Attachment A

2019 – 2020 Budget Period

Cooperative Agreement Requirements & Guidance

Montana DPHHS Public Health Emergency Preparedness

Introduction

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

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

Please be sure to ***fully and carefully*** read the requirements and guidance in its entirety. If you have questions, please contact the associated **subject matter expert** or the **PHEP manager directly.**

Noted Items for the 2019-2020 Budget Period

1. The CDC has issued a new five-year fundingprogram cycle (a revision replacing the 2017 agreement) that emphasizes measurements

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and expected achievements for all funding recipients. The CDC's Center for Preparedness and Response is adopting a measurement tool originally used to assess Strategic National Stockpile programs (SNS). This tool, the Operational Readiness Review (ORR) is a revised version to reflect outcomes of activities outlined in the Public Health Emergency Preparedness and Response Capabilities National Standards (October 2018) and will use it to measure the State's progress. DPHHS PHEP expects to employ the new tool for measuring preparedness progress for locally funded jurisdictions next year.

2. PHEP is requiring assessments for specific national public health preparedness capabilties this year in place of many of the standard deliverables. Although jurisdictions conducted a limited gap analysis in 2016, the changes in the PHEP Cooperative Agreement, the capability standards, and the anticipated use of the ORR, we need to take an in-depth look at public health preparedness in Montana.

3. Attachment A is now organized by quarter. This new format simplifies finding which deliverable requirement is due for each quarter. You simply read the relevant quarter section and then check the "Every Quarter" section to plan your activities for completion. **Be sure to read the entire document**, however, so you are aware of what requirements are due in which quarter.

Progress Report Due Dates

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

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

Figure 1.

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

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

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

PHEP encourages jurisdictions to complete and submit the required deliverables early. Jurisdictions can receive payment sooner if they submit the progress report for review before the end of the quarter.

The PHEP Deliverables Resource (PDR) Website

PHEP maintains the PDR website as a repository for documents, weblinks, and other material that jurisdictions might need to complete the deliverable requirements of the cooperative agreement. The PDR contains the link to the current quarter progress report template, DPHHS plans for public comment, and exercise guidance, and other reference information.

You will see the PDR reference frequently throughout this document.

2019 2020 Capability Assessments

Background

In March of 2011, the CDC's Office of Public Health Emergency and Response (now known as the Center for Preparedness and Response) released the new national standards for Public Health Preparedness Capabilities. The Division of State and Local Readiness (DLSR) also moved to a five-year funding cycle with annual applications to implement these capabilities. DPHHS PHEP conducted self-assessments with local and tribal health jurisdictions to measure the State's public health preparedness capabilities in 2012 and 2016 using those national standards

The Center for Preparedness and Response revised the 15 national capability standards in October of 2018 and DSLR adjusted the PHEP cooperative agreement funding requirements for the next five-year cycle. The changes made to the standards were significant enough that DPHHS PHEP discovered that some capabilities had diminished at the State level. Concerned that capability standards might have also affected preparedness qualifications in local and tribal communities, PHEP decided to conduct an in-depth assessment.

Measurement

The CDC's new PHEP Cooperative Agreement guidance for the next five years directs all jurisdictions to meet a standard of "Established" for Medical Countermeasures by 2022, and for the remainder of the capabilities by 2024. The CDC will measure the State's progress in aggregate. This guidance applies to all levels of jurisdictions; tribal, county, and state. *The cooperative agreement with Montana specifically notes that failure to reach the "Established" level would result in a reduction of funding.*

The CDC has communicated its intent to gauge progress in preparedness activities using the ORR, as referenced on page 2, number 1. DPHHS PHEP will be adopting this tool for local use in the future because of the unilateral nature in which the Center for Preparedness and Response measures a state's readiness status.

The Deliverable Requirement

DPHHS PHEP is implementing a more objective and thorough study of public health emergency preparedness using a capability analysis tool based on the revised standards to determine and plan the courses of actions needed to fill gaps. It is a critical step for setting the baseline from which to measure progress and developing the five-year work plan and strategies to ensure Montana is in the "Established" range or higher. DPHHS PHEP has already conducted its own assessment and is developing a workplan for the State level gaps. We need the LHJ assessment to develop a ***complete*** workplan to address shared gaps and help county and tribal level jurisdictions to fill theirs.

Our intent is to fine-tune the cooperative agreement deliverable requirements to fit the needs of **each** jurisdiction as we move forward into the coming years. Data gathered from the assessment will allow us to customize preparedness activities, programs, and deliverables. This information will serve to provide more substantive guidance and assistance to each jurisdiction and rectify any issues related to its identified gaps. This approach will help bring the State into the standard compliance goal by 2024, ensure LHJ deliverables will fill gaps to meet ORR expectations, and build resilience to public health emergencies and disasters.

Each quarter has capabilities due for which jurisdictions will complete the online forms. PHEP will make the links for all the capability assessments available at the start of the budget period but will also email links for the assessment due each respective quarter. PHEP will also provide the assessment form links on the PDR website and in the progress reports.

The assessments must be completed using the revised national public health preparedness standards manual, which is included with this document. The assessments are formatted in a similar fashion as the manual.

Technical Assistance Available

Our goal with this statewide assessment is to gather the most accurate information possible to determine the gaps and strengths of public health preparedness in Montana. In the interest of that endeavor and thoroughness of the information we need, PHEP will offer several webinars and on-site assistance to help you complete the Capability Assessments.

We recommend that each LHJ should request onsite assistance. Please schedule visits well in advance so there will be time for preparations. Your responsibilities will include gathering partners and documentation to get ready for the site-visit.

PHEP can provide PDF versions of the Capability Assessments for you to print if you prefer to gather information on a hard-copy before completing the online forms. We will make PDF versions available for download on the PDR.

Only you have the information necessary to complete the assessments, and PHEP is dedicated to helping you work through the Public Health Emergency Preparedness and Response Capabilities manual and the assessments.

Figure 2 displays a list of when each capability assessment is to be completed. The assessments are also listed by quarter in the remainder of the document.

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Capability 1: Community Preparedness	Capability 4: Emergency Public Information and Warning	Capability 10: Medical Surge	Capability 8: Medical Countermeasure Dispensing and Administration
Capability 2: Community Recovery	Capability 6: Information Sharing	Capability 11: Non-Pharmaceutical Intervention	Capability 9: Medical Materiel Management and Distribution
Capability 14: Responder Safety and Health		Capability 15: Volunteer Management	

Figure 2. Capability Assessment due by quarter

Capability Assessment Instruction

We think you might find it helpful to complete the assessments if you invite your relevant preparedness partners to assist. Although these are public health preparedness capabilities, but they are easily used as community preparedness capabilities and can help build community resilience. **Your partners' capabilities that are available to you will count towards your readiness if you have included them in your plans, training, and exercises.** You can find a list of suggested relevant partners in the beginning description of each Capability in the Public Health Emergency Preparedness and Response Capabilities manual. You do *NOT* have to gather them all, only those appropriate for your jurisdiction.

1. Gather the relevant planning, exercise, and training documents, or at least a list of them, related to the Capability you are reviewing. Ask your reviewing partners to provide their documents as well.
2. Read the Capability and its description.
3. Read the Function.

4. Read each Task described and answer Yes or No if your jurisdiction can perform it (don't forget to include your partner's capabilities).
5. Read the Resource Elements listed below the Tasks. Elements are divided into three (3) categories: Preparedness (P), Skills & Training (S/T), and Equipment & Technology (E/T). Resource Elements listed in **red** are *priority,* and the CDC prefers that those are addressed first when building Capability Functions.
    a. NOTE: Not all functions have all three types of Resource Elements.
    b. NOTE 2: Use the Public Health Emergency Preparedness and Response Capabilities manual for definitions and guidance to help you.
6. Indicate Yes or No if your jurisdiction has each of the Elements (don't forget to include your partner's capabilities).
    a. NOTE: We have attempted to simplify some of the language used for the Resource Elements to clarify intent and meaning.
    b. NOTE 2: *It's ok to have a lot of 'NOs'.* Some of the Resource Elements might not be relevant in your jurisdiction. This assessment is not about requirements, and you do not need to have all of these Elements and Functions in place to be considered "prepared."
7. When you have finished assessing each function, indicate the status of your jurisdiction in performing it by selecting an ability from a dropdown list. *(Remember your partners when considering the ability)*
8. Proceed to the next Function until you have completed all of them for that Capability.
9. Complete the Supporting Information section.
    a. Partners: Select partners that assisted you. This is not an inclusive list but choose those that match the closest. If there is no close match, or if you are unsure, select other and write the partner description in the text box that appears, not the name of the organization.
    b. Documents: Write in the names of the planning or resource documents you used to support your review. Your partner's or jurisdictional relevant documents might be acceptable. You might be asked to supply electronic copies of these documents.
    c. Training: List any ***documented*** training your personnel have that supports the review of this capability. *If a partner performs a function within this capability for you, you may list their personnel's documented training, as long as you note the partner.*
10. Continue to do this for each of the subsequent capabilities
11. When you have completed the entire assessment, ***DO NOT*** press the "Submit Form" button at the end **if you would like to schedule an on-site review with PHEP to help you finalize the assessment.**

Note: You do not have to complete the assessment in one sitting. You can go back to any portion by following the unique link sent to you after clicking "Save and Resume Later." You also do not have to complete the instructions of Tasks, Functions, Resource Elements in order. You might find it easier to determine if you are capable of a Task or Functions if you do the Elements first. The construction of the assessment follows the Public Health Emergency Preparedness and Response Capabilities manual for convenience and reference.

Helpful Hint: Documentation for all elements is the most definitive way to demonstrate capability. If you find that you or a partner don't have documentation for something, consider creating it (or at least adding it to a work plan).

Helpful Hint 2: Some of the Tasks, Functions, and Resource Elements may seem repetitive or similar between Capabilities, and even sometimes within capabilities. Be sure to answer these consistently.

Due 15 days after each quarter

Administration
A1

Epidemiology
E1, E2, E3, E5, E6

Food & Water Safety
F3

Health Alert Network
H1, H2

Immunization
IZ1. IZ2

Administration

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A1: Maintain the Montana Public Health Directory

Activity:

Review and update contact information for all staff listed in the public health directory. Verify satellite phone information as well as all specimen collection kit locations.

Guidance:

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

To fulfill this deliverable:

1. Update all information for every contact in each category and select 'mark as reviewed.'
2. Update the following categories:

- Lead and secondary epidemiology contacts
- MIDIS users
- Cat A Shippers, DWES, CBAT, and clinical specimen kit locations
- Lead and secondary sanitarian contacts
- Board of Health Chair contact information
- Health department after-hours numbers
- Lead local health officials' contact information
- Lead, secondary, and tertiary HAN contacts
- Lead and secondary contact for preparedness
- Public information officer
- SNS Coordinator
- SNS drop point locations
- Volunteer registry manager
- Base station and mobile satellite locations

Epidemiology

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E1: Identify Key Surveillance Partners (KSP)

Activity:

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

Guidance:

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

To fulfill this deliverable:

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

E2: Conduct Active Surveillance with Key Surveillance Partners (KSP)

Activity:

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

Guidance:

KSPs may vary for each local or tribal jurisdiction. KSPs are critical sources for ongoing case report and disease related information. Active surveillance is very valuable for the identification of cases and outbreaks in a timely manner. It also encourages two-way communication pertaining to the collection of information related to reportable conditions, as well as sharing of information that may be relevant to the provider. As in the E1 deliverable, some jurisdictions may add schools during the school year or long-term care facilities during influenza season. Others may conduct routine active surveillance with KSPs most likely to report a communicable disease event to them.

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

To fulfill this deliverable:

1. Maintain log of active surveillance calls.

2. Indicate on the quarterly progress report if this log was completed.

E3: Routinely Disseminate Information

Activity:

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

Guidance:

While deliverables E1 and E2 identify KSPs, this deliverable assists with effective communication with these partners. Examples of items to distribute are: DPHHS Communicable Disease Weekly Updates, MIDIS generated reports, HAN messages, and reportable disease related presentations. Provide a short narrative of your actions. For example: "Two HAN messages from the state and one local HAN were sent to KSPs. An edited local CDEpi weekly update was provided by email to all KSPs as were Norovirus recommendations and guidance to long term care facilities during the winter."

To fulfill this deliverable:

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

E5: Reconcile Communicable Disease Cases with DPHHS Staff

Activity:

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

Guidance:

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

Information provided to the staff should include:

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

LHJs should report diseases as timely and completely as possible. These metrics are calculated for <u>all</u> reportable diseases except HIV, animal rabies, and rabies post-exposure prophylaxis reports.

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

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

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

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

The goal for completeness of each data element is 90%. Any cases that have missing elements should be updated in MIDIS during the reconciliation process.
When completeness goals are not met, local health jurisdictions will be asked to identify barriers to reporting in a complete and timely manner and identify tactic(s) to overcome barriers which are present.

To fulfill this deliverable:

1. Review the DPHHS reconciliation report distributed to you each quarter and note the reporting lag between your jurisdiction and DPHHS staff. Correct typos or fill in missing information in MIDS. If reporting timeliness is below goal, please report what barriers you encountered and describe tactics you have identified to overcome them in the quarterly progress report.
2. Review the most recent DPHHS reconciliation report distributed to you each quarter outlining your jurisdiction's reported cases. Complete any missing required data fields in MIDIS. If data completeness is below goal, please indicate what barriers you encountered and what tactics you have identified to overcome them.
3. Record the date that cases were reconciled with the DPHHS staff.
    a Indicate the reconciliation completion date in the quarterly progress report.
    b If multiple people in your jurisdiction perform the reconciliation concurrently, please record the date all sections were complete.

E6: Maintain 24/7 Communication System

Activity:

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

Guidance:

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

To fulfill this deliverable:

1. Report success or failure of your jurisdiction's response to the 24/7 test call. If a failure has occurred, state what happened at the time and document the outcome of the retest.

Food & Water Safety

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

Activity:

Ensure that environmental health sanitarians are integrated into your jurisdictions 24/7 communication system (see E6).

Guidance:

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

To fulfill this deliverable:

1. Have the On-Call Sanitarian or another public health representative respond to the test call within 15 minutes.
2. On the quarterly progress report, indicate success or failure of your jurisdiction's response to the 24/7 test call. Provide an improvement plan for any failures.

Health Alert Network (HAN)

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H1: HAN Distribution

Activity:

Test your Local HAN System once each quarter.

Guidance:

Each quarter of this grant local health jurisdictions will conduct local testing with their respective health partners. Locals can use the methods that are available to them to conduct the tests. This may include the use of E-mail, FAX or Phone. Conduct Local HAN testing once each quarter with your Local HAN contacts and collect responses. Jurisdictions must reach at least a 70% response rate to count as a passing test. Local jurisdictions will have to retest until a level of 70% or above is reached. The goal for this deliverable is to have all local health jurisdictions in Montana above 90% by the end of year 3 of this new grant cycle.

To fulfill this deliverable:

1. Provide the total number on Local HAN Contacts that you sent the test message to and the total number of responses you received in 25 hours. Health jurisdictions with large lists should conduct HAN tests with a sampling of their list. Real health events will count as long as the responses are collected.
    a. Number of Recipients _____
    b. Number of Responses Received Within 25 hours _____
    c. Response Rate _____

H2: Local HAN Contacts

Activity:

Provide the total number of HAN contacts.

Guidance:

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

To fulfill this deliverable:

1. Count and report the total number of contacts in your jurisdiction who are Local HAN Contacts. Examples of local HAN contacts include: Law Enforcement, Pharmacists, School Nurses, Long Term Care Facilities, Hospitals, Commissioners, and Veterinarian.

Immunization

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IZ1: Off-Site Influenza Clinics

Activity:

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

Guidance:

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

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

To fulfill this deliverable:

1. Use the IZ1 worksheet to track off-site clinics and doses of influenza vaccine administered.
2. Total the number of off-site influenza clinics conducted every quarter.
3. Total the number of influenza doses administered every quarter.
4. Report the total number of off-site clinics and influenza doses administered to complete the Progress Report every quarter.

IZ2: Influenza Partners & Communication

Activity:

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

Guidance:

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

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

To fulfill this deliverable:

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

July 1 – September 30

Due October 15, 2019

Administration
A1 *

Capability Assessments
Cap. 1, Cap. 2, Cap. 14

Epidemiology
E4, E9, [E1, E2, E3, E5, E6] *

Exercise
EX1

Food & Water Safety
F2, F3*

Health Alert Network
[H1, H2] *

Immunization
[IZ1, IZ2] *

*these are due every quarter

Capability Assessments

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Capability 1: Community Preparedness

Capability 2: Community Recovery

Capability 14: Responder Safety and Health

Epidemiology

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E4: Disseminate Disease Reporting Instructions to Key Surveillance Partners (KSP)

Activity:

Annually disseminate the list of reportable conditions and reporting instructions to KSPs, preferably in person or via presentations. Record the date(s) of dissemination or indicate when your jurisdiction plans do so.

Guidance:

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

To fulfill this deliverable:

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

E9: Non-Pharmaceutical Interventions (NPI) Plan

Activity:

As a part of an all-hazards planning approach, review and revise (if necessary) your Non-Pharmaceutical Interventions Plan (known as NPI, or an Isolation and Quarantine Plan) to address control measures implemented to prevent secondary spread of a communicable disease in a populace.

Guidance:

NPI is more than just isolation and quarantine. CDC defines the activities that qualify as NPI as the following:

- Isolation
- Quarantine
- Restrictions on movement and travel advisories or warnings
- Social distancing
- External decontamination
- Hygiene
- Precautionary protective behaviors

For example, exclusion of an ill individual from a sensitive setting is a precautionary protective behavior. Some NPIs are basic, everyday recommendations such as cough etiquette promotion to prevent influenza. Others are very specific to certain diseases, such as asking a pertussis case to remain at isolated at home for five days after antibiotic therapy starts. Your jurisdiction does not need to include disease-specific control measures in the plan or protocol, but should outline general measures and the process to enact them.

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

To fulfill this deliverable:

1. Review your NPI plan using the checklist found on the PDR page, and have it signed by your Board of Health Chairperson and Health Officer.
2. Upload your current NPI plan, and a scanned version of your signed checklist into your 1st quarter progress report.
3. CDEpi will review and provide feedback on the NPI plan prior to the end of the budget period.

Exercise

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EX1 Training & Exercise Planning

Activity:

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

Guidance:

The TEPW establishes the strategy, timeline, and structure for an exercise and training program that enhances public health preparedness. In addition, it sets the foundation for the planning, conduct, and evaluation of exercises with other community emergency and response partners.

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

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

The resulting product of the workshop is the TEP.

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

The TEP is the strategic approach to filling your jurisdiction's public health capability gaps and contributing to community resilience. Your jurisdiction can develop collaborative exercise and training priorities with your community partners and HCC. However, the TEP must include these PHEP priorities.

Priority 1: Work towards filling identified public health preparedness gaps.
Priority 2: Sustain current training and exercise activities.
Priority 3: Collaborate with preparedness and response partners to build community resilience

The TEPW should also incorporate other informational tools to build the TEP. The following is a list of example documents to bring to the TEPW.

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

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

To fulfill this deliverable:

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

F2: Review Truck and Train Wreck Protocol

Activity:

The Registered Sanitarian (RS) for your jurisdiction works with the local Board of Health to maintain an approved procedure to respond to truck wrecks under MCA 50-2-118. This MCA can be found at http://leg.mt.gov/bills/mca/50/2/50-2-118.htm.

Guidance:

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

To fulfill this deliverable:

1. If the protocol has been modified or relevant staffing changes have occurred, upload a copy of the locally approved truck wreck protocol to the progress report. In cases where no protocol or staff changes have occurred, provide a written statement that the previous year's protocol is still accurate.

October 1 – December 31

Due January 15, 2020

Administration
A1 *

Capability Assessments
Cap. 4, Cap. 6

Epidemiology
[E1, E2, E3, E5, E6] *

Exercise
EX3

Food & Water Safety
F4, F3*

Health Alert Network
[H1, H2] *

Immunization
IZ3, IZ4, [IZ1, IZ2] *

*these are due every quarter

Capability Assessments

Luke Fortune, 444 1281, lfortune@mt.gov

Capability 4: Emergency Public Information and Warning

Capability 6: Information Sharing

Exercise

Gary Zimmerman, 444 3045, gzimmerman@mt.gov

EX2 Rescinded

EX3 Participate in State-wide Full-Scale Exercise

Activity:

Participate in *Operation Oro Y Plata Armis*, the Statewide Strategic National Stockpile (SNS) Receipt, Store, and Stage (RSS) Full Scale Exercise (FSE), September 23 – 18 October 2019.

Guidance:

An FSE is typically the most complex and resource-intensive type of exercise. It involves multiple agencies, organizations, and jurisdictions and validates many facets of preparedness. The purpose of this FSE is to evaluate the LHJ's ability to support medical countermeasure distribution and dispensing for all hazards, ensuring jurisdictions can effectively execute their Emergency Medical Countermeasure Plans in response to a public health emergency.

LHJs can expect to be required to exercise PHEP Capability 3: Emergency Operations Coordination, Capability 8: Medical Countermeasure Dispensing (POD Clinic), and Capability 9: Medical Material Management & Distribution (RSS site distribution, Transportation, Inventory Management, and Security).

Note: Full requirements for LHJ participation will be distributed during the PHEP Regional Workshops in May 2019. Guidance and templates for this deliverable will be available on the PDR page at http://dphhs.mt.gov/publichealth/cdepi/CDCPBResources *no later than June 1, 2019.*

To fulfill this deliverable:

1. Participate in the Statewide FSE with your jurisdiction's preparedness partners completing requirements outlined in exercise guidance materials to be distributed during the PHEP Regional Workshops in May 2019.
2. Complete & upload a copy of the After-Action Report.

Food & Water Safety

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

F4: Update Contact Information for All Licensed Establishments

Activity:

Fill in the contact information in the Licensed Establishment Database.

Guidance:

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

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

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:
    1. Over 95% of phone numbers are present in database or are on spreadsheet.
    2. Over 95% of physical addresses are valid and accurate in database or on spreadsheet.
    3. Over 95% of businesses have an email address in database or are on spreadsheet.
    4. Recognizing that 95% may not be obtainable if a jurisdiction has less than 20 licensed establishments, the metrics will be evaluated on a case by case basis. The evaluation will be based on measurable improvements and efforts seen.
3. If updated information cannot be modified by the Sanitarian in the FCS database, submit a spreadsheet that notes information changes by uploading it to the quarterly progress report.

IZ3: Influenza Checklist; Full Scale Exercise, Off-Site Influenza POD Exercise

Activity:

Complete the *Checklist for Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations* for an off-site influenza clinic, in conjunction with the full-scale exercise in October 2019.

Guidance:

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

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

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

To fulfill this deliverable:

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

IZ4: Report Vaccination Population Groups; Full Scale Exercise, Off-Site Influenza POD Exercise

Activity:

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 the off-site influenza clinic, held in conjunction with the full-scale exercise in October 2019.

Guidance:

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

Review and decide how to incorporate the *Vaccination Population Group Screening Question* into the patient intake process during the off-site influenza clinic, in conjunction with the full-scale exercise. Submit aggregate data to the Progress Report.

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

Vaccination Population Group Screening Question:

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

- ☐ Pregnant woman
- ☐ Infant or toddler 6-35 months old

- ☐ Household contact of infant <6 months old
- ☐ Person aged 3-64 years old who is at higher risk for influenza-related complications
- ☐ Person aged 3-64 years old not at higher risk for influenza-related complications
- ☐ Adults 65+ years old

To fulfill this deliverable:

1. Review the Vaccination Population Group Screening Question and incorporate this question into patient intake for off-site influenza clinic.
2. Report aggregate totals for each vaccination group (i.e. pregnant woman, health-care or medical services worker, a person aged 6 months through 24 years, etc.). There will be a total of five groups (plus one sub-group) to report.
3. Submit aggregate totals for each group (including the sub-group) to the progress report.

January 1 – March 31

Due April 15, 2020

Administration
A1 *

Capability Assessments
Cap. 10, Cap. 11, Cap. 15

Continuity of Operations
C1

Epidemiology
E7, [E1, E2, E3, E5, E6] *

Food & Water Safety
F5, F3*

Health Alert Network
[H1, H2] *

Immunization
[IZ1, IZ2] *

Lab
L1

Capability Assessments

Luke Fortune, 444 1281, lfortune@mt.gov

Capability 10: Medical Surge

Capability 11: Non-Pharmaceutical Intervention

Capability 15: Volunteer Management

Continuity of Operations (COOP)

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

C1: Update Your Continuity of Operations Plan

Activity:

Review and update your Continuity of Operations Plan and upload a copy of your plan to the progress report. If you do not have a completed plan, upload your current progress.

Guidance:

This information will assist the State of Montana shape COOP deliverables and training over the performance period. We will post a sample of the state plan and a template on the PDR.

To fulfill this deliverable:

1. Complete the guidelines and upload the document to the progress report.

Epidemiology

Jennifer Miller, 444 3165, jennifer.miller@mt.gov

E7: Review the Communicable Disease Response Plan

Activity:

Utilize the provided assessment tool to review your jurisdiction's communicable disease plan.

Guidance:

The assessment tool is available in the deliverable resources folder in CDCB Resource Page or in the PDR page at http://dphhs.mt.gov/publichealth/cdepi/CDCPBResources for your review. If you have problems retrieving the assessment tool, contact the subject matter expert. Communicable disease response plans should consider all components stated on the checklist or

have a reference to another portion of your plan or a separate protocol that covers the listed component.

To fulfill this deliverable:

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

Food & Water Safety

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

F5: Written Procedure for Investigating Foodborne Illness & Food-Related Injury (Phase 3)

Activity:

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

Guidance:

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

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

The list of components needed for this written plan can be found at: https://www.fda.gov/downloads/Food/GuidanceRegulation/RetailFoodProtection/ProgramStandards/UCM372504.pdf

Part	Deadline
Part 1: Investigative Procedure (should have been completed 2017-2018 year)	Submit document in Quarter 4, 2017-2018 year. Verify for accuracy every year after.
Part 2: Reporting Procedures Part 3: Laboratory Support Documentation Part 4: Trace-back Procedures	Submit document in Quarter 3, 2018-2019 year. Verify for accuracy every year after.
Part 5: Recalls Part 6: Media Management	Submit document in Quarter 3, 2019-2020 year. Verify for accuracy every year after.
Part 7: Data Review and Analysis	Submit document in Quarter 3, 2020-2021 year. Verify for accuracy every year after.
Documentation Numbers: 1, 2, and 9	Submit document in Quarter 3, 2018-2019 year. Verify for accuracy every year after.
Documentation Numbers: 3, 4, 5, 6, 7, 8, and 10	Submit document in Quarter 3, 2019-2020 year. Verify for accuracy every year after.

To fulfill this deliverable:

1. Upload a copy of the locally approved Written Investigative Procedure (parts 1-4 and Documents 1, 2, and 9) to the progress report. Use the table in the guidance section to determine what components are needed for each year.

Laboratory

Crystal Fortune, 444 0930, cfortune@mt.gov
Lana Moyer, 444 0944, lmoyer@mt.gov

L1: Participate in a Laboratory Sample Packaging/Transport Plan Webinar and Complete the DPHHS Checklist

Activity:

Participate in a webinar from Montana Public Health Laboratory (MTPHL) and Communicable Disease/Epidemiology for updated guidance on evaluating and updating your jurisdiction's Laboratory Sample Packaging and Transport Plan. The webinar will cover activation of the plan, consultation prior to submission, required plan components, packaging considerations, and transport partners.

Guidance:

Each local health jurisdiction must maintain a plan or protocol dictating how samples of public health importance (environmental or human specimens) can be transported to MTPHL in an emergency outside of normal operations. Specimen transport typically follow normal routes, i.e. the MTPHL courier or shipping via FedEx or UPS. However, in surge events, pandemics, Hazmat situations, and other emergencies, these methods may not be available for use. It is critical to have an effective and well tested plan when sample testing results are urgent in these emergency situations and arranging transportation with the proper protocols can be problematic. Your plan should outline how your local jurisdiction can organize transport of the specimen to MTPHL when all normal routes fail.

We encourage you to invite your local laboratory and other relevant response partners to participate. DPHHS will offer multiple opportunities to view the webinar.

To fulfill this deliverable:

1. At least one person responsible for your health jurisdiction's Laboratory Sample Packaging and Transport Plan must view a live or recorded webinar from DPHHS regarding guidance on evaluating and updating your plan.
2. Complete the Sample Packaging and Transport Plan Checklist which is available on the PDR web page. Make improvements as needed.
3. Submit the checklist on the quarterly progress report after
    a. Your jurisdiction's **LEPC or TERC** has reviewed the plan and checklist **AND**
    b. Your jurisdiction's **health officer** has reviewed the plan and checklist

April 1 – June 30
Due July 15, 2020

Capability Assessments
Cap. 8, Cap. 9

Administration
A2, A1 *

Budget
B1

Epidemiology
E8, [E1, E2, E3, E5, E6] *

Food & Water Safety
F1, F3*

Health Alert Network
[H1, H2] *

Immunization
[IZ1, IZ2] *

Planning
P1

Volunteer Registry
V1

*these are due every quarter

Capability Assessments

Luke Fortune, 444 1281, lfortune@mt.gov

Capability 8: Medical Countermeasure Dispensing and Administration

Capability 9: Medical Materiel Management and Distribution

Administration

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

A2: End of Year Report

Activity:

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

Guidance:

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

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

PHEP advises keeping a log or journal of activities throughout the budget period to help with this narrative. We will provide a template for you to use to track those activities at the spring workshops.

To fulfill this deliverable:

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

Budget

Dan Synness, 444 6927, dsynness@mt.gov

B1: Actual Line Item Expenses

Activity:

Provide the actual expenses in the following line item categories: 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.

Guidance:

All categories combined must equal sum to your annual PHEP award at a minimum. The sum could be more than your annual award depending on how many of your expenses were paid with matching funds from your jurisdictional agency or other entities. If any of the expense categories included matching funds, please provide the amount of matching funds.

To fulfill this deliverable:

1. Provide the required information on the progress report.

Epidemiology

Jennifer Miller, 444 3165, jennifer.miller@mt.gov

E8: Review the Pandemic Influenza Plan

Activity:

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

Guidance:

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

Avoid copying and pasting information from the World Health Organization (WHO). That approach does not provide proper planning because their scope is on an international scale. Your plan must reflect what *your* public health agency does during a pandemic in *your* community. Your preparedness partners should participate in the review and provide feedback for your plans.

To fulfill this deliverable:

1. Attach the completed assessment tool to the progress report (please clearly save it as 2019 Pan Flu Assessment).
2. Attach your reviewed and revised *Pandemic Influenza Plan* to the progress report.

3. Archive older versions of your pandemic flu plans.

Food & Water Safety

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

F1: Sanitarian Participation in LEPC

Activity:

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

Guidance:

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

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

To fulfill this deliverable:

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

Planning

Luke Fortune, 444 1281, lfortune@mt.gov

P1: Participation in Regional Healthcare Coalitions

Activity:

Participate in regional Healthcare Coalition activities.

Guidance:

The new Healthcare Coalitions (HCC) need the support and participation from all healthcare organizations within their regions, one of which is public health. These coalitions are responsible for organizing healthcare preparedness, planning, training, and response to emergencies and disasters. They are also responsible for distributing Hospital Preparedness Program (HPP) grant funding to healthcare applicants.

These HCCs still face many challenges as they grow and strive to meet expectations of the HHS Assistant Secretary for Preparedness and Response (ASPR), the provider of the funding. Public health agencies are expected to participate in the coalition's activities. The PHEP 2019-2024 Cooperative Agreement requires coordination of activities between PHEP fund recipients and HCCs, including under Domain 1: Strengthen Community Resilience and Domain 5: Strengthen Surge Management. The agreement requires activities that include planning, training, and exercises, with emphasis on medical surge and emergency response with HCCs, EMS, and other health care organizations.

This deliverable requirement is for each public health department to participate in activities of their respective regional healthcare coalitions throughout the year. This may include: attending one of the two biannual meetings, helping plan and participating in emergency preparedness drills and exercises, creating agreements such as Memorandums of Understanding with other coalition members, engaging the coalition and its members in capability planning and assigning roles and responsibilities, reviewing meeting minutes for the HCC from your areas, providing feedback to the public health representatives on questions/comments to the minutes, suggesting items you would like to see the HCCs provide, and even participating on the executive committee or any of its subcommittees.

You can view current activities on the coalition website at www.mthcc.org.

Remember, LHJ public health agencies must ensure that *at least* **two** separate jurisdictional agencies within each regional coalition will actively participate on each respective HCC regional executive committee. More are always welcome. Determining how or who will be the representatives on the committee is up to the LHJs of each region. DPHHS PHEP can provide technical support if requested.

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

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

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

To fulfill this deliverable:

1. Participate in activities of their respective regional healthcare coalitions **in each quarter**.
2. Submit a **narrative** to the progress report describing activities that demonstrates participation with HCC activities **throughout** the 2019-2020 budget period.

V1: Local Volunteer Registry Administrator Training

Activity:

One person must be trained as the local volunteer registry manager for the volunteer management system.

Guidance:

The PHEP section will provide training opportunities throughout the year via GoToMeeting on the Volunteer Registry. The person designated as the local volunteer registry manager will be given a higher permission level within the system to "accept" volunteers, search for volunteers, and deploy volunteers within their own county or region.

To fulfill this deliverable:

1. Select an individual, and a secondary if possible, to attend a Volunteer Registry program training
2. Attend the training.
3. Provide the name of the administrator or back-up administrator and the date of training on the progress report.