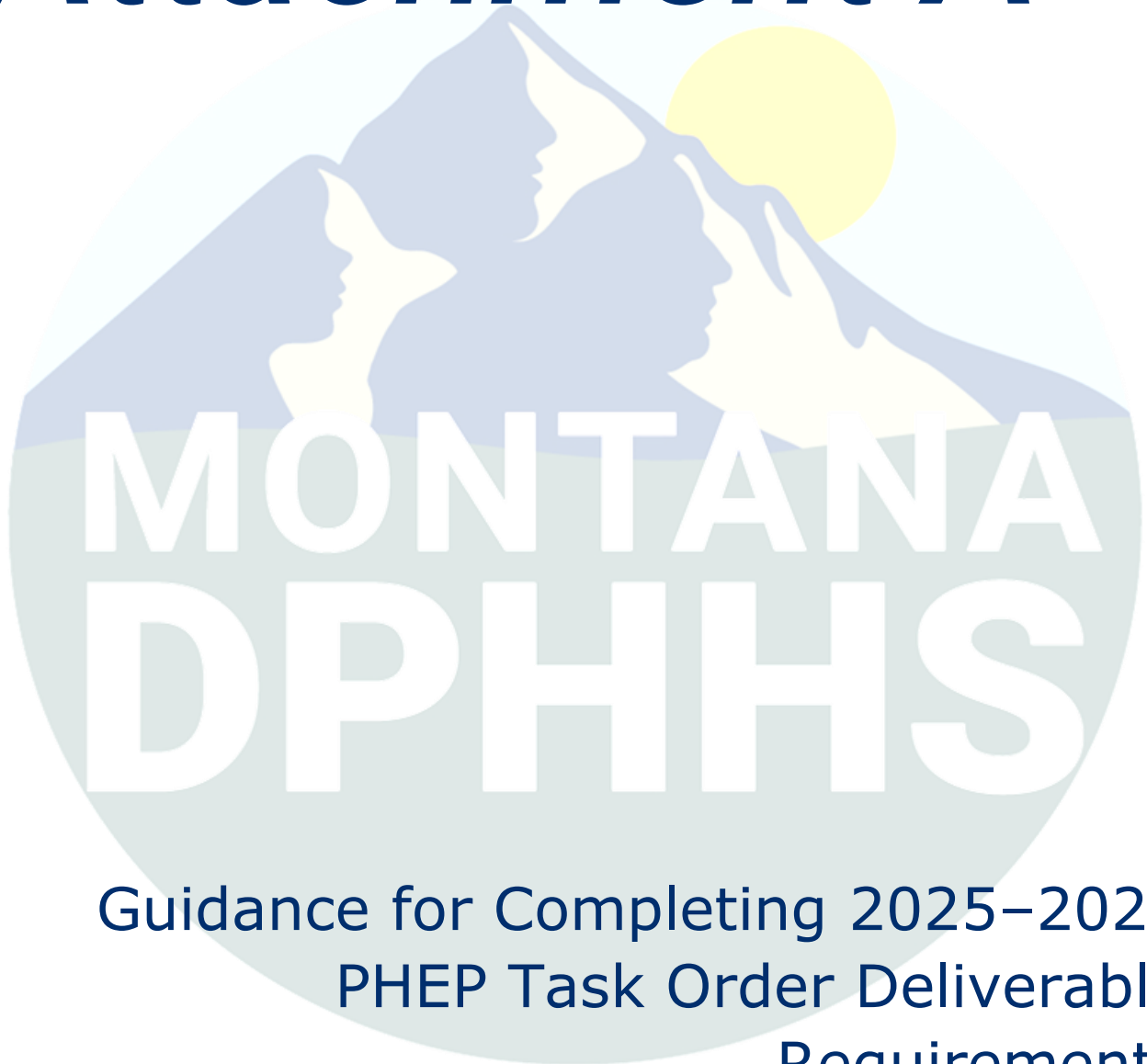




Attachment A



Guidance for Completing 2025–2026 PHEP Task Order Deliverable Requirements

July 1, 2025 – June 30, 2026



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LTHJ PHEP Requirements 2025 – 2026

Electronic Version Linked

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Budget & Administration

Quarter Due

BA1 Budget Line-Item Expenses	A-2	Every
BA2 Maintain the Montana Public Health Directory	A-3	Every
BA3 DPHHS HAN Response	A-4	Every
BA4 24/7 Communication System Implementation	A-4	Every
BA5 Reconcile Communicable Disease Cases with DPHHS Staff	A-5	Every
BA6 Confirm Backup Sanitarian for Emergency Situations	A-6	Every
BA7 Essential Laboratory Contact Information List	A-6	1st
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BA9 DWES Kit Inspection and Inventory	A-8	2nd

Exercises

Quarter Due

E1 Off-Site Point-of-Dispensing (POD) Vaccination Clinic	A-9	Any
E2 Highly Infectious Communicable Disease TTX	A-11	Regional

Outreach & Collaboration

Quarter Due

OC1 Collaboration and Information Sharing with KSPs	A-12	3rd
OC2 Vaccine Communication and Off-site Vaccination Clinics	A-13	Any
OC3 Sanitarian Participation in LEPC	A-13	Any
OC4 Update Contact Information for All Licensed Establishments	A-14	2 nd

Plans

Quarter Due

P1 Pandemic Influenza and Communicable Disease Response Plans Review	A-15	Regional
P2 Plan Inventory	A-16	Any
P3 All- Hazard Laboratory Specimen Transport Plan Checklist	A-17	3rd

Training

Quarter Due

T1 Emergency Management Training	A-18	Any
T2 Attend Communicable Disease & Public Health Law Training	A-19	3rd
T3 Attend Volunteer Management Training	A-20	2nd
T4 Sanitarian Attends Training for Licensed Establishments Database	A-20	Any



2025 – 2026 PHEP Deliverables Calendar

Calendar by Category

Category	1 st Quarter Ends Sept. 30 Due Oct. 30	2 nd Quarter Ends Dec. 31 Due Jan. 30	3 rd Quarter Ends Mar. 31 Due Apr. 30	4 th Quarter Ends June 30 Due July 30	Any
Outreach & Collaboration		OC3	OC1		OC2, OC4
Plans		P1 (Southern and Western HCC Regions)	P3	P1 (Central and Eastern HCC Regions)	P2
Training		T3	T2	T5	T1, T4
Exercises	E2 (Southern and Western HCC Regions)		E2 (Central and Eastern HCC Regions)		E1, E3
Budget & Administration	BA1 – BA8	BA1 – BA6, BA9	BA1 – BA6	BA1 – BA6	

Calendar by Quarter

Quarter	Outreach & Collaboration	Plans	Training	Exercises	Budget & Administration
1 st Quarter Ends Sept. 30/Due Oct. 30				E2 (Southern and Western HCC Regions)	BA1 – BA8
2 nd Quarter Ends Dec. 31/Due Jan. 30	OC3	P1 (Southern and Western HCC Regions)	T3		BA1 – BA6, BA9
3 rd Quarter Ends Mar. 31/Due Apr. 30	OC1	P3	T2	E2 (Central and Eastern HCC Regions)	BA1 – BA6
4 th Quarter Ends June 30/Due July 30		P1 (Central and Eastern HCC Regions)	T5		BA1 – BA6
Any Quarter	OC2, OC4	P2	T1, T4	E1, E3	

Deliverables **P1** and **E2** are aligned biannually to combined Regional Health Care Coalitions.

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

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

Southern Region: Bighorn, Carbon, CMHD, Crow, Fergus, Gallatin, Madison, Park, Stillwater, Sweet Grass, and Yellowstone

Western Region: Beaverhead, CSKT, Deer Lodge-Granite, Flathead, Lake, Lincoln, Mineral, Missoula, Powel, Ravalli, Sanders, and Silver Bow



PHEP Staff Directory (Subject to change)

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Attachment A

Introduction

This document is the supplemental guidance for the task order amended to your jurisdiction’s contract for services with the Montana Department of Public Health and Human Services (DPHHS). It provides information for the deliverable requirements for the Public Health Emergency Preparedness (PHEP) task order for the 2025-2026 budget period.

Carefully and completely read the deliverable requirements and guidance in its entirety. Please contact the associated Subject Matter Expert under each deliverable or the PHEP Section Supervisor if you have questions about a deliverable requirement.

Noted Items for 2025-2026

1. **Key Focus Areas**

Attachment A is now grouped into new categories to follow key focus areas. Deliverables have new corresponding references.

- **BA** = Budget & Administration
- **E** = Exercises
- **OC** = Outreach & Collaboration
- **P** = Plans
- **T** = Training

2. **Budget Report:** Reimbursements for completing quarterly deliverables will now require jurisdictions to invoice PHEP each quarter and submit supporting documentation. LTHJs can submit their budget spreadsheet and supporting documentation along with their PHEP deliverable reporting.

3. Progress report **due dates are now extended to 30 days after the closing date** of the quarter.

4. Two deliverables in this grant period have due dates geographically associated to the Regional Health Care Coalitions: P1 – Pandemic Influenza and Communicable Disease Response Plans Review and E2 – Highly Infectious Communicable Disease Plus TTX.

Submitting Progress Reports

The due date for submitting a quarterly progress report is 30 days after the end of the quarter. Jurisdictions **MUST** complete all Task Order requirements work **WITHIN THE QUARTER IT IS DUE** as designated in Section 5 of the Task Order. The 30-day period following the end of a quarter is for gathering information and completing the report **only**.

The reporting period is within the next quarter and completing deliverable requirements during that time does not qualify. See Table 1 for the Progress Report Due Schedule.

Table 1.

	Work Period	Report Period
Quarter 1	July 1 – Sep. 30	Due October 30
Quarter 2	Oct. 1 – Dec. 31	Due January 30
Quarter 3	Jan.1 – Mar. 31	Due April 30
Quarter 4	Apr.1 – June 30	Due July 30

DPHHS PHEP may withhold payment or delay payment if deliverables are submitted incomplete or beyond the one-month grace period without prior arrangements. (Task Order Section 4: Compensation).

The PHEP Deliverables Resource (PDR) Website



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

PDR web address: <https://dphhs.mt.gov/publichealth/phep/phep-resources/index>.

Task Order Requirements

Budget & Administration

BA1: Budget Line-Item Expenses

Provide the actual dollar amount and supporting documentation for expenses in the listed line-item categories.

Due Every Quarter

Dan Synness, (406)444-6927, dsynness@mt.gov

Guidance:

Your jurisdiction is required to account for your PHEP funding. All categories combined *should meet the sum* of your annual PHEP award. The sum can not exceed the annual award depending on how many of your expenses were paid with matching funds from your jurisdictional agency or other entities. A spreadsheet is available on the [PDR](#) to help track expenses during the budget period.

1. Staff salary (list each employee's salary for the quarter)
2. Staff Benefits (list each employee's benefits for the quarter)
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

You must also report any purchase, or contribution to a purchase, of a single item costing more than \$10,000. 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 along with any supporting documentation into each quarterly progress report.



BA2: Maintain the Montana Public Health Directory

Maintain and update contact information for all staff listed in the public health directory.

Due Every Quarter

Andrea Wingo, (406)444-5887, andrea.wingo@mt.gov

Guidance:

The directory information is used to send Health Alert Network (HAN) messages, incident updates, and maintain situational awareness. Remove staff names and contact information when a vacancy occurs and leave positions blank until there is a replacement.

Jurisdictions MUST verify names and contact information for ALL the required categories every quarter, even if no change has occurred.

NOTE: Programs requiring jurisdictions to keep information current in the directory will perform quarterly audits to ensure the categories relevant to them are up to date. You may be contacted by the individual program to resolve any issues.

To fulfill this deliverable:

1. Review and update all information for each category below.
 - Board of Health Chair contact information
 - Cat A Shippers, DWES, CBAT, and clinical specimen kit locations
 - Clinical Lab contacts (most often used)
 - 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
 - Sanitation Lead and Secondary contacts
 - SNS Coordinator
 - SNS drop point locations
 - Volunteer Registry Primary
 - Volunteer Registry Secondary
2. Select 'Mark as Reviewed' in the Directory.
3. Indicate which categories needed to be updated in the quarterly progress report.

BA3: DPHHS HAN Response

Due Every Quarter

Andrea Wingo, (406)444-5887, andrea.wingo@mt.gov

Guidance:

The Health Alert Network is the CDC's and State of Montana's primary method of shared information about urgent public health incidents. It is crucial that information received through the Health Alert Network is getting distributed to the appropriate parties.

The HAN deliverable **requires** *one person* from your jurisdiction to acknowledge receipt of **EVERY** HEALTH ALERT, HEALTH ADVISORY, or HEALTH UPDATE messages within *24 hours*. INFORMATION SERVICE messages do not require a response. It is highly encouraged to have more than one response to each message. This redundancy covers any instance in which one of the local HAN coordinators is unable to respond and relay



messages due to technology failure, incapacitation, or other situation. PHEP also highly encourages jurisdictions to develop and test their own local redundant distribution systems.

The responses may come from the **primary, secondary, or tertiary** local HAN coordinators. Ensure those contacts are updated regularly in the Public Health Directory.

Some quarters may not have an event or subject that warrants a HAN message. When no official HAN is issued, PHEP will initiate a test message to allow LTHJs to both test internal systems and complete this deliverable.

In addition to acknowledging receipt of a HAN, it is very important to share the HANs with the appropriate contacts within your jurisdiction. The number of contacts may change due to an event or medical emergency. Local HAN lists should be kept and updated regularly. 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. One local HAN coordinator must respond to HAN notification messages within 24 hours.
2. Forward, when recommended, to appropriate local HAN contacts and copy hhshan@mt.gov.

BA4: 24/7 Communication System Implementation

Participate in quarterly testing of the 24/7 notification system initiated by DPHHS.

Due Every Quarter

Jacob Brown, (406)444-1305, jacob.brown@mt.gov

Guidance:

DPHHS PHEP will test your 24/7 after-hours communications protocols quarterly. PHEP's test call should initiate activation of your communications protocol. Your jurisdiction must respond within 30 minutes of the notification. Review your jurisdiction's 24/7 protocols during the grant period and ensure telephone numbers, key personnel, agency information, and procedural steps are correct. An unsuccessful test may include:

- An incorrect number in the Public Health Directory
- No answer or voice messaging system to take the call
- No return call within the 30-minute test window

PHEP will follow-up with jurisdictions that do not successfully pass the test call. Those jurisdictions must identify any issues that caused a failed test and take corrective actions.

To fulfill this deliverable:

1. Ensure your 24/7 emergency communication protocol is in place and expect a quarterly test call.
2. Review and revise, if necessary, your protocols for 24/7 notifications for public health in your jurisdiction. Indicate on the quarterly progress report if revisions were made for the quarter.
3. If your quarterly test was unsuccessful, describe the issue and corrective actions taken.
4. In one of the quarters, upload documentation (e.g. letter or email) to the progress report stating that your 24/7 Communications System Plan is current.

BA5: Reconcile Communicable Disease Cases with DPHHS Staff

Reconcile communicable disease investigations in the Montana Infectious Disease Information System (MIDIS) that were performed in the previous quarter to meet the timeliness and completeness standards set forth by DPHHS and the Administrative Rules of Montana (ARM [37.114.201](#),



[37.114.204](#) and [37.114.205](#)). Local and tribal health jurisdictions should report diseases as quickly and completely as possible.

Due Every Quarter

Magdalena Scott, (406)444-3049, magdalena.scott@mt.gov

Guidance:

This deliverable helps ensure that reporting systems are functioning as intended by resolving discrepancies in data to ensure that state and local data are congruent, and cases are assigned to the correct jurisdiction. In addition, this deliverable helps maintain accurate numbers for state generated reports and high-quality data for Montana's submissions to CDC. Local and tribal health jurisdictions should review the reconciliation line list provided by DPHHS at the end of the first month of each quarter (January, April, July, and October).

Use the reconciliation line list to:

- Make changes to current cases belonging to your local and tribal health jurisdiction, by adding or correcting information in MIDIS, for highlighted cells in the report.
- Review cases that are still "Open" and identify what needs to be done to close them.
- Identify any cases on the list that *do not* belong to your local and tribal health jurisdiction and notify DPHHS via MIDIS for reassignment to the correct jurisdiction.

Timeliness and completeness metrics used in the reconciliation reports are calculated for all reportable diseases except HIV, TB, non-hospitalized COVID, animal rabies, and rabies post-exposure prophylaxis reports.

- A. Lost to Follow-up
- B. Date of Birth
- C. Race
- D. Ethnicity
- E. Zip code of residence
- F. Diagnosis date
- G. Onset Date
- H. Hospitalization (Y/N)
- I. Date of control measures implemented
- J. Investigation Status- % Closed
- K. HIV test referral (STD Only)
- L. Date of interview (STD Only)
- M. Pregnancy status (female STD only)
- N. Date of treatment (STD Only)
- O. Completeness of treatment (STD only)
- P. Lost to Follow Up (STD Only) separated out)

You can find **complete guidance** and recordings about how to complete reconciliation on dphhselearn.org, or by reaching out to Danny Power (danny.power@mt.gov)

To fulfill this deliverable:

1. Review the DPHHS reconciliation report distributed to you each quarter for timeliness and completion goals, found on the "Deliverables Snapshot" tab. In MIDIS, correct any date typos and fill in missing information. Typos and blank fields can be found using the "Line List" tab. If reporting timeliness or data completion is below the goals outlined above, please report what barriers you encountered and describe steps you have identified to overcome them in the future.
2. Utilize the [Qualtrics Reconciliation Survey](#) sent out each quarter to record the date that your local and tribal health jurisdiction finished adjusting cases after reviewing the reconciliation report and updating information in MIDIS.



- a. This should be done as soon as reconciliation is complete and will record the exact date of completion. The local or tribal health jurisdiction PHEP manager should enter this same completion date when they fill out the PHEP quarterly progress report.
- b. If multiple people in your jurisdiction perform the reconciliation concurrently, please record the date all sections were complete.

BA6: Confirm Backup Sanitarian for Emergency Situations

Jurisdictions should have a backup sanitarian to fill in for emergency events where the primary sanitarian is not available.

Due Every Quarter

Darryl Barton (406)444-2837, darryl.barton@mt.gov

Guidance:

Each jurisdiction should have a backup or secondary sanitarian for emergency situations or covering surge events. In counties where there is more than one sanitarian, the person listed as secondary will be considered the backup. In jurisdictions with only one sanitarian, who wish to enter into an agreement with a neighboring county, a sample memorandum of understanding has been posted on Connected Community in the [Environmental Health and Food Safety Sanitarian Resources](#) Community. In the event that a county with a single sanitarian has not been able to find a nearby backup, the local health officer or their designee can act as backup per [50-2-118 MCA](#). The health officer or their designee can reach out to EHFS for guidance if they are acting as the backup sanitarian.

The backup or secondary sanitarians should have their name and contact information listed in the Public Health Directory. Sanitarians can collaborate with the person responsible for updating the Montana Public Health Directory (MTPHD) each quarter in their jurisdictions. The directory is at <https://phd.hhs.mt.gov/>. Sanitarians under contract can contact the local PHEP coordinator to provide current primary and secondary phone numbers, mobile phone numbers, email, and physical addresses.

To fulfill this deliverable:

1. Counties with multiple sanitarians should have a secondary sanitarian listed in the public health directory.
2. Counties with only on sanitarian should work with nearby counties and try to secure a backup sanitarian. Any backup should be listed in the public health directory.
3. If a county with a single sanitarian is unable to find a backup, the health officer or their designee MUST be listed in the public health directory as the backup. Ensure they are aware of this role.

BA7: Essential Laboratory Contact Information List

Provide your jurisdiction's local contact information for effective communication with the MT Laboratory Services Bureau (MTLSB) during a preparedness response event.

Due 1st Quarter

Kim Newman, (406)444-3068, knewman@mt.gov

Guidance:

It is essential to have comprehensive communication between the MTLSB and all preparedness partners involved in a response to a particular Biothreat Agent, Chemical Threat Agent, or Emerging Disease situation. The information that you provide will ensure that the MTLSB has the means to quickly contact the appropriate partners for a specific response situation and to coordinate information relevant to the response.

To fulfill this deliverable:



1. Download the [Contact Information Form FY 2025-2026](#) from the [PDR](#) under Public Health Laboratory Resources.
2. Fill in the required information for the preparedness partners in your jurisdiction. Name, phone, and email are mandatory fields. The address field is highly recommended.
3. Upload a scanned copy of the [Contact Information Form](#) to the PHEP Progress Report in Jotform.

BA8: CBAT Kit Inspection and Inventory

Inspect the CBAT kit, add new supplies, replace the lid sealing gasket, and reseal the kit with new evidence tape.

Due 1st Quarter

Kim Newman, (406)444-3068, knewman@mt.gov

Guidance:

Chemical/Bacterial Agent Transport (CBAT) kits are federally standardized units which contain all the necessary supplies required to sample credible threat suspicious powders and liquids. Each kit can accommodate up to two samples and also serves as the secure transport container for those samples. A minimum of two kits have been prepositioned in each participating LTHJ so that the kits are available 24/7 for use by LE, FD, PH, or HAZMAT.

The Montana Laboratory Services Bureau (MTLSB) is the exclusive laboratory in Montana authorized by the FBI and CDC to conduct confirmatory biothreat agent testing. All samples suspected of being a credible biothreat must be collected and sent to MTLSB, regardless of the source of the collection kits or preliminary HazMat screening results.

The PHEP Preparedness contact person listed in the Montana Public Health Directory is responsible for working with community partners to inspect and inventory the Chemical/Bacteriological Agent Transport (CBAT) Kit contents supplied by the Montana Laboratory Services Bureau (MTLSB).

The purpose of this inventory is to verify the location, contents, and condition of the CBAT Kits supplied by the MTLSB. The information you provide will determine if the kits still contain the proper elements and are not damaged. Any items that need to be replaced will be mailed directly to the PHEP Preparedness contact person listed in the Montana Public Health Directory. Prior to the beginning of the first quarter, MTLSB will mail each jurisdiction updated Chain of Custody forms, an updated instruction form, two plastic sampling tubes, a lid sealing gasket, and new evidence tape to reseal the kits.

To fulfill this deliverable:

1. Contact the appropriate partner in your jurisdiction responsible for the CBAT kit.
2. Explain the situation and the deliverable. Remind them of the quarter deadline.
 - a. Give them the link for the [CBAT Kit Inventory Form](#)
 - b. Have them inspect the supplies in the CBAT Kit, checking for breaches, deterioration, or broken seals in any of the contents, and complete the CBAT Kit Inventory List, noting the expiration dates of the CultureSwab™ environmental sampling swabs and transfer pipets on the inventory form.
 - c. Have them place the new Chain of Custody Forms and instructions in the COLD ZONE bag.
 - d. Have them place one plastic sampling tube in each HOT ZONE bag.
 - e. Have them replace the lid sealing gasket with the new gasket provided.
 - f. Have them reseal the kit with the new evidence tape.
 - g. Have them complete the [CBAT Kit Inventory Form](#).
 - h. Encourage them to call Kim Newman at the MTLSB for assistance.
3. When the Jotform form is completed and submitted, you should get an email to confirm. When you receive the confirmation email, **update the MTPH Directory** (so that a new modified date appears in the view only mode), then mark the BA8 deliverable requirement in the progress report as complete.



BA9: DWES Kit Inspection and Inventory

Environmental Health staff, Local PHEP Preparedness Coordinators, Waterworks Operators, or HAZMAT Team staff will inventory the contents of the Drinking Water Emergency Sampling (DWES) Kit supplied by the Montana Laboratory Services Bureau (MTLSB).

Due 2nd Quarter

Kim Newman, (406)444-3068, knewman@mt.gov

Guidance:

Standardized Drinking Water Emergency Sampling (DWES) Kits, developed by the Department of Environmental Quality Public Water Supply (DEQ PWS) and the MTLSB, are used for obtaining and transporting water samples from a drinking water facility during a suspected or credible public water contamination threat event. A minimum of one kit has been prepositioned in each participating LTHJ and contain a complete set of sampling bottles so there is no delay in obtaining the samples. If a DWES Kit is used, consultation with the MTLSB is required to coordinate transportation, arrange any special handling requirements, alert any necessary medical surveillance groups, and coordinate potential state laboratory network actions.

The purpose of this inventory is to verify the location, contents, and condition of the DWES kits supplied by the MTLSB. The information you provide will also determine if the kits still contain the proper elements and are not damaged.

The point of contact for the DWES Kit should be a jurisdictional Sanitarian, Environmental Health personnel, Community Water Supply operator, PHEP Preparedness Coordinator, or HAZMAT Team personnel and is the appropriate person/agent to conduct the inventory. By the end of first quarter, MTLSB will mail each public health jurisdiction replacement outer and inner press-on envelopes, an updated Chain of Custody/Analysis Request form, and evidence tape. The new supplies will be mailed directly to the PHEP Preparedness contact person listed in the Montana Public Health Directory. Contact Kim Newman if you need assistance.

To fulfill this deliverable:

1. Contact the appropriate partner in your jurisdiction responsible for the DWES kit.
2. Explain the situation and the deliverable. Don't forget to remind them of the quarter deadline.
 - a. Give them the link for the [DWES Kit Inventory Form](#)
 - b. Have them repackage the outer documents in a new press-on zip lock envelope and attach the envelope to the lid of the DWES kit.
 - c. Have them place the new Chain of Command/Analysis Request form with the other inner documents and repackage them in a new press-on zip lock envelope and attach the envelope to the inside surface of the lid.
 - d. Have them complete the [DWES Kit Inventory Form](#).
 - e. Have them reseal the kit with the evidence tape provided.
 - f. Encourage them to call Kim Newman at the MTLSB for assistance.
3. When the Jotform form is completed and submitted, you should get an email to confirm. When you receive the confirmation email, **update the MTPH Directory** (so that a new modified date appears in the view only mode), then mark the BA9 deliverable requirement in the progress report as complete.

Exercises

E1: Off-Site Point-of-Dispensing (POD) Vaccination Clinic



Conduct an off-site vaccination clinic as a POD exercise following your emergency medical countermeasures plan.

Due Any Quarter

Taylor Curry, (406) 444-6072, taylor.curry@mt.gov

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 medications 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.

- Using your POD supplies (e.g., POD Box if it is part of your plans) set-up at least one (1) of your selected POD facilities. Be sure to inventory items and replace any that are worn or damaged. You can use your PHEP funds to support your POD exercise.
- Follow your written POD plan, including maps, messaging, and processing.
- **Each jurisdiction must invite and make every attempt to involve their regional ESF8/Health Care Coalition partners to participate in the POD Exercise.** Jurisdictional consideration needs to be given to:
 - Public Health Partners
 - Hospital/Healthcare facilities
 - EMS
 - Disaster Emergency Service partners
 - Healthcare Coalition Members
 - Schools & Daycares
 - Long-term Care/Assisted Living
 - Faith Community
 - Non-governmental organizations serving individuals with Access and Functional Needs
 - Volunteer organizations (VOAD, COAD, etc.)

Vaccinations

Preparing an off-site vaccination 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. The *Checklist for Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations* will help you stay organized. Review and complete the checklist throughout the process of planning, exercising, and reviewing your off-site POD clinic. Complete the sections as they correspond to the three stages of an off-site vaccination clinic. The stages include “before the clinic”, “during the clinic”, and “after the clinic.”

Retrieve the checklist from the [PHEP Deliverable Resources \(PDR\)](#) webpage under **Immunization**. Complete the checklist to the best of your ability and submit.

While checklists keep you organized, patient tracking during the clinic ensures an accurate accounting for vaccine distribution. In the event of a pandemic outbreak, jurisdictions may be asked to provide information on the vaccination tier groups who received the allocated vaccine.

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



Review and decide how to incorporate the *Vaccination Population Group Screening Question* into the patient intake process during one off-site vaccination clinic. The *Vaccination Population Group Screening Question* is located below and will be available on the [PDR](#) webpage under Immunization.

Vaccination Population Group Screening Question:

Option 1:

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 complications (for the vaccine-preventable disease(s))
- Person aged 3-64 years old not at higher risk for complications (for the vaccine-preventable disease(s))
- Adults 65+ years old

Option 2:

Determine vaccination population group screening questions specific to an off-site vaccination clinic. Screening questions may be entirely unique or be a combination of unique screening questions and some of the groups found in Option 1. There must be a minimum of 3 screening group questions, and they may not all be age-defined. Upload a document that outlines the population screening group questions and the number of persons that fell into each group. Examples include but are not limited to:

- Person experiencing homelessness
- Person reporting history of injection drug use
- Person currently in a correctional or transitional setting
- Person is a refugee

When you audit your patient intake, total each of these categories for reporting purposes.

Exercises

Conducting this vaccination POD clinic exercise according to your written plan provides you an opportunity to discover if there are areas to improve, anything you can do without, and anything you need to add. Gathering the information and preparing an After-Action Report (AAR) will help you organize all of the information you gather. Developing an Improvement Plan (IP) will lay out a path to make that information useful and help you prepare for the next clinic or pandemic response.

Following the POD clinic, complete an AAR/IP. You can use your own AAR/IP form or download a copy from the [PDR](#) under Exercises.

To fulfill this deliverable:

1. Schedule and prepare for an off-site POD as a vaccination clinic according to your emergency medical countermeasures plan.
 - a. Inventory your POD supplies
 - b. Upload a copy of the inventory to the progress report.
2. Download and review the *Checklist for Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations*.
 - a. Complete the sections during the appropriate stages.
 - b. Upload the Completed checklist to the Progress Report.
3. Review the Vaccination Population Group Screening Question and incorporate this question into the patient intake for the clinic.



- a. Report aggregated totals for each vaccination group indicated. There will be a total of six groups to report.
 - b. Submit aggregated totals for each group to the Progress Report.
4. Complete and upload the PHEP Exercise Partner Involvement Spreadsheet to the Progress Report.
5. Complete and upload an AAR/IP to the Progress Report.

E2: Highly Infectious Communicable Disease Plus TTX

Participate in a PHEP/HCC Co-Sponsored TTX

Quarter Due Dependent on Region

PHEP Exercise Coordinator, TBD

Due 1st Quarter: Southern & Western Regions, TTX date Sept 3, 2025

Southern Region:

Bighorn, Carbon, CMHD, Crow, Fergus, Gallatin, Madison, Park, Stillwater, Sweet Grass, and Yellowstone

Western Region:

Beaverhead, CSKT, Deer Lodge-Granite, Flathead, Lake, Lincoln, Mineral, Missoula, Powell, Ravalli, Sanders, and Silver Bow

Due 3rd Quarter: Eastern & Central Regions, TTX date March 4, 2026

Eastern Region:

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

Central Region:

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

Guidance:

DPHHS Public Health Emergency Preparedness will conduct a virtual or in-person table-top exercise with an infectious disease scenario within each region. The purpose of the exercise is to test and review local and tribal health jurisdictions and partner response plans to address a highly infectious disease outbreak. We will increase complexity this year by building on the exercise that was completed in the last budget period.

Each jurisdiction must invite and make every attempt to involve their regional ESF8/Health Care Coalition partners to participate in the TTX. Jurisdictional consideration needs to be given to:

- Public Health Partners
- Hospital/Healthcare facilities
- EMS
- Disaster Emergency Service partners
- Healthcare Coalition Members
- Schools & Daycares
- Long-term Care/Assisted Living
- Faith Community
- Non-governmental organizations serving individuals with Access and Functional Needs
- Volunteer organizations (VOAD, COAD, etc.)

The exercise will consist of blocks of time to work with these partners to answer questions related to how you initiate your plans, engage your partners, and conduct processes and communications. The duration of the



exercise will vary based on the number of attendees but will likely be 2-4 hours. Each local and tribal health jurisdiction will be asked to complete an After-Action Report and Improvement Plan (AAR/IP).

To fulfill this deliverable:

1. After inviting partners, determine and report the issues that caused any to refuse, not respond, or not show up for the exercise.
2. Participate in your region's planned TTX using the appropriate plans from your jurisdiction.
3. Complete and upload the AAR/IP for your local and tribal health jurisdiction, and partners at the end of the quarter in which your jurisdiction participates in the exercise.

Outreach & Collaboration

OC1: Collaboration and Information Sharing with Key Epidemiology Surveillance Partners (KSPs)

Due 3rd Quarter (January-March 2026): Report by 4/30/26

Magdalena Scott, (406)444-3049, magdalena.scott@mt.gov

Guidance:

Disseminate the list of reportable conditions and reporting instruction when you engage your 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.

KSPs are critical sources for ongoing case report and disease-related information. The number and type of KSPs may vary for each local or tribal jurisdiction, but 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 the respiratory illness 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 of information related to reportable conditions and sharing of information that may be relevant to the provider. Examples of items to distribute to KSPs are: DPHHS Communicable Disease Weekly Updates, MIDIS generated reports, HAN messages, and reportable disease related presentations.

We encourage you to employ effective communication strategies with these partners, including weekly calls, to 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 that 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.

To fulfill this deliverable:

1. Identify and provide the total number of KSPs within your jurisdiction for active surveillance purposes. 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. Health equity, access, and functional needs partners (e.g., Homeless facilities, independent living facilities)
 - f. Other partners



- g. Total number of KSPs
2. Record the date(s) you disseminated the updated Reportable Conditions List and disease reporting instructions to KSPs.
3. Provide a short description of the materials and frequency of material distribution to your KSPs.
4. 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 complete.
 - c. It is not necessary to submit this log to DPHHS. Please maintain it locally and keep it with your grant progress report files.

OC2: Communication and Off-Site Vaccination Clinics

Report the total number of off-site vaccination clinics, total number of vaccine doses administered at those off-site clinics, and any partner communication.

Due Any Quarter

SME: TBD

Guidance:

Education and event promotion, along with partner meetings are important components to emergency management. Planned collaborations and regular communication among local partners strengthen preparedness partnerships and can lead to streamlined response activities.

Providing education on current vaccinations and availability of those vaccination helps increase knowledge and uptake of vaccines. Off-site vaccination clinics help enhance and strengthen the capabilities of Tribal and local health jurisdiction to respond to a public health emergency event requiring vaccine transport, handling, and administration. The implementation of off-site vaccination clinic best practices increases efficiency and decreases vaccine administration errors and vaccine wastages during a public health emergency. Off-site vaccination clinics may be for the administration of one or more vaccination groups (i.e., influenza and COVID-19, back-to-school vaccinations, etc.).

The *Immunization/PHEP (IZ/PHEP)* spreadsheet, provided by DPHHS, is available to track and report the total number of off-site vaccination clinics, doses administered, and partner communication for each quarter.

To fulfill this deliverable:

1. Track the number and type(s) of partner communications that happened throughout quarter. **Record on the IZ/PHEP spreadsheet**
2. Track the total number of off-site vaccination clinics done throughout the quarter. **Record on the IZ/PHEP spreadsheet**
3. Track the total number of vaccines given at ALL of the off-site clinics throughout the quarter. **Record on the IZ/PHEP spreadsheet**
4. Complete and upload the IZ/PHEP spreadsheet to the quarterly progress report.

OC3: Sanitarian Participation in LEPC

A registered sanitarian (RS) from your jurisdiction's environmental health office must attend at least one Local Emergency Planning Committee (LEPC), Tribal Emergency Response Council (TERC), or another meeting type approved by the DPHHS during the budget period.

Due Any Quarter

Darryl Barton, (406)444-2837, darryl.barton@mt.gov

Domains: Enhance Partnerships, Develop Threat-specific Approach, Expand Local Support



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. Topics for discussion 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 or truck wreck response.

If sanitarian participation in LEPC or TERC is not possible, another meeting with the sanitarian and emergency response/preparedness staff for their county may be approved in advance.

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. Another meeting may be approved by DPHHS. For approval, send details of the purposed meeting to the EHFS contact. Prior approval is required.

OC4: Update Contact Information for All Licensed Establishments

Fill in the contact information in the Licensed Establishment Database.

Due 2nd Quarter

Darryl Barton, (406)444-2837, darryl.barton@mt.gov

Guidance:

The Registered Sanitarian (RS) for your jurisdiction should regularly maintain and update contact information for all licensed facilities in the Licensed Establishment Database. Contact EHFS to request a spreadsheet of the licensed facility information that is present in the database if you need one.

Only counties with less than 90% completion in any one category of contact information for licensed facilities will need to complete this deliverable. **EHFS will notify counties at the beginning of the quarter if they are included or exempt from this deliverable.**

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.

Up-to-date contact information is crucial in providing timely responses to such emergencies as sewage failures, power outages, flooding, recall notification and outbreaks. 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.

The email addresses and phone numbers gathered for this deliverable should be added to all applicable Health Alert Network lists.

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 90% of phone numbers are present in the database or are on a spreadsheet.
 - b. Over 90% of physical addresses are valid and accurate in the database or on a spreadsheet.
 - i. Guidance on correct address formatting will be provided 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 90% 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. Submit a spreadsheet that notes information changes by uploading it to the quarterly progress report **IF** the sanitarian cannot modify updated information in the EHFS database.

Plans

P1: Review Pandemic Influenza and Communicable Disease Response Plans

Review and update your jurisdiction's Pandemic Influenza Plan and Communicable Disease Response Protocol/Plan.

Quarter Due Dependent on Region

Luke Fortune, (406)444-1281, lfortune@mt.gov

Due 2nd Quarter

Southern Region:

Bighorn, Carbon, CMHD, Crow, Fergus, Gallatin, Madison, Park, Stillwater, Sweet Grass, and Yellowstone

Western Region:

Beaverhead, CSKT, Deer Lodge-Granite, Flathead, Lake, Lincoln, Mineral, Missoula, Powel, Ravalli, Sanders, and Silver Bow

Due 4th Quarter

Eastern Region:

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

Central Region:

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

Guidance:

Use the assessment tools provided in the deliverable resources folder on the PDR webpage <https://dphhs.mt.gov/publichealth/phep/phep-resources/index> to review and update your Pandemic Influenza Plan and Communicable Disease Response Plan. The tool (checklist) is located under Planning Resources. It provides guidance for what these plans should include for effective emergency disease and pandemic responses.

Local planning for pandemic influenza and communicable disease is more effective when it reflects what will actually happen in your jurisdiction if it occurs. The E2 tabletop exercise will allow you to test both plans and determine any strengths and shortcomings. Use these lessons learned to make changes in the plan. Remember to include your response partners in the review and update process. We encourage you to invite those who you list with roles and responsibilities, such as the local emergency manager, hospital preparedness coordinator, and any other stakeholders. Also include services and agencies that serve access and functional need populations. This will enable the community to be aware of plans and engage in healthcare response in a positive manner.

Present the Pandemic Influenza Plan to your Board of Health (BOH) if there are any significant changes. Your Board of Health only needs to review the plan if there are important changes or if they ask for it. A new signed concurrence/promulgation page is not necessary unless the plan has substantial changes or if they request it.



To fulfill this deliverable:

1. Review and update both the Pandemic Influenza Plan and Communicable Disease Response Plan in the quarter (Quarter 2 or Quarter 4) following your participation in the E2 Highly Infectious Disease Exercise.
 - a. Use the appropriate assessment tool/checklist for each plan, which is found on the [PDR](#).
 - b. Also include any changes identified in the improvement plan for your PanFlu and Communicable Disease plans.
 - c. Include your response partners who have roles in the plans.
 - d. Complete your internal review process.
 - e. A new promulgation page is unnecessary unless significant changes were made.
2. Submit a copy of your Pandemic Influenza response plan to your Board of Health and report any significant changes to them. Update the Promulgation page if necessary.
3. Upload a copy of your jurisdiction's [Pandemic Influenza Plan](#) and [Communicable Disease Response Plan](#). Plans will be reviewed and feedback provided to each jurisdiction within 30 days, or as soon as reasonably possibly given current staffing, following the due date.

NOTE: *DO NOT* upload the checklists. Those are tools for your own use. Upload the plans ONLY.

P2: Plans Inventory

Report your jurisdiction's plans and revision dates for eight categories identified in the CDC PHEP 2024 – 2029 Cooperative Agreement.

Due 1st Quarter

Luke Fortune, (406)444-1281, lfortune@mt.gov

Guidance:

The PHEP 2024 – 2029 Cooperative Agreement with the CDC identified eight priority planning categories for review and revision to remain current in a risk-based all-hazards approach. This deliverable intends to determine the existence and status of these planning documents in your jurisdiction.

Jurisdictions vary in how their plans are structured and differ in naming conventions. The following list is the CDC provided as priorities and may not exactly match titles or categories in your jurisdiction.

These are the plans/categories.

- All-hazards preparedness and response plans (*that contain public health focus*) for chemical, biological, radiological, or nuclear threats, whether naturally occurring, unintentional, or deliberate
 - This is your Emergency Operation Plan
- Infectious disease response
- Pandemic influenza
- Medical Countermeasures Management) MCM distribution and dispensing
- Continuity of Operations Plan (COOP)
- Chemical, biological, radiological, and nuclear (CBRN) threat response
- Volunteer management
- Crisis and Emergency Risk Communications (CERC) and information dissemination plans

Responsibility for some or parts of these plans may belong to other community emergency first response partners, or you may share responsibility in a support role. The public health plans listed can also be parts of other plans and perhaps named differently (e.g., Point of Dispensing instead of Medical Countermeasures Management).

You might have several planning documents that together meet an item in the list.

Examples:



Infectious Disease might have a combination of plans that address communicable disease, immunization procedures, non-pharmaceutical interventions, contact tracing, food contamination, HAN procedures, etc.

Medical Countermeasures is inherently made up of several planning documents, including PODs, vaccination clinics, communications, etc.

You will indicate which planning document is active in your jurisdiction, list the primary custodian, and the most recent revision date. You will also indicate which of the eight plan categories listed above that it supports. (e.g., HAN procedures can support both Infectious Disease and Risk Communications). We intend to have a small section in the 1st Quarter Progress Report with a format that will guide you through recording the inventory.

To fulfill this deliverable:

1. Determine what plans in your jurisdiction meet the 8 categories.
2. Complete the survey in the 1st Quarter progress report.
 - a. Provide the name of the plan.
 - b. Provide which of the eight categories the plan would assist.
 - c. Provide the Primary responsible custodian.
 - d. Provide the most recent revision date.

P3: All- Hazard Laboratory Specimen Transport Plan Checklist

Review and revise, if necessary, the jurisdiction's All-Hazard Laboratory Specimen Transport Plan with first responders/HAZMAT and your local hospital to ensure all components are understood and agreed upon.

Due 3rd Quarter

Kim Newman, (406)444-3068, knewman@mt.gov

Guidance:

A comprehensive Laboratory Specimen Transport Plan is needed to cover foreseeable biological or chemical hazards that could result in specimens/samples being obtained and sent to the Montana Laboratory Services Bureau (MTLSB) for testing. It is important that responders, the local hospital, law enforcement, and the jurisdiction's health board be familiar with this document and its protocols so that they respond in an efficient coordinated manner.

Review your current plan and identify the gaps and areas for improvement. Your plan should be aligned with the elements in the All-Hazard Laboratory Specimen Transport (LST) Plan Checklist (FY 2025-2026).

This year we have included two requirements reaching out to your local hospital. The first requirement is to ensure that they have the capability of acquiring the appropriate specimens for a Rapid Toxic Screen in the case of a Chemical Threat Agent event and the transport of those specimens to the MTLSB. The MTLSB is the federally designated LRN-C laboratory for Montana. Prior to the first quarter, MTLSB will provide a laminated CDC Specimen Collection Protocol for a Chemical Exposure Event job aid to provide to your local hospital. These specimens would be tested using the Rapid Toxic Screen. The second requirement is to verify that the hospital has at least one person that is certified to package and ship Category A specimens/isolates to the MTLSB. Category A specimens are biological agents and toxins that have been determined to have the potential to pose a severe threat to human health. Being certified to package and ship Category A specimens/isolates is more comprehensive than being trained in packaging and shipping, and the hospital would have the documentation for the individual's certification.

Once drafted, provide your partners with a copy of the LST Plan for input. Once finalized, the Jurisdictional/Tribal Health Officer, the Board of Health Chairperson, LEPC/TERC Chair, and LE will date and sign the checklist.

To fulfill this deliverable:



1. Download the [All-Hazard Laboratory Specimen Transport Plan Checklist \(FY2025-2026\)](#) from the [PDR](#) under Public Health Laboratory Resources.
2. Make changes or revise protocols to your jurisdiction's All-Hazard Laboratory Specimen Transport Plan based on gaps identified.
3. Meet with local HAZMAT response partners, LEPC or TERC, LE, and your local hospital to review the LST Plan to gather feedback.
4. Finalize the plan and have partners sign and date the [All-Hazard Laboratory Specimen Transport Plan Checklist \(FY2025-2026\)](#) to affirm and acknowledge your All-Hazard Laboratory Specimen Transport Plan upon completing the review.
5. Upload a scanned copy of the signed [All-Hazard Laboratory Specimen Transport Plan Checklist \(FY 2025-2026\)](#) to the PHEP Progress Report in Jotform.

Training

T1: Emergency Management Training

Ensure local and tribal health staff have knowledge of the Incident Command System in relation to their positions.

Due Any Quarter

Jacob Brown, (406)444-1305, jacob.brown@mt.gov

Guidance:

Local and tribal health jurisdictions are required to have new hires and local command staff complete foundational ICS courses. Additional trainings are recommended based on specific staff roles. Completing these trainings will ensure readiness for both PHEP exercises and real-world emergency incidents.

Required Training List:

- [ICS 100: Introduction to ICS](#)
- [ICS 200: Basic ICS for Initial Response](#)
- [ICS 700: An Introduction to National Incident Management](#)
- [ICS 800: National Response Framework, An Introduction](#)

Recommended Trainings by staff role:

- General Staff:
 - [IS-120.C: An Introduction to Exercise](#)
 - [Homeland Security Exercise and Evaluation Program](#) (Informational videos on training)
 - [HHS/ASPR: Access and Functional Needs ICS 706: Intrastate Mutual Aid](#)
 - [IS-2900.A: National Disaster Recovery Framework Overview](#)
 - [Emergency Management Assistance Compact Pre-Event Preparation for Resource Providers](#)
- Health Department Supervisory Positions:
 - [IS-2200: Basic Emergency Operations Center Functions](#)
- Staff with designated response roles:
 - [ICS 300: Intermediate ICS for Expanding Incidents \(In Person\)](#)
 - [EMAC Just-in-Time Training for Deploying Personnel](#)
 - [Crisis and Emergency Risk Communication](#)
 - CDP – SNS Introduction
- Recommended Conferences and Seminars:
 - Montana Emergency Managers Conference (MEMA)



- National Association of County and City Health Officials (NACCHO) Annual Preparedness Summit
- National Healthcare Coalition Preparedness Conference
- Summer Institute (for courses not required by deliverables)
- Confluence 2025 – Montana Public Health Association
- AFN National Conference – AFN University
- Recommended AFN Training
 - G197: Integrating Access and Functional Needs into Emergency Management
 - 2025 Summer Institute AFN data workshop
 - AFN Policy and Procedures Cohort (coordinated by DPHHS Systems Improvement Office)
 - Colorado OEM Access and Functional Needs University (typically offered virtually twice per year)
 - Colorado OEM Access and Functional Needs Conference

These lists are not exhaustive or limited. Please contact us if you find a course that is not listed but you think it may fit the intent of the deliverable.

To fulfill this deliverable:

1. Indicate on progress report trainings and the dates they were completed.
 - a. Certificates need to be available if requested by PHEP but do not need to be included in the progress report.

T2: Attend Communicable Disease & Public Health Law Training

Participate in a DPHHS Communicable Disease Epidemiology training course for updated guidance on Montana public health law and how it relates to communicable disease event responses.

Due 3rd Quarter Due (October-December 2025), report by 1/31/26

Magdalena Scott, (406)444-3049, magdalena.scott@mt.gov

Guidance:

Tribal and local health jurisdictions should understand basic public health law and structure in both daily operations and during emergency responses. This knowledge may also assist tribal and local health jurisdictions in the plan review process of their health department emergency operations plans.

The webinar will be offered during the DPHHS Summer Institute. It will cover local and state powers and duties, local and state response's command and control, how to fulfill your local responsibilities, legal considerations for public health emergencies, and when to enforce public health law.

To fulfill this deliverable:

1. At least one individual from each jurisdiction must attend the Communicable Disease and Public Health Law course by one of the following methods:
 - a. Be present at the course presentation at the Summer Institute.
 - OR**
 - b. View the recording of the webinar and take a post-test (platform tbd).
2. Indicate completion on the progress report.



T3: Attend Volunteer Management Training

Participate in a DPHHS sponsored Volunteer Management Training.

Due 2nd Quarter

Melissa Burch, (406) 444-7812, melissa.burch@mt.gov

Guidance:

Tribal and local health jurisdictions should understand basic volunteer management in both daily operations and during emergency responses. This knowledge may also assist tribal and local health jurisdictions in the plan review process of their health department emergency operations plans.

The training will be offered during the DPHHS Summer Institute. It will also be recorded. It will cover local and state powers and duties, local and state response's command and control, how to fulfill your local responsibilities, legal considerations for public health emergencies, and when to enforce public health law.

To fulfill this deliverable:

1. At least one individual from each jurisdiction must attend the Volunteer Management course by one of the following methods:
 - a. Be present at the course presentation at the Summer Institute.
 - b. View the recording of the webinar and take the post-test (platform tbd).

NOTE: Format of the recording will be determined at a date closer to the Summer Institute. In-person participation of Summer Institute activities have associated attendance fees.

2. Submit your name and jurisdiction on the evaluation.
3. Indicate completion on the progress report.

T4: Sanitarian Attends Training for Licensed Establishments Database

Sanitarian must attend at least one training for the Licensed Establishments Database during the budget period.

Due Any Quarter

Darryl Barton (406)444-2783, darryl.barton@mt.gov

Guidance:

An improved Licensed Establishment Database will begin use in 2025 (HS Govtech). EHFS will be conducting trainings for database users. At least one registered sanitarian (RS) from your jurisdiction's environmental health office must attend at least one Licensed Establishment Database training during the budget period. EHFS will be providing information about the trainings content, dates and times.

To fulfill this deliverable:

1. Collaborate with your jurisdiction's sanitarian(s) regarding upcoming Licensed Establishments Database trainings.
2. Sanitarian(s) attend at least one training.
3. Enter the date the sanitarian attended the training on the PHEP quarterly deliverable report.



The Centers for Disease Control and Prevention (CDC) and Administration for Strategic Preparedness and Response (ASPR) provides funding for the Montana's DPHHS Public Health Preparedness office (PHEP) and Healthcare Preparedness Program (HPP). However, the views expressed in written or electronic publications, or by speakers, trainers, or other DPHHS employees do not officially reflect the policies of the U.S. Health and Human Services agency or the U.S. Government, nor does the mention of trade names, commercial practices, or organizations imply their endorsement. You may obtain information on the cost of printed publications by contacting the PHEP office at (406) 444-0910 or mtphsep@mt.gov.