the AAR/IP Plan to the progress report.

Food & Water Safety

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

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:
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 agent, 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.

Surge Management

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Capability 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.

ATTACHMENT A3

Funding Table for Additional Positions (Attachment A3)			
	1.0 FTE Epidemiologist	1.0 FTE Disease Intervention Specialist	1.0 FTE Sanitarian
Hourly Rate	30.19	30.19	26.96
Annual Salary	62,803.52	62,803.52	56,074.40
FICA	4,804.47	4,804.47	4,289.69
PERS	5,149.89	5,149.89	4,598.10
SUT	1,570.09	1,570.09	1,401.86
DWC	4,835.87	4,835.87	4,317.73
Insurance	12,648.00	12,648.00	12,648.00
Total Sal + Ben	**91,811.84**	**91,811.84**	**83,329.78**
Emp Travel Pkg			8,482.06
Total Costs:	**91,811.84**	**91,811.84**	**91,811.84**