



Attachment A



**Guidance for Completing PHEP Task Order
Deliverable Requirements**

July 1, 2026 – June 30, 2027

2026–2027



Table of Contents

LTHJ PHEP Requirements 2026 – 2027

Electronic Version Linked

2026 – 2027 PHEP Deliverables Calendars	A-iii
PHEP Staff Directory	A-iv

Introduction

Submitting Progress Reports	A-1
The PHEP Deliverables Resource (PDR) Website	A-1
HPAI Requirements	A-1

Task Order Requirements

Budget & Administration

BA1 Budget Line-Item Expenses	A-2
BA2 Maintain the Montana Public Health Directory	A-3
BA3 DPHHS HAN Response	A-4
BA4 24/7 Communication System Implementation	A-4
BA5 Reconcile Communicable Disease Cases with DPHHS Staff	A-5
BA6 Essential Laboratory Contact Information List	A-6
BA7 CBAT Kit Inspection and Inventory	A-7
BA8 DWES Kit Inspection and Inventory	A-8

Quarter Due

Every
Every
Every
Every
Every
1st
1st
2nd

Exercises

E1 Off-Site Point-of-Dispensing (POD) Vaccination Clinic	A-9
E2 Food Borne Illness TTX	A-11
E3 Jurisdiction Specific Exercise	A-13
E4 Sanitarian Attends a State or Local Exercise	A-13

Quarter Due

Any
Regional
Any
Any

Outreach & Collaboration

OC1 PHEP Personnel Participation in LEPC/TERC	A-14
OC2 Sanitarian Participation in LEPC/TERC	A-14
OC3 Collaboration and Information Sharing with KSPs	A-15
OC4 Communication and Off-Site Vaccination Clinics	A-16
OC5 Update Contact Information for All Licensed Establishments	A-17

Quarter Due

Any
Any
3rd
Any
2nd

Plans

P1 Review Risk Communications/Public Information Plan	A-18
P2 Jurisdictional Public Health Risk Assessment	A-18
P3 All- Hazard Laboratory Specimen Transport Plan Checklist	A-18
P4 Review Truck and Train Wreck Protocol	A-19
P5 HPAI Plan Development	A-20

Quarter Due

2nd
Any
3rd
Any
3rd

Training

T1 Emergency Management Training	A-20
T2 Attend Communicable Disease & Public Health Law Training	A-21
T3 Attend Communication Training	A-22
T4 Sanitarian Attends Training for Licensed Establishments Database	A-22
T5 Attend Training for Developing an HPAI Plan	A-23

Quarter Due

Any
Any
2nd
Any
2nd

2026 – 2027 PHEP Deliverables Calendar

Calendar by Category

Quarter	Budget & Administration	Exercises	Outreach & Collaboration	Plans	Training
1 st Quarter Ends Sept. 30/Due Oct. 30	BA1, BA2, BA3, BA4, BA5, BA6, BA7				
2 nd Quarter Ends Dec. 31/Due Jan. 30	BA1, BA2, BA3, BA4, BA5, BA8		OC5	P1	T3, T5
3 rd Quarter Ends Mar. 31/Due Apr. 30	BA1, BA2, BA3, BA4, BA5	E2 (Central and Eastern HCC Regions)	OC3	P3, P5	
4 th Quarter Ends June 30/Due July 30	BA1, BA2, BA3, BA4, BA5	E2 (Southern and Western HCC Regions)			
Any Quarter		E1, E3, E4	OC1, OC2, OC4	P2, P4	T1, T2, T4

Calendar by Quarter

Category	1 st Quarter Ends Sept. 30 Due Oct. 30	2 nd Quarter Ends Dec. 31 Due Jan. 30	3 rd Quarter Ends Mar. 31 Due Apr. 30	4 th Quarter Ends June 30 Due July 30	Any
Budget & Administration	BA1, BA2, BA3, BA4, BA5, BA6, BA7	BA1, BA2, BA3, BA4, BA5, B8	BA1, BA2, BA3, BA4, BA5	BA1, BA2, BA3, BA4, BA5	
Exercises			E2 (Central and Eastern HCC Regions)	E2 (Southern and Western HCC Regions)	E1, E3, E4
Outreach & Collaboration		OC5	OC3		OC1, OC2, OC4
Plans		P1	P3, P5		P2, P4
Training		T3, T5			T1, T2, T4

Deliverable **E2** is aligned to Regional Health Care Coalitions.

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

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

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

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



PHEP Staff Directory (Subject to change)

Name	Email	Office Phone
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Attachment A

Introduction

This document is the supplemental guidance for the task order amended to your jurisdiction’s contract for services with the Montana Department of Public Health and Human Services (DPHHS). It provides information for the deliverable requirements for the Public Health Emergency Preparedness (PHEP) task order for the 2026-2027 budget period.

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

Submitting Progress Reports

The due date for submitting a quarterly progress report is 30 days after the end of the quarter. Jurisdictions **MUST** complete all Task Order requirements work **WITHIN THE QUARTER IT IS DUE** as designated in Section 5 of the Task Order. **The 30-day period following the end of a quarter is for gathering information and completing the report only.** The reporting period is congruent with the next quarter and completing deliverable requirements during that time does not qualify. See Table 1 for the Progress Report Due Schedule.

Table 1.

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

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

The PHEP Deliverables Resource (PDR) Website

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

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

HPAI Preparedness Requirement

New requirements for this budget period include training and planning for Highly Pathogenic Avian Influenza (HPAI), also known as the H₅N₁ virus. Occurrences of HPAI in animals and people has raised concerns for the public health and agriculture industries.

The CDC recommends developing response planning and mitigation strategies through infection prevention and control measures, including the use of personal protective equipment (PPE), testing, antiviral treatment, patient investigations, as well as monitoring people exposed to sick or dead wild and domesticated animals and livestock with suspected or confirmed HPAI infection.



Task Order Requirements

Budget & Administration

BA1: Budget Line-Item Expenses

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

Due Every Quarter

Zoe Dahlquist, (406)444-1611, zoe.dahlquist@mt.gov

Guidance:

Local and tribal health jurisdictions receiving PHEP funding must submit expense records every quarter. All categories combined *must meet or exceed the sum* of your award. The sum can be more than your 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.

Use the budget spreadsheet available on the [PDR](#) to submit this deliverable. Both the reimbursable and personnel tabs (if asking for personnel time to be reimbursed). Your jurisdiction's budget authority must complete the spreadsheet and confirm the acknowledgement statement by typing their name in the appropriate box and dating the forms.

You must contact PHEP to discuss any fiduciary encumbrance, purchase, or contribution to a purchase, of a single item costing more than \$10,000.

The expense categories are listed below.

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



To fulfill this deliverable:

1. Complete the reimbursable and personnel tabs, sign, and upload the budget spreadsheet along with any supporting documentation into each quarterly progress report.

BA2: Maintain the Montana Public Health Directory

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

Due Every Quarter

Mackenzie Mann, (406) 444-6195, mackenzie.mann@mt.gov

Guidance:

The directory information is used to send Health Alert Network (HAN) messages, incident updates, and maintain situational awareness. **For HAN Primary, Secondary, and Tertiary contacts and Preparedness Primary and Secondary contacts, there MUST be a unique contact listed.** For other positions, remove staff names and contact information when a vacancy occurs and leave positions blank until there is a replacement.

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

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

To fulfill this deliverable:

1. Review and update all information for each category below.
 - Board of Health Chair contact information
 - Board of Health Secondary contact information
 - Cat A Shippers, DWES, CBAT, and clinical specimen kit locations
 - Environmental Health Office
 - Epidemiology Lead and Secondary contacts
 - HAN Primary, Secondary, and Tertiary contacts
 - HCV Program Lead
 - Health Department with after-hours numbers
 - HIV Program Lead
 - 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
 - STI DIS
 - Volunteer Registry Primary
 - Volunteer Registry Secondary
2. Select 'Mark as Reviewed' in the Directory for every required category, every quarter.
3. Indicate which categories needed to be updated in the quarterly progress report. If your jurisdiction is missing any of the required contacts (HAN Primary, Secondary, and Tertiary; Preparedness Primary and Secondary), please explain in the quarterly progress report.



BA3: DPHHS HAN Response

Acknowledge receipt of every HAN message from DPHHS

Due Every Quarter

MacKenzie Mann, (406) 444-6195, mackenzie.mann@mt.gov

Guidance:

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

The HAN deliverable **requires** *one person* from your jurisdiction to acknowledge receipt of **EVERY HEALTH ALERT, HEALTH ADVISORY, or HEALTH UPDATE** message within *24 hours*. INFORMATION SERVICE messages do not require a response. It is highly encouraged to have more than one response to each message. This redundancy covers any instance in which one of the local responders is unable to acknowledge and relay messages due to technology failure, incapacitation, or other situation. PHEP also highly encourages jurisdictions to develop and test their own local redundant distribution systems.

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

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

In addition to acknowledging receipt of a HAN, it is very important to share the HANs with the appropriate contacts within your jurisdiction. The number of contacts may change due to an event or medical emergency. Local HAN lists should be kept and updated regularly. Examples of local HAN contacts include Law Enforcement, Pharmacists, School Nurses, Long Term Care Facilities, Hospitals, Commissioners, and Veterinarians. Be sure to include your local licensed food establishments. Your local sanitarian should be able to provide you with the number of local licensed food establishments in your jurisdiction.

To fulfill this deliverable:

1. A minimum of one of the three local HAN coordinators (as listed in the Public Health Directory) must acknowledge EVERY HAN notification message within 24 hours.
2. Forward, when recommended, to appropriate local HAN contacts and **copy** hhshan@mt.gov.

BA4: 24/7 Communication System Implementation

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

Due Every Quarter

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

Guidance:

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

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



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

To fulfill this deliverable:

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

BA5: Reconcile Communicable Disease Cases with DPHHS Staff

Reconcile communicable disease investigations in the Montana Infectious Disease Information System (MIDIS) that were performed in the previous quarter to meet the timeliness and completeness standards set forth by DPHHS and the Administrative Rules of Montana (ARM [37.114.201](#), [37.114.204](#), and [37.114.205](#)).

Due Every Quarter

Magdalena Scott, (406)444-3049, [magdalena.scott@mt.gov](mailto:magdalenascott@mt.gov)

Guidance:

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

Use the reconciliation list to:

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

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

- A. Lost to Follow-up
- B. Date of Birth
- C. Race
- D. Ethnicity
- E. Zip code of residence
- F. Diagnosis date
- G. Onset Date
- H. Hospitalization (Y/N)
- I. Date of control measures implemented
- J. Investigation Status- Percent (%) Closed



- K. HIV test referral (STD Only)
- L. Date of interview (STD Only)
- M. Pregnancy status (female STD only)
- N. Date of treatment (STD Only)
- O. Completeness of treatment (STD only)
- P. Lost to Follow Up (STD Only) separated out)

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

To fulfill this deliverable:

1. Review the DPHHS reconciliation report distributed to you each quarter for timeliness and completion goals, found on the “Deliverables Snapshot” tab. In MIDIS, correct any date typos and fill in missing information. Typos and blank fields can be found using the “Line List” tab. If reporting timeliness or data completion is below the goals outlined above, please report what barriers you encountered and describe steps you have identified to overcome them in the future.
 - a. The reconciliation document will be provided via the Montana File Transfer Service to the CD Epi Contact Lead and CD Epi Contact Secondary listed in the Public Health Directory. If this document needs to be provided to additional individuals, please reach out to Danny Power (danny.power@mt.gov).
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.

If multiple people in your jurisdiction perform the reconciliation concurrently, please record the date all sections were complete.

BA6: Essential Laboratory Contact Information List

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

Due 1st Quarter

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

Guidance:

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

To fulfill this deliverable:

1. Download the [Contact Information Form FY 2026-2027](#) from the [PDR](#) under Public Health Laboratory Resources.
2. Fill in the required information for the preparedness partners in your jurisdiction. Name, phone, and email are mandatory fields. The address field is highly recommended.
3. Upload a scanned copy of the [Contact Information Form](#) to the Q1 PHEP Progress Report in Jotform.



BA7: CBAT Kit Inspection and Inventory

Inspect and inventory the CBAT kit, add new supplies, and reseal it with new evidence tape.

Due 1st Quarter

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

Guidance:

Chemical/Bacterial Agent Transport (CBAT) kits are federally standardized units that contain all necessary supplies to sample suspicious credible threat powders and liquids. Each kit can accommodate up to two samples, including suspicious letters/envelopes, and serves as a secure container to transport them. A minimum of two kits are prepositioned in each participating LTHJ, ensuring they are available 24/7 for use by LE, FD, PH, or HAZMAT.

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

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

The purpose of this inventory is to verify the location, contents, and condition of the CBAT Kits supplied by the MTLSB. The information you provide will determine whether the kits still contain the required components, are undamaged, and unexpired. Any items that need to be replaced will be mailed directly to the PHEP Preparedness contact person listed in the Montana Public Health Directory. Prior to the start of the first quarter, MTLSB will mail each jurisdiction an updated instruction form with additional tear-away HOT ZONE and WARM ZONE instruction sheets, four unexpired sterile transfer pipettes, two unexpired sterile environmental sampling swabs, an MTLSB ballpoint pen, and seven pieces of evidence tape (one piece to reseal the kits). The new supplies will be mailed directly to the PHEP Preparedness contact person listed in the Montana Public Health Directory. Contact Kim Newman for assistance.

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, September 30, 2026.
3. Give them the link for the [CBAT Kit Inventory Form](#)
4. Have them inspect the supplies in the CBAT Kit, checking for breaches, deterioration, or broken seals in any of the contents.
5. Have them replace the old instructions and ball-point pen with the new instructions and ball-point pen in the COLD ZONE bag.
6. Have them replace the old evidence tape with two new pieces of evidence tape in each WARM ZONE bag.
7. Have them replace the old environmental sampling swab and transfer pipettes with the new sampling swab and two transfer pipettes in each HOT ZONE bag.
8. Have them reseal the kit with one piece of new evidence tape. An extra piece of tape is provided if required.
9. Have them complete the [CBAT Kit Inventory Form](#), noting the expiration dates of the CultureSwab™ environmental sampling swabs and transfer pipettes on the inventory form.



10. Encourage them to call Kim Newman at the MTL SB for assistance.
11. When the Jotform form is completed and submitted, you should get an email to confirm. When you receive the confirmation email, update the MTPH Directory by editing the CBAT Kit List name in its **Comments** section (so that a new Modified Date appears in the view-only mode), then mark the BA8 deliverable requirement in the progress report as complete.

BA8: DWES Kit Inspection and Inventory

Environmental Health staff, Local PHEP Preparedness Coordinators, Waterworks Operators, or HAZMAT Team staff will inspect and inventory the contents of the DWES Kit supplied by the Montana Laboratory Services Bureau (MTLSB), add new supplies, and reseal it with new evidence tape.

Due 2nd Quarter

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

Guidance:

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

The purpose of this inventory is to verify the location, contents, and condition of the DWES kits supplied by the MTL SB. The information you provide will also determine whether the kits still contain the required components and are undamaged.

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. Before the end of the first quarter, MTL SB will mail each public health jurisdiction replacement outer and inner press-on envelopes, a new red "Emergency Response Only" decal (with extra-strength adhesive), 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 for 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, December 31, 2026.
 - a. Give them the link for the [DWES Kit Inventory Form](#)
 - b. Have them inspect the supplies in the DWES Kit, checking for broken bottles or missing supplies.
 - c. 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.
 - d. 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.
 - e. Have them complete the [DWES Kit Inventory Form](#).



- f. Have them reseal the kit with the evidence tape provided. An extra piece of tape is provided if required. Remove the old red "Emergency Response Only" bumper sticker from the front of the kit and replace it with the new red decal (DES Duty Officer 1-406-431-0411).
 - g. Encourage them to call Kim Newman at the MTL SB for assistance.
3. When the Jotform form is completed and submitted, you should get an email to confirm. When you receive the confirmation email, update the MTPH Directory by editing the DWES Kit List name in its **Comments** section (so that a new Modified Date appears in the view-only mode), then mark the BA9 deliverable requirement in the progress report as complete.

Exercises

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

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

Due Any Quarter

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

Guidance

Jurisdictions must ensure they can support medical countermeasure distribution and dispensing for all hazard events. This includes maintaining 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 provide medications and treatment advice to people in emergency situations, such as during an outbreak of a highly contagious disease, a natural disaster, or a bioterror or chemical attack. It is important to know what you need to establish a POD and how to set up a POD facility efficiently and quickly.

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

POD Accessibility

The ability for individuals with disabilities to access government services, including vaccines at PODs, is protected under the Americans with Disabilities Act. Additionally, many populations without disabilities have



support or resource needs related to accessing PODs. Often, these needs relate to communications, preexisting medical/health maintenance requirements, independence, safety and self-determination, and transportation (CMIST). Evaluating the accessibility of a POD can lead to reduced barriers for people with disabilities and other access and functional needs.

Review and complete the *Brief POD Accessibility Questionnaire* during your POD to identify strengths and gaps in accessibility. Jurisdictions are encouraged to complete the Questionnaire in partnership with at least one of their AFN partners. Contact Mackenzie Mann at Mackenzie.Mann@mt.gov with questions about the questionnaire.

Include at least one finding to prioritize in your After-Action Report and Improvement Plan (see Evaluating the POD Exercise) and submit a copy of the completed Questionnaire with the progress report. Although encouraged, there is no requirement to demonstrate progress on improvement areas during this budget period.

Note: Not all jurisdictions will have the resources for major changes, and ideas for improvement may be small in scale and economical. A helpful resource may be the Montana Public Health Institute's [Advancing Access to Montana Vaccination Programs](#) (see the Resource Library on the MTPHI website).

Vaccine POD Checklist

Preparing an off-site vaccination clinic involves multiple steps, protocols, and best practices to ensure safe outcomes. The *Checklist for Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations* will help you stay organized. Review and complete the checklist throughout the process of planning, implementing, and closing/evaluating your off-site POD clinic. Complete the sections as they correspond to the three stages of an off-site vaccination clinic. The stages are "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.

Patient Intake and Screening

While checklists keep you organized, patient tracking during the clinic helps ensure accurate accounting of 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.

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* options are located below and will be available on the [PDR](#) webpage under Immunization. Submit aggregate totals for each vaccination group identified.

Vaccination Population Group Screening Question:

Option 1:

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

- Pregnant woman
- Infant or toddler 6-35 months old
- Household contact of infant <6 months old
- Person aged 3-64 years old who is at higher risk for complications (for the vaccine-preventable disease(s))
- Person aged 3-64 years old not at higher risk for complications (for the vaccine-preventable disease(s))
- Adults 65+ years old

Option 2:

Determine vaccination population group screening questions specific to an off-site vaccination clinic. Screening questions may be entirely unique or be a combination of unique screening questions and some of



the groups found in Option 1. There must be a minimum of 3 screening group questions, and they may not all be age-defined. Upload a document that outlines the population screening group questions and the number of persons that fell into each group. Examples include but are not limited to:

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

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

Evaluating the POD

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 this information. An Improvement Plan (IP) lays out a path for making changes and helps 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 template 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. Complete the Brief POD Accessibility Questionnaire in JotForm.
 - b. Identify one area of improvement and include it in your After-Action Review / Improvement Plan.
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 options and incorporate a screening question into the patient intake for the clinic.
 - a. Report aggregated totals for each vaccination group indicated. There will be a total of six groups to report.
 - b. Submit aggregated totals for each group to the Progress Report.
4. Complete and upload an AAR/IP to the Progress Report.
 - a. List the ESF 8 / Healthcare / AFN partners that participated.
 - b. Include one area of improvement from the Brief POD Accessibility Questionnaire.

E2: Food Borne Illness TTX

Participate in a PHEP-developed TTX involving a food-borne illness scenario.

Quarter Due Dependent on Region

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

Due 3rd Quarter: Eastern & Central Regions, TTX date TBD

Eastern Region:

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

Central Region:

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



Due 4th Quarter: Southern & Western Regions, TTX date TBD

Southern Region:

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

Western Region:

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

Guidance:

DPHHS Public Health Emergency Preparedness will conduct two virtual or in-person table-top exercises with a food borne illness scenario to include each region. Each TTX will include the regions designated above. The purpose of the exercise is to test and review local and tribal health jurisdictional and partner response plans to address a food borne illness. PHEP will develop and administer the TTX scenario.

Each jurisdiction must invite and make every attempt to involve their regional ESF8/Health Care

Coalition/AFN partners to participate in the TTX. Jurisdictional consideration needs to be given to:

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

The exercise will consist of blocks of time to work with these partners to answer questions related to how you initiate your plans, engage your partners, and conduct processes and communications. The duration of the exercise will be 2-4 hours. Each local and tribal health jurisdiction will be asked to complete an After-Action Report and Improvement Plan (AAR/IP).

To fulfill this deliverable:

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

E3: Jurisdiction Specific Exercise

Conduct an exercise with local and/or regional partners.

Due Any Quarter

Julia Goar, (406) 444-0931, julia.goar@mt.gov

Guidance:

Every jurisdiction must plan and conduct a public health focused exercise (tabletop, drill, functional, full-scale) to test one or more PHEP capabilities in their jurisdiction. Jurisdictions may develop their own scenarios or use an existing exercise toolkit to complete this deliverable.



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

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

The exercise should consist of blocks of time to work with jurisdictional partners to answer questions related to how you initiate your plans, engage your partners, and conduct processes and communications. The duration of the exercise should be at least one hour. 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. Work with partners to schedule and plan the exercise.
2. After inviting participants, determine and report the issues that partners had that caused any to refuse, not respond, or not show up for the exercise.
3. Deliver the exercise using the appropriate plans from your jurisdiction.
4. Complete and upload the exercise AAR/IP at the end of the quarter in which your jurisdiction conducts the exercise.

E4: Sanitarian Attends a State or Local Exercise

A Registered Sanitarian must attend at least one tabletop during the budget period.

Due Any Quarter

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

Guidance:

Exercises are critical, low-risk simulations used to test emergency response and continuity. They help identify, evaluate, and fix gaps in procedures, improve cross-department communication, and clarify staff roles. These exercises are essential for mitigating risks, reducing operational disruption, and meeting regulatory compliance requirements. Many sanitarians attend at least one tabletop exercise per year.

To fulfill this deliverable:

1. Collaborate with your jurisdiction's emergency manager or Montana PHEP regarding upcoming exercises.
2. Sanitarian(s) attend at least one tabletop.
3. Enter the date the sanitarian attended the exercise on the PHEP quarterly deliverable report.



Outreach & Collaboration

OC1: PHEP Personnel Participation in LEPC/TERC

A PHEP staff personnel, or other health department designee, must attend at least one Local Emergency Planning Committee (LEPC), Tribal Emergency Response Council (TERC), or another meeting type approved by DPHHS during the budget period. The personnel must be different from your jurisdiction's sanitarian.

Due Any Quarter

Julia Goar, (406) 444-0931, julia.goar@mt.gov

Guidance:

DPHHS encourages PHEP staff to share opportunities to collaborate on preparedness and response with the LEPC and TERC groups. If PHEP personnel participation in the LEPC or TERC is not possible, another meeting with LEPC/TERC and emergency response/preparedness staff for your jurisdiction may be approved.

To fulfill this deliverable:

1. Collaborate with your jurisdictional partners regarding upcoming LEPC or TERC meetings.
2. Enter the date the PHEP staff person or designee 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 proposed meeting to the PHEP contact.

OC2: Sanitarian Participation in LEPC/TERC

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

Due Any Quarter

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

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

To fulfill this deliverable:

1. Collaborate with your jurisdiction's sanitarian regarding upcoming LEPC or TERC meetings.
2. Enter the date the sanitarian attended your jurisdiction's TERC or LEPC meeting on the PHEP quarterly deliverable report.
3. Another meeting may be approved by DPHHS. For approval, send details of the proposed meeting to the EHFS contact. Prior approval is required.



OC3: Collaboration and Information Sharing with Key Epidemiology Surveillance Partners (KSPs)

Disseminate the list of reportable conditions and reporting instructions.

Due 3rd Quarter (January-March 2027): Report by 4/30/27

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

Guidance:

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

KSPs are critical sources for ongoing case reports and disease-related information. The number and type of KSPs may vary for each local or tribal jurisdiction, but KSPs should always include laboratories and key providers who are likely to report diseases, such as community health centers, hospitals, clinics, etc. KSPs should also include schools and long-term care facilities, at least seasonally, because those can be affected during the respiratory illness season and are often sources of outbreaks like norovirus.

Engaging these KSPs in active surveillance is very valuable for the timely identification of cases and outbreaks. It also encourages two-way communication of information related to reportable conditions and sharing of information that may be relevant to the provider. Examples of items to distribute to KSPs are: DPHHS Communicable Disease Weekly Updates, MIDIS generated reports, HAN messages, and reportable disease related presentations.

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

To fulfill this deliverable:

1. Identify and provide the total number of KSPs within your jurisdiction for active surveillance purposes. Record the number of KSPs by type on the progress report:
 - a. Providers (e.g., private and community clinics)
 - b. Laboratories
 - c. Schools
 - d. Senior Care Facility (Nursing homes/assisted living facilities)
 - e. Health equity, access, and functional needs partners (e.g., Homeless facilities, independent living facilities)
 - f. Other partners
 - g. Total number of KSPs
2. Record the date(s) you disseminated the updated Reportable Conditions List and disease reporting instructions to KSPs.
3. Provide a short description of the materials and frequency of material distribution to your KSPs.
4. Engage your key surveillance partners through "active" weekly or biweekly surveillance calls.
 - a. Maintain log of active surveillance calls (a sample template is available in the resource directory)
 - b. Indicate on the quarterly progress report if this log was complete.



- c. It is not necessary to submit this log to DPHHS. Please maintain it locally and keep it with your grant progress report files.

OC4: Off-Site Vaccination Reporting

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

Due Any Quarter

Mackenzie Gress, (406) 444-1805, mackenzie.gress@mt.gov

Guidance:

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

Providing education on current vaccinations and availability of those vaccinations helps increase knowledge and uptake of vaccines. Off-site vaccination clinics help enhance and strengthen the capabilities of tribal and local health jurisdictions 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 wastage during a public health emergency. Off-site vaccination clinics may be for the administration of one or more vaccination groups (i.e., influenza and COVID-19, back-to-school vaccinations, etc.).

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

To fulfill this deliverable:

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

OC5: Update Contact Information for All Licensed Establishments

Fill in the contact information in the Licensed Establishment Database.

Due 2nd Quarter

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

Guidance:

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

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



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

Up-to-date contact information is crucial in providing timely responses to such emergencies as sewage failures, power outages, flooding, recall notifications, and outbreaks. It is also important to be able to easily notify establishments of changes to rules that affect them and to remind them of license fee due dates.

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

To fulfill this deliverable:

1. Ensure that the contact information (phone, email address, mailing address, and physical address) for each licensed establishment in your jurisdiction is current and accurate in the FCS Database.
2. Criteria for approval are:
 - a. Over 90% of phone numbers are present in the database or are on the spreadsheet.
 - b. Over 90% of physical addresses are valid and accurate in the database or on the 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.

Plans

P1: Review Risk Communications/Public Information Plan

Review and update your jurisdiction's risk communication plans and procedures.

Due 2nd Quarter

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

Guidance:

Self-evaluate your jurisdiction's plans for risk communications using the checklist provided on the [PDR](#). Examine your abilities to respond to the public's need for information, addressing each of the elements listed on the checklist. Jurisdictions that rely on county or tribal plans can work with emergency coordinators to review the plan's applicability to public health.

To fulfill this deliverable:

1. Self-evaluate your jurisdiction's plans for risk communications by completing the review checklist.
2. Submit the review checklist with the progress report.



P2: Jurisdictional Public Health Risk Assessment

Complete a capabilities based jurisdictional risk assessment for public health emergency preparedness.

Due Any Quarter

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

Guidance:

An abbreviated capabilities assessment will help identify gaps and strengths for emergency preparedness and response. The information you submit will provide guidance for filling those gaps. This survey will comprise of streamlined statements from the Public Health Emergency Preparedness and Response Capabilities National Standards (2018). Complete the provided survey to measure Community Preparedness, Community Recovery, Emergency Operations Coordination, Emergency Public Information and Warning, Information Sharing, Medical Countermeasure Dispensing and Administration, Medical Materiel Management and Distribution, Medical Surge, Non-pharmaceutical Interventions, Public Health Surveillance and Epidemiological Investigation, Responder Health and Safety, and Volunteer Management.



To fulfill this deliverable:

1. Go to the online form by clicking this link: [PHEPR Capabilities Assessment Form](https://mtdphhspherp.jotform.com/260495062637057) [<https://mtdphhspherp.jotform.com/260495062637057>] or using the QR code provided.
2. Complete the form and submit it within the quarter.
3. Indicate completion on the quarterly progress report.

P3: All- Hazard Laboratory Specimen Transport Plan Checklist

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

Due 3rd Quarter

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

Guidance:

A comprehensive Laboratory Specimen Transport Plan is needed to address foreseeable biological or chemical hazards that could affect specimens or samples collected and sent to the Montana Laboratory Services Bureau (MTLSB) for testing. It is important that responders, the local hospital, law enforcement, and the jurisdiction's health board be familiar with this document and its protocols so they can respond efficiently and coordinate.

Review your current plan and identify the gaps and areas for improvement. Your plan should be aligned with the elements in the [All-Hazard Laboratory Specimen Transport \(LST\) Plan Checklist \(FY 2026-2027\)](#).

Once again, we have included two requirements involving reaching out to your local hospital. The first requirement is to ensure they have the capability to acquire the appropriate specimens for a Rapid Toxic Screen during a Chemical Threat Agent event and to transport them to the MTLSB. The MTLSB is the federally designated LRN-C laboratory for Montana. Last year, MTLSB provided a laminated [CDC Specimen Collection Protocol for a Chemical Exposure Event](#) job aid to provide to your local hospital. It demonstrated the specimens to be tested with the Rapid Toxic Screen. The second requirement is to verify that the hospital



has at least one person who is certified to package and ship Category A specimens/isolates to the MTL SB. Category A specimens are biological agents and toxins that have been determined to have the potential to pose a severe threat to human health. Being certified to package and ship Category A specimens/isolates is more comprehensive than being trained in packaging and shipping, and the hospital would have the documentation for the individual's certification.

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

To fulfill this deliverable:

1. Download the [All-Hazard Laboratory Specimen Transport Plan Checklist \(FY2026-2027\)](#) from the [PDR](#) under Public Health Laboratory Resources.
2. Make changes or revise protocols to your jurisdiction's **All-Hazard Laboratory Specimen Transport Plan** based on gaps identified.
3. Meet with local HAZMAT response partners, LEPC or TERC, LE, and your local hospital to review the LST Plan to gather feedback.
4. Finalize the plan and have partners sign and date the [All-Hazard Laboratory Specimen Transport Plan Checklist \(FY2026-2027\)](#) to affirm and acknowledge **your All-Hazard Laboratory Specimen Transport Plan** upon completing the review.
5. Upload a scanned copy of the signed [All-Hazard Laboratory Specimen Transport Plan Checklist \(FY2026-2027\)](#) to the PHEP Progress Report in Jotform.

P4: Review Truck and Train Wreck Protocol

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](#).

Due Any Quarter

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

Guidance:

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. Ensure that information in your current protocol is up to date and meets standards in accordance to [MCA 50-2-118](#). DPHHS has provided truck wreck guidance documents on [Connected Community](#). These may be used as guidance in cases where protocols need to be rewritten. 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 the previous year's protocol is still accurate.
3. Sign off page must be submitted in the quarterly progress report.



P5: HPAI Plan Development

Create a Jurisdictional Planning Document for a Highly Pathogenic Avian Influenza (HPAI)

Due 3rd Quarter

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

Guidance:

The purpose of this deliverable is to ensure all jurisdictions have preparedness plans available to respond to an HPAI event. Develop the HPAI plan based on the outline you created from the workshop you attended (T5). Follow your jurisdictional format as you have for your other plans. Be sure to engage your jurisdiction's emergency coordinator and other response partners, particularly those in the health, medical, veterinary, and livestock fields. Please consider also engaging your local, state, and federal agencies that operate in your jurisdiction, such as Montana Fish, Wildlife, and Parks (FWP), the U.S Forest Service, and the U.S. Fish and Wildlife Service. Tribal jurisdictions should consider engaging their relevant agencies as well.

Plans should reference other supportive plans you will activate, including your communicable disease response procedures. DPHHS subject matter experts are available to consult about any aspects of your plan.

Consider presenting the plan to your board of health (or its equivalent) and exercising it in the next budget period.

To fulfill this deliverable:

1. Engage response partners to develop a planning document for HPAI.
2. Draft an HPAI planning document.
3. Upload the HPAI planning document to the PHEP quarterly deliverable report.

Training

T1: Emergency Management Training

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

Due Any Quarter

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

Guidance:

Local and tribal health jurisdictions are required to have at least one existing health department employee, local command staff, and ALL new hires starting after July 1, 2027, complete foundational ICS courses. Additional trainings are recommended based on specific staff roles. Completing these trainings will ensure readiness for both PHEP exercises and real-world emergency incidents.

Required Training List:

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

Recommended Trainings by staff role:

- General Staff:
 - [IS-120.C: An Introduction to Exercise](#)
 - [Homeland Security Exercise and Evaluation Program](#) (Informational videos on training)



- [HHS/ASPR: Access and Functional Needs](#)
- [ICS 706: Intrastate Mutual Aid](#)
- [IS-2900.A: National Disaster Recovery Framework Overview](#)
- [Emergency Management Assistance Compact Pre-Event Preparation for Resource Providers](#)
- Health Department Supervisory Positions:
 - [IS-2200: Basic Emergency Operations Center Functions](#)
- Staff with designated response roles:
 - [ICS 300: Intermediate ICS for Expanding Incidents \(In Person\)](#)
 - [EMAC Just-in-Time Training for Deploying Personnel](#)
 - [Crisis and Emergency Risk Communication](#)
 - Center for Domestic Preparedness – [SNS Introduction](#)
- Recommended Conferences and Seminars:
 - Montana Emergency Managers Conference (MEMA)
 - National Association of County and City Health Officials (NACCHO) Annual Preparedness Summit
 - National Healthcare Coalition Preparedness Conference
 - [Confluence 2027](#) – Montana Public Health Association
 - [American Public Health Association Annual Meeting](#)

Recommended Access and Functional Needs Training

- G197: Integrating Access and Functional Needs into Emergency Management
- [Colorado Access and Functional Needs University / National Symposium](#) (offered virtually)
- [Colorado Access and Functional Needs Conference](#) (typically offered in-person in the spring)

These lists are not exhaustive. Please contact us if you find a course that is not listed but you think it may fit the intent of the deliverable. Other trainings may be found on the [EMI website](#), [ASPR TRACIE](#), and [CDC TRAIN](#).

To fulfill this deliverable:

1. Record trainings and dates completed on the progress report.
2. Keep attendance certificates on file.
 - You do not need to include Certificates in the progress report. However, you must provide them if PHEP requests them.

T2: Attend Communicable Disease Public Health Law Training

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

Due Any Quarter

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

Guidance:

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

A public health law training will be offered each year, both virtually and in-person. 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 an in-person course presentation.

OR

 - b. Join the webinar or view the recording of the webinar
2. Take the [post-test online](#), and indicate completion of the deliverable on the progress report.

T3: Attend Communication Training

Participate in a PIO or Communication Training.

Due 2nd Quarter

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

Guidance:

Tribal and local health jurisdictions should understand basics of communication in both daily operations and during emergency responses. This knowledge may also assist tribal and local health jurisdictions in reviewing and updating their emergency operations plans.

This deliverable requires completing 6 training hours on one or more of the topics below. The 6 hours must be completed during quarters 1 or 2 of the budget period; training completed in previous periods will not count.

Training may be virtual or in-person, live or on-demand (recorded).

- Crisis Communications/CERC
- Public Information Officer
- Media relations for public health/emergency response
- Addressing mis/disinformation
- Social media for public health
- Accessible communications (e.g., digital accessibility, document accessibility, social media accessibility)

The following list contains examples of acceptable training. This list is not exhaustive. Please contact us if you find a course that is not listed but you think fits the intent of the deliverable.

- [E0105: Public Information Basics](#)
- NDEMU [E0388: Advanced Public Information Officer](#) (note prerequisites; offered virtually and in-person)
- [Public Health Communications Collaborative](#) (live and on-demand)
- Western Region Public Health Training Center – [Strategies for Identifying and Addressing Misinformation](#)
- Rocky Mountain ADA Center [free online courses](#) on accessibility
- G197: Integrating Access and Functional Needs into Emergency Management
- Rocky Mountain Public Health Training Center – [Digital Accessibility Fundamentals](#)
- CDC [CERC webinars](#)
- Northwest Center for Public Health Practice – [Emergency Risk Communication](#)

To fulfill this deliverable:

1. At least one individual from each jurisdiction must complete at least 6 hours of PIO or Communication training between July 1, 2026 – December 31, 2026.
2. Indicate completion of the deliverable on the progress report by entering the training date(s), training name(s), training duration, and name of the staff person(s) in attendance.



T4: Sanitarian Attends Training for Licensed Establishment Database

A registered sanitarian (RS) Sanitarian must attend at least one training course for the Licensed Establishments Database during the budget period.

Due Any Quarter

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

Guidance:

An improved Licensed Establishment Database will be used in 2026. EHFS conducted trainings for database users in the Fall of 2025. At least one registered sanitarian (RS) from every jurisdiction's environmental health office attended at least one Licensed Establishment Database training or office hour. Now, refresher training is necessary to help with using the database for 2026. EHFS will be providing information about the training's content, dates, and times.

To fulfill this deliverable:

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

T5: Attend Training for Developing an HPAI Plan

Attend a regional workshop for developing a plan for Highly Pathogenic Avian Influenza Plan (HPAI) [H₅N₁].

Due 2nd Quarter

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

Guidance:

Jurisdictions must attend one of the four in- person Regional HPAI Planning Workshops held **October 19-22, 2026**. Locations will be announced in the first quarter. Participants will receive an overview of HPAI biology and transmission, public health roles, and distinctions between HPAI and existing Communicable Disease and Pandemic Influenza responses. This workshop is a precursor to develop an HPAI preparedness plan, the P5 deliverable. The workshop will replace the fall PHEP Regional Meetings.

Each jurisdiction must complete all pre-workshop materials prior to attending, including standardized worksheets identifying local poultry and livestock facilities, key agricultural and veterinary partners, existing surveillance and reporting pathways, and jurisdiction specific risk factors. MPHTI will distribute these materials in the first quarter.

The product of this workshop is an outline of an HPAI plan to use as a structure to create the jurisdictional plan itself.

To fulfill this deliverable:

1. Register for one of the four regional workshops.
2. Complete the pre-workshop materials prior to attending an HPAI planning workshop.
3. On the PHEP deliverable progress report, indicate the date you attended the workshop.



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