Attachment A

Montana Department of Public Health & Human Services

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Public Health Emergency Preparedness Cooperative Agreement & Guidance Budget Period 2024-2025

Introduction

This document is the supplemental guidance 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 provides information for the requirements of the Public Health Emergency Preparedness (PHEP) cooperative agreement for the 2024-2025 budget period.

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

Funding for completing the required PHEP activities comes from the Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness Cooperative Agreement, which is managed by the Office of Readiness and Response (ORR). Montana DPHHS applies for the continuing funding each year. It then distributes the funding to county and tribal governments for their public health agencies in return for completing the requirements described herein.

PHEP funds specifically support emergency and disaster preparedness efforts with public health implications in the state. Agencies responsible for public health in participating geographical tribal and county governments, referred to as Local Health Jurisdictions (LHJ), fulfill the requirements of this cooperative agreement by meeting the deliverable requirements designed by DPHHS PHEP. These deliverables are reflective of the requirements from the CDC, and some to build public health preparedness and response capabilities.

Noted Items for 2024-2025

1. **Environmental Health & Food Safety:** The food and water safety deliverables will reflect the section's new name. The deliverable category will now be designated with EH.

2. **Budget Report:** PHEP will return to a quarterly budget report in accordance with CDC guidelines.

Submitting Progress Reports

Due Dates

Jurisdictions must complete all contract deliverable work within the quarter it is due as designated in the Task Order (Section 5: Consideration, Payments, and Progress Payments) for the PHEP Cooperative Agreement. The due date for submitting a quarterly progress report is 15 days after the end of the quarter.

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

Figure 1

Please note that the 15 days between the end of a quarter and the report due date is for gathering information and completing the report only. You MUST complete work for the quarter DURING THE ACTIVITY PERIOD. The 15-day grace period is within the next quarter, so completing deliverable requirements during that time does not qualify. See Figure 1 for the Progress Report Due Schedule.

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).

Extensions

Jurisdictions may receive extensions beyond the 15-day grace period to complete the required progress report under extenuating circumstances. PHEP will grant extensions based on an ongoing emergency response that significantly interfers with your abillity to complete the progress report on time. Other factors should be described in detail on the extension request form. If you believe you have a valid reason to delay submitting your progress report, you should request the extension by the WEB FORM before the end of the respective quarter, (https://phep.formstack.com/forms/phep_extension).   The PHEP Section Supervisor will contact applicants to discuss circumstances and resolutions of each request.

The PHEP Deliverables Resource (PDR) Website

PHEP maintains the PDR website which 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.

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

Requirements Due Any Quarter

Jurisdictions may complete these deliverable requirements within any quarter during the budget period and report their completion for the quarter in which they occurred. However, you must complete all these deliverables before the end of the 4th Quarter. PHEP encourages local and tribal jurisdictions to complete their deliverables as soon as possible.

Community Resilience

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

P1: Pandemic Influenza and Communicable Disease Response Plans Review
Due Any Quarter

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

Guidance:

Use the assessment tools provided in the deliverable resources folder in 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 tools (checklist) is in the PDR webpage 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 better served by reflecting what will actually happen in your jurisdiction if it occurs. Remember to include your response partners in the review and update process. You are encouraged 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 the plan and engage in healthcare response in a positive manner.

P1	Pandemic Influenza & Communicable Disease Plan
CR2	Participation in Regional Healthcare Coalitions
CM1	Off-Site POD Vaccination Clinic
EH1	Sanitarian Participation in LEPC
EH2	Review Truck and Train Wreck Protocol
EH6	Review Written Procedures for Foodborne Illness & Food Related Injury
L1	Laboratory Transport Plan Checklist
T1	ICS/IS Training

Return to Table of Contents

Report your review and the results to your Board of Health. Your Board of Health only needs to review the plan if there are significant changes or if they ask to do so. A new signed concurrence/promulgation page is not necessary unless the plan has significant changes or if they ask to do so. Write the report on your office letter head or include your office logo if it is electronic. You <u>do not</u> need to have your written report signed by the BOH or health officer. Only date it for the day you present it to the BOH.

AFN Requirement

Your Communicable Disease and Pandemic Influenza plans should have elements to ensure accommodations for people with access and functional need. PHEP highly recommends that jurisdictions include organizations that serve AFN populations, as well as people themselves, and ask them to participate in plan reviews.

To fulfill this deliverable:

1. Review and update both the pandemic influenza plan and Communicable Disease response plan.
   a. Use the appropriate assessment tool/checklist for each plan, which is found on the [PDR.](#)
   b. Include your response partners who have roles in the plans.
   c. Write a report for each summarizing any changes.
2. Present the plans and reports to the Board of Health
   a. A new promulgation page is unnecessary unless significant changes were made.
3. Upload copies of your reports to your Board of Health into the quarter's progress report.
   a. NOTE: *Do not* upload the checklist or plan. Upload the reports ONLY.

Community Resilience

Colin Tobin, (406)444-3011, colin.tobin@mt.gov

CR2: Participation in Regional Healthcare Coalitions
Due Any Quarter

Participate in Regional Healthcare Coalition (RHCC) Exercise or Training.

Guidance:

Each Tribal or Public Health Department must participate in an exercise or training of a RHCC throughout the year. You can view current activities on the coalitions' website at [www.mthcc.org.](http://www.mthcc.org) The following are examples of participation:

- Attend a specialty surge annex table-top exercise held annually in each coalition.
- Attend a Medical Response and Surge Exercise (MRSE) held annually in each coalition.
- Participate in any other exercise planned by a RHCC.
- Participate in any training opportunity planned by a RHCC.

Montana Regional Healthcare Coalitions

- *Southern Regional HCC:* Bighorn, Carbon, CMHD, Crow, Fergus, 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. Attend an exercise or training coordinated by a RHCC.
2. Provide a brief narrative in the progress report outlining your jurisdiction's participation in an exercise or training coordinated by a RHCC and what you learned from that experience.

Countermeasures & Mitigation

Emergency Medical Countermeasures

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

Exercise

Gary Zimmerman, (406)444-3045, gzimmerman@mt.gov

Immunization

Courtney Blaskovich, (406)444-5985, courtney.blaskovich@mt.gov

CM1: Off-Site Point-of-Dispensing (POD) Vaccination Clinic
Due Any Quarter

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

Guidance:

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

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

- 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.

- You must include your partners and stake holders and involve **at least two** local or state organizations utilizing your jurisdiction's Emergency Medical Countermeasures Plan.

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 Heald 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 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 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 influenza-related complications (for the vaccine-preventable dieses(s))
> □ Person aged 3-64 years old not at higher risk for influenza-related 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 Option1. 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 (POD Box)
   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 aggregate totals for each vaccination group indicated. There will be a total of six groups to report.

b. Submit aggregate totals for each group to the Progress Report.
4. Complete and submit an AAR/IP to the Progress Report.

Environmental Health & Food Safety

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

EH1: Sanitarian Participation in LEPC
Due Any Quarter
A registered sanitarian (RS) from your jurisdiction's environmental health office must attend at least one LEPC, TERC, or another meeting type approved by the DPHHS during the budget period.

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.

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.

EH2: Review Truck and Train Wreck Protocol
Due any quarter
The Registered Sanitarian (RS) works with your jurisdiction's local Board of Health to maintain an approved truck wreck response procedure under MCA 50-2-118. It is important that the health officer and sanitarian are aware of this protocol. A signature page must be added to the protocol for both to sign. The signature page does not need to be presented to the Board of Health.

Guidance:

Ensure that information in your current protocol is up to date and meets standards in accordance to MCA 50-2-118. DPHHS can provide sample accident protocols on the sanitarian resource page. These may be used as guidance in cases where protocols need to be re-written. Although commonly referred to as the "Truck Wreck Protocol", remember that this procedure should be used for any accident involving the transportation of food, including trains.

To fulfill this deliverable:
1. A sign off page must be added to the Truck Wreck protocol. The sanitarian and health officer will sign to acknowledge that they are aware of the protocol and have reviewed it.
2. Review the current truck and train wreck protocols regarding food transportation.
   a. If the protocol has been modified or relevant staffing changes have occurred, summarize any changes that were made in the progress report.

b. If the protocol remains current, provide a written statement in the progress report that previous year's protocol is still accurate.
3. Sign off page must be submitted in Formstack.

EH6: Review Written Procedures for Foodborne Illness & Food Related Injury
Due any quarter
Local sanitarians are vital to foodborne illness investigation. It is important that they are familiar with this protocol. A signature page should be added to the protocol for both the sanitarian and health officer to sign off on. The signature page does not need to be presented to the Board of Health.

Guidance:

Sanitarians are often the first line of response to foodborne illness. They have the authority through the health officer to inspect retail food establishments per [50-50-301 MCA](). Their awareness of the foodborne illness response protocol is necessary as they are a vital part of foodborne illness investigation.

To fulfill this deliverable:
1. A sign off page must be added to the Foodborne Illness and Food Related Injury protocol. The sanitarian and health officer will sign to acknowledge that they are aware of the protocol and have reviewed it.
2. Sign off page must be submitted in Formstack.

Laboratory Services
Kim Newman, (406)444-3068, [knewman@mt.gov]()

L1: Laboratory Transport Plan Checklist
Due Any Quarter
Review and revise, if necessary, the jurisdiction's All-Hazard Laboratory Specimen Transport plan with first responders/HAZMAT to ensure all components are understood and agreed upon.

Guidance:

We previously asked you to complete a survey focused on reviewing the use of your jurisdiction's All Hazard Laboratory Specimen Transport Plan (LST) during the initial weeks of the COVID-19 pandemic. The intent of this survey was to encourage you to review your current plan and identify the gaps and areas for improvement. We are now asking you to update your plan based on lessons learned from the COVID-19 pandemic response. Your plan should be aligned with the elements found in the Laboratory Transport Plan Checklist. Once drafted, provide your partners with a copy of the LST Plan for input. Once, finalized, the Jurisdictional Health Officer and the Board of Health Chairperson and the LEPC/TERC will date and sign the checklist.

To fulfill this deliverable:
1. Download the Laboratory Transport Plan Checklist from the [PDR]()
   under Public Health Laboratory Resources, or email sent to you.
2. Make changes or revise protocols to your jurisdiction's Laboratory Specimen Transport Plan based on gaps identified.
3. Meet with local HAZMAT response partners, LEPC, or TERC to review the Laboratory Specimen Transport Plan to gather feedback.
4. Finalize the plan and have partners sign and date the Laboratory Transport Plan Checklist to affirm and acknowledge the Laboratory Specimen Transport Plan upon completing the review.
5. Upload a scanned copy of the signed Laboratory Transport Plan Checklist to the PHEP Progress Report in Formstack.

Training

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

T1: IS/ICS Training

Due Any Quarter

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

Guidance:

Tribal and public Health Preparedness staff and exercise planning personnel are recommended a basic knowledge of the Incident Command System (ICS) and other related training. The following courses are meant to build upon one another to gain a greater knowledge of ICS and are recommended for the positions that will be filled during an incident. The trainings listed below are highly recommended and are intended to assist personnel in the upcoming PHEP exercises that will be conducted throughout the budget period.

- [IS-120.C: An Introduction to Exercise](#)
- Homeland Security Exercise and Evaluation Program

Additionally, the following courses are recommended according to staff roles within your jurisdiction.

- Public health preparedness and recovery staff, including exercise planning staff:
    - [ICS 100: Introduction to ICS](#)
    - [ICS 700: An Introduction to National Incident Management](#)
    - [ICS 706: Intrastate Mutual Aid](#)
    - [ICS 800: National Response Framework, An Introduction](#)
    - [IS-2900.A: National Disaster Recovery Framework Overview](#)
    - [Emergency Management Assistance Compact Pre-Event Preparation for Resource Providers](#)
- Health Department Supervisory Positions:
    - [ICS 200: Basic ICS for Initial Response](#)
    - [IS-2200: Basic Emergency Operations Center Functions](#)
- Staff with designated response roles:
    - ICS 300: Intermediate ICS for Expanding Incidents
    - [EMAC Just-in-Time Training for Deploying Personnel](#)
    - [Crisis and Emergency Risk Communication](#)

To fulfill this deliverable:

1. Select staff to complete at least two of these courses according to their roles within their jurisdiction.

Requirements Due Every Quarter

These requirements, in addition to those listed for each quarter, are due 15 days after the end of every quarter of the budget period.

Budget

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

B1: Line Item Expenses

Due Every Quarter

Provide the actual expenses in the listed line item categories.

Guidance:

Your jurisdiction is required to account for your PHEP funding. All categories combined *must meet or exceed the sum* of your annual PHEP award. Your jurisdiction must also meet a 10% soft-match to the PHEP cooperative agreement. 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. A spreadsheet is available on the PDR to help track expenses during the budget period.

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

B1	Line Item Expenses
E5	Reconcile Communicable Disease Cases with DPHHS Staff
EH3	Confirm Back-Up Sanitarian
IM1	Maintain the Montana Public Health Directory
IM2	HAN Response
IM3	24/7 Communication System Implementation
IZ1	Off-Site Vaccination Clinics
IZ2	Vaccination Partners & Communication

Return to Table of Contents

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

To fulfill this deliverable:

1. Complete and submit the online budget form. The progress report will also contain the link to the form. https://phep.formstack.com/forms/phep_expense_report_fourth_quarter_bp5

Epidemiology

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

E5: Reconcile Communicable Disease Cases with DPHHS Staff
Due Every Quarter

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 37.114.204 and 37.114.205).

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 via the Montana File Transfer Service at the end of the first month of each quarter (January, April, July, and October). You can find guidance and recordings about how to complete reconciliation on dphhselearn.org, or by reaching out to Danny Power (danny.power@mt.gov)

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.

Local and tribal health jurisdictions should report diseases as timely and completely as possible. These metrics are calculated for all reportable diseases except HIV, TB, non-hospitalized COVID, animal rabies, and rabies post-exposure prophylaxis reports.

Timeliness:

Reporters are required to notify local and tribal health jurisdictions of all confirmed or suspected cases or outbreaks of communicable disease immediately as established in ARM 37.114.201. The average time for reporters to notify potential cases to the local and tribal health jurisdictions should be less than 24 hours (marked "Ave Diagnosis to Local Days" on the reconciliation report).

The average number of days between the date of initial report to local and tribal health jurisdictions and the date of report to the state, which occurs when the "Create Notification" button is clicked on each investigation in MIDIS, is used to find any problems with delays in reporting to the State (marked as "Ave Local to State Days" on the reconciliation report). **Remember, for most diseases the local to state target is less than seven days, but there are <u>some that are immediately reportable</u>, or reportable within one business day. Please review ARM 37.114.204 for reporting time frames.**

Both fields will be highlighted in the report if longer than the expected goal of 1 day (Reporter to local and tribal health jurisdiction) or 7 days (Local to State). Any incorrectly entered or missing dates should be entered into MIDIS at this time. Any delays in reporting should be noted and plans made on how to improve timeliness.

Completeness:

Data completeness is defined as the percentage of cases reported to DPHHS using MIDIS that contain complete data elements. The minimum 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. 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 separated out)

Data fields A and J, represented in the Deliverables Snapshot as % LTF and % Closed have completeness goal of 95%. The goal for completeness of all other data elements is 90%. Any cases that have missing elements <u>where the information is known</u> should be updated in MIDIS during the reconciliation process.

> **IMPORTANT NOTE:** At times information for data elements is not known. MIDIS should be accurate and reflect only known information. If you do not know the answer to one of the elements select "Unknown" rather than leaving it blank, to indicate the question was answered and not just skipped over. Some questions also have an option for "refused to answer", please select that if it fits the situation.

When completeness or timeliness goals are <u>not met</u>, local and tribal health jurisdictions will be asked to identify barriers to reporting in a complete and timely manner and identify steps your team will take to overcome said barriers. If these barriers involve aspects of the reporting process that DPHHS staff have control over, please communicate that and we will do our best to address that barrier to help improve your data quality and timeliness.

To fulfill this deliverable:
1. Review the DPHHS reconciliation report distribute 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.

Environmental Health & Food Safety

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

EH3: Confirm Back-Up Sanitarian for Emergency Situations
Due Every Quarter
Jurisdictions should have a backup sanitarian to fill in for emergency events where the primary sanitarian is not available.

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 the sanitarian resource page. In the event that a single sanitarian county has not been able to find a nearby backup, the health officer can act as backup per 50-2-118 MCA. The health officer can reach out to EHFS for guidance if they are acting as the sanitarian.

These 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 one 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 single sanitarian county is unable to find a backup, the health officer should be listed in the public health directory as a backup. Ensure they are aware of this role.

Information Management

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

IM1: Maintain the Montana Public Health Directory
Due Every Quarter
Maintain and update contact information for all staff listed in the public health directory.

Guidance:

The Directory information is used to send Health Alert Network 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. At the end of each quarter, jurisdictions must verify names and contact information for the required categories.

> **NOTE:** Programs requiring jurisdictions to keep information current in the directly 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
2. Select 'Mark as Reviewed' in the Directory.
3. Indicate which categories needed to be updated in the quarterly progress report.

IM2: HAN Response
Due Every Quarter
Test your DPHHS HAN response once each quarter.

Guidance:

The HAN deliverable requires *one person* from your jurisdiction to acknowledge receipt of HEALTH ALERT, HEALTH ADVISORY, and HEALTH UPDATE messages within *24 hours*. INFORMATION SERVICE messages do not require a response. PHEP will send HAN messages on business days only, except during emergency response operations. HEALTH ALERT messages may be sent at any time due to the severe emergency nature that level of message carries.

> **NOTE:** PHEP is *not* tracking forwarding response rates and can be removed from your HAN distribution list.

To fulfill this deliverable:
1. One local HAN coordinator must respond to HAN notification messages.
2. Respond to HAN notification messages within 24 hours.

Information Management

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

IM3: 24/7 Communication System Implementation
Due Every Quarter
Participate in quarterly testing of the 24/7 notification system initiated by DPHHS.

Guidance:

DPHHS PHEP will test your 24/7 emergency communication system 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 numbers, personnel, information, and steps are correct. An unsuccessful test includes:

- 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 contact jurisdictions that do not successfully pass the test call. Those jurisdictions must identify any issues that caused a failed test and take correction actions. Adjust your 24/7 emergency communication system protocols if the issue lies within those procedures.

To fulfill this deliverable:
1. Ensure your 24/7 emergency communication system 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 any 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.

Immunization

Courtney Blaskovich, (406)444-5985, courtney.blaskovich@mt.gov

IZ1: Off-Site Vaccination Clinics

Due Every Quarter

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

Guidance:

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* spreadsheet containing the IZ1 worksheet, provided by DPHHS, is available to track and report the total number of off-site vaccination clinics and 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 administered.
2. Total the number of off-site vaccination clinics conducted every quarter.
3. Total the number of vaccine doses administered every quarter.
4. Report the total number of off-site clinics and doses administered to complete the Progress Report every quarter.

IZ2: Vaccination Partner & Communication

Due Every Quarter

Report vaccination planning with your jurisdiction's response partner agencies or groups and types of media outreach used to advertise vaccine-preventable disease prevention messaging and your vaccination 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 prevention messaging and clinic advertising. The spreadsheet is available by request.

To fulfill this deliverable: (use as many steps as you need)

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

Requirements Due First Quarter

These requirements, in addition to those listed for every quarter (page A-10), are due 15 days after the end of 1st quarter − October 15.

Community Resilience

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

CR1: Retrieve and submit your jurisdiction's most recent health hazard and risk assessment
Due 1st Quarter

Locate a risk and/or hazard threat assessment conducted within the last 5 years and submit it to PHEP.

Guidance:

DPHHS PHEP's initial efforts for the FY25 budget period will focus on hazard and risk analyses. This, along with other strategies, will help focus on the preparedness and response capabilities needing the most improvement. An updated jurisdictional risk assessment is essential for future planning, training, and exercises. A new analysis is required every five years, so PHEP is looking to our local and tribal partners to help establish our baseline. If you have a risk assessment on file that was completed within the past 5-years, just update the document, and submit. Completing a new risk assessment is only required if it has been greater than 5-years. The information gathered will shape help our approach for a standard and consistent assessment cycle.

> **CR1** Retrieve and submit your jurisdiction's most recent health hazard and risk assessment
>
> **E3** Attend Communicable Disease & Public Health Law Training
>
> **EX1** Regional PHEP Highly Infectious Disease Tabletop Exercise (TTX)
>
> **L2** CBAT Kit Inspection and Inventory
>
> **Return to Table of Contents**

Your jurisdiction should have a risk assessment on file from within the last five years. You may have completed one on your own, in partnership with another ESF8 responder, the Regional Healthcare Coalition, or the jurisdiction's local emergency management coordinator.

We encourage you to work with your emergency management coordinator if you cannot locate a recent assessment. Although we prefer a health focused survey, any evaluation of risks and hazards in your jurisdiction is helpful.

DPHHS PHEP is willing to provide technical assistance to any jurisdiction needing help. Please contact the DPHHS PHEP office or the PHEP supervisor for assistance.

To fulfill this deliverable:
1. Locate a threat, risk, or hazard assessment for your jurisdiction that was completed within the last five years.
2. Upload the assessment to the First Quarter progress report.

Epidemiology

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

E3: Attend Communicable Disease and Public Health Law Training
Due 1st Quarter

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.

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 with a simultaneous virtual participation option. 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 Communicable Disease and Public Health Law course by one of the following methods:
   a. Be present at the course presentation at the Summer Institute.
   b. Join the course virtually during the Summer Institute.
   c. View the recording of the webinar.

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

2. Take the post-test and submit your name and jurisdiction on the evaluation.
3. Indicate completion on the progress report.

Exercises

Gary Zimmerman, (406)444-3045, gzimmerman@mt.gov

EX1: Regional PHEP Highly Infectious Disease Tabletop Exercise (TTX)
Due 1st Quarter

Participate in PHEP TTX

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.

Regional Schedule:
Eastern Region: 1st Quarter TTX, September 18, 2024
> *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: 2nd Quarter TTX, December 4, 2024
> *Blackfeet, Blaine, Broadwater, Cascade, Chouteau, Ft. Belknap, Glacier, Hill, Jefferson, Lewis & Clark, Liberty, Meagher, Pondera, Rocky Boy, Teton, and Toole.*

Southern Region: 3rd Quarter TTX, March 19, 2025
> *Bighorn, Carbon, CMHD, Crow, Fergus, Gallatin, Madison, Park, Stillwater, Sweet Grass, and Yellowstone.*

Western Region: 4th Quarter TTX, June 25, 2024

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

Each jurisdiction can invite regional ESF8/Coalition partners to participate in the TTX. Jurisdictional consideration can be given to:

- Public Health Partners
- Hospital/Healthcare facilities
- EMS
- Disaster Emergency Service partners
- Healthcare Coalition Members

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. Participate in the appropriate TTX.
2. Complete an AAR/IP for your local and tribal health jurisdiction, and partners.
3. Upload the AAR/IP to the progress report.

Laboratory Services

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

L2: CBAT Kit Inspection and Inventory
Due 1st Quarter
Inspect the CBAT kit and replace expired inventory.

Guidance:

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). They will use the provided CBAT Inventory List and request replacement of any expired sampling supplies, dried pens, and/or outdated instructions.

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 replaced will be mailed directly to the PHEP Preparedness contact person listed in the Montana Public Health Directory.

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 Inventory List
       https://PHEP.formstack.com/forms/cbat_kit_inventory
    b. Have them replace the sampling swabs and transfer pipets in the CBAT kit Hot Zone bags with the new sterile CultureSwab™ environmental sampling swabs and sterile transfer pipets.

     c.   Replace the dried ballpoint ink pen and outdated instructions in the CBAT Cold Zone bag with the new pen and updated large font instructions.

     d.   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 new CultureSwab™ environmental sampling swabs and transfer pipets.

     e.   Have them reseal the kit with the new evidence tape.

     f.   Have them send a "Resealed CBAT Kit" confirmation email to Kim Newman, knewman@mt.gov, and cc'd to you.

     g.   Encourage them to call Kim Newman at the MTLSB for assistance.

3.   When the Formstack survey is completed and submitted, you should get an email to confirm. When you receive both the survey and the "Resealed CBAT Kit" confirmation emails, update the MTPH Directory (so that a new modified date appears in the view only mode), then mark the L2 deliverable requirement in the progress report as complete.

Requirements Due Second Quarter

These requirements, in addition to those listed for every quarter (page A-10), are due 15 days after the end of 2nd quarter – January 15.

Epidemiology

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

E1: Collaborative Activities with Key Surveillance Partners (KSP)
Due 2nd Quarter
Identify and engage your jurisdiction's Key Surveillance Partners.

Guidance:

When you engage your KSPs, disseminate the list of reportable conditions and reporting instructions, *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.

> **E1** Collaborative Activities with Key Surveillance Partners (KSP)
>
> **E2** Information Sharing
>
> **EX1** Regional PHEP Highly Infectious Disease Tabletop Exercise (TTX)
>
> **L3** DWES Kit Inspection and Inventory
>
> **Return to Table of Contents**

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

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

We encourage you to employ effective communication strategies with these partners, including weekly calls, 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. Other partners
    f. Total number of KSPs
2. Engage your key surveillance partners through "active" weekly or biweekly surveillance calls.
    a. Maintain log of active surveillance calls (a sample template is available in the resource directory)

  b. Indicate on the quarterly progress report if this log was 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.

E2: Information Sharing

Routinely share information with KSPs and report on the materials your jurisdiction distributes each quarter.

Guidance:

KSPs are critical sources for ongoing case report and disease related information. Knowing the number and types of KSPs in your jurisdiction is critical to ensuring the data you collect is reliable and accurate. The objective of this deliverable is to ensure that 100% of your key surveillance partners have the most current information regarding communicable disease reporting.

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

To fulfill this deliverable:

1. Record the date(s) you disseminated the updated Reportable Conditions List and disease reporting instructions to KSPs.
2. Report on the materials your jurisdiction distributes to KSPs each quarter.
  a. Provide a title and short description of the materials and frequency of distribution to your KSPs during BP5 on the progress report.

Exercises

Gary Zimmerman, (406)444-3045, gzimmerman@mt.gov

EX1: Regional PHEP Highly Infectious Disease Tabletop Exercise (TTX)
Due 2nd Quarter

Participate in PHEP TTX

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.

Regional Schedule:

Eastern Region: 1st Quarter TTX, September 18, 2024
> *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: 2nd Quarter TTX, December 4, 2024
> *Blackfeet, Blaine, Broadwater, Cascade, Chouteau, Ft. Belknap, Glacier, Hill, Jefferson, Lewis & Clark, Liberty, Meagher, Pondera, Rocky Boy, Teton, and Toole.*

Southern Region: 3rd Quarter TTX, March 19, 2025
> *Bighorn, Carbon, CMHD, Crow, Fergus, Gallatin, Madison, Park, Stillwater, Sweet Grass, and Yellowstone.*

Western Region: 4th Quarter TTX, June 25, 2024

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

Each jurisdiction can invite regional ESF8/Coalition partners to participate in the TTX. Jurisdictional consideration can be given to:

- Public Health Partners
- Hospital/Healthcare facilities
- EMS
- Disaster Emergency Service partners
- Healthcare Coalition Members

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. Participate in the appropriate TTX.
2. Complete an AAR/IP for your local and tribal health jurisdiction, and partners.
3. Upload the AAR/IP to the progress report.

Laboratory Services

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

L3: DWES Kit Inspection and Inventory
Due 2nd Quarter
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.

Guidance:

The purpose of this inventory is to verify the location, contents, and condition of the DWES Kits supplied by the Montana Laboratory Services Bureau (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 press-on envelopes 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 Inventory List
      https://PHEP.formstack.com/forms/dwes_kit_inventory
   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 repackage the inner documents in a new press-on zip lock envelope and attach the envelope to the inside surface of the lid.

  d. Have them complete the Formstack Inventory survey.

  e. Have them reseal the kit with the evidence tape provided.

  f. Have them send a "Resealed DWES Kit" confirmation email to Kim Newman, knewman@mt.gov, and cc'd to you.

  g. Encourage them to call Kim Newman at the MTLSB for assistance.

3. When the Formstack survey is completed and submitted, you should get an email to confirm. When you receive both the survey and the "Resealed DWES Kit" confirmation emails, update the MTPH Directory (so that a new modified date appears in the view only mod), then mark the L2 deliverable requirement in the progress report as complete.

Requirements Due Third Quarter

These requirements, in addition to those listed for every quarter (page A-10), are due 15 days after the end of 3ʳᵈ quarter − April 15.

Environmental Health & Food Safety

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

EH4: Update Contact Information for All Licensed Establishments
Due 3rd Quarter
Fill in the contact information in the Licensed Establishment Database.

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.

> **EH4** Update Contact Information for all Licensed Establishments
>
> **EH5** Written Procedure for Investigating Foodborne Illness & Food-Related Injury Final Drafts
>
> **EX1** Regional PHEP Highly Infectious Disease Tabletop Exercise (TTX)
>
> **Return to Table of Contents**

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 database or are on spreadsheet.
   b. Over 90% of physical addresses are valid and accurate in database or on 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. If updated information cannot be modified by the sanitarian in the EHFS database, submit a spreadsheet that notes information changes by uploading it to the quarterly progress report.

EH5: Written Procedure for Investigating Foodborne Illness & Food-Related Injury Final Edits
Due 3rd Quarter

Foodborne illness outbreak scenario tabletops were conducted last grant year. Any finding in the after-action report should be used to modify foodborne illness protocols.

Guidance:

Foodborne illness outbreaks are common. Counties must be prepared to provide a unified multi-departmental team effort. Protocols are necessary to designate roles and responsibilities and ensure timeliness and efficiency of response efforts.

To fulfill this deliverable:
1. Review after-action report from FY24's tabletop. Incorporate any findings into your protocol.
2. Submit a summary of changes in Formstack.

Exercises

Gary Zimmerman, (406)444-3045, gzimmerman@mt.gov

EX1: Regional PHEP Highly Infectious Disease Tabletop Exercise (TTX)
Due 3rd Quarter

Participate in PHEP TTX

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.

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Central Region: 2nd Quarter TTX, December 4, 2024
  ➢ *Blackfeet, Blaine, Broadwater, Cascade, Chouteau, Ft. Belknap, Glacier, Hill, Jefferson, Lewis & Clark, Liberty, Meagher, Pondera, Rocky Boy, Teton, and Toole.*

Southern Region: 3rd Quarter TTX, March 19, 2025
  ➢ *Bighorn, Carbon, CMHD, Crow, Fergus, Gallatin, Madison, Park, Stillwater, Sweet Grass, and Yellowstone.*

Western Region: 4th Quarter TTX, June 25, 2024
  ➢ *Beaverhead, CSKT, Deer Lodge-Granite, Flathead, Lake, Lincoln, Mineral, Missoula, Powel, Ravalli, Sanders, and Silver Bow.*

Each jurisdiction can invite regional ESF8/Coalition partners to participate in the TTX. Jurisdictional consideration can be given to:

• Public Health Partners

- Hospital/Healthcare facilities
- EMS
- Disaster Emergency Service partners
- Healthcare Coalition Members

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. Participate in the appropriate TTX.
2. Complete an AAR/IP for your local and tribal health jurisdiction, and partners.
3. Upload the AAR/IP to the progress report.

Requirements Due Fourth Quarter

These requirements, in addition to those listed for every quarter (page A-10), are due 15 days after the end of 4th quarter – July 15.

Exercises

Gary Zimmerman, (406)444-3045, gzimmerman@mt.gov

EX1: Regional PHEP Highly Infectious Disease Tabletop Exercise (TTX)
Due 4th Quarter
Participate in PHEP TTX

> **EX1** Regional PHEP Highly Infectious Disease Tabletop Exercise (TTX)
>
> **Return to Table of Contents**

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.

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Central Region: 2nd Quarter TTX, December 4, 2024
> ➢ *Blackfeet, Blaine, Broadwater, Cascade, Chouteau, Ft. Belknap, Glacier, Hill, Jefferson, Lewis & Clark, Liberty, Meagher, Pondera, Rocky Boy, Teton, and Toole.*

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Western Region: 4th Quarter TTX, June 25, 2024
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Each jurisdiction can invite regional ESF8/Coalition partners to participate in the TTX. Jurisdictional consideration can be given to:

- Public Health Partners
- Hospital/Healthcare facilities
- EMS
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- Healthcare Coalition Members

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. Participate in the appropriate TTX.
2. Complete an AAR/IP for your local and tribal health jurisdiction, and partners.
3. Upload the AAR/IP to the progress report.