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Montana Department of Public Health & Human Services

Public Health Emergency Preparedness

**Introduction**

On March 6, 2020, the President signed into law the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (Coronavirus Supplemental). This act provides funding to prevent, prepare for, and respond to Coronavirus Disease 2019 (COVID-19). The CDC is activating the Cooperative Agreement for Emergency Response: Public Health Crisis Response, an unfunded grant program that streamlines the process for disbursing funds for emergency response. DPHHS PHEP applied for and was approved for this unfunded award several years ago and renewed it in 2018. The COVID-19 event we are experiencing now is exactly what the CDC envisioned when it initiated the program. This process is the reason that funding is so quickly available after Congress and the President approved it. You can visit [www.cdc.gov/phpr/readiness/funding-crisis.htm](http://www.cdc.gov/phpr/readiness/funding-crisis.htm) for more information about this supplemental funding program.

This is one-time award will be disbursed in several phases. PHEP will distribute 50% of the allocated funds to local health jurisdictions (LHJ) at the start of the crisis response award cycle. LHJs will receive the balance of the money in three additional payments as remuneration for the completion of the requirements for this cooperative agreement. This agreement is defined in the COVID-19 Task Order with the jurisdiction and this guidance document.

The award can be used for costs incurred on or after January 20, 2020 for certain public health expenses related to surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities **associated with** COVID-19 operations.

Funds cannot be used to supplant existing state or federal funds awarded by other sources, nor used to match funding on other state or federal awards.

**COVID-19 Award Requirements**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Crisis Response Progress | | Report Due Schedule | | |
| Period 1 | March 23 – September 30 | | | Due September 30 |
| Period 2 | October 1 – March 31 | | | Due March 31 |
| Figure 1. | | |  | |

The Coronavirus Supplemental deliverable requirements are separate from those of the PHEP 1901-02 Cooperative Agreement for the 2020-2021 budget period. Deliverable requirements are divided into two periods rather than quarters. See Figure 1 for the time periods and due dates for the COVID-19 specific progress report.

These requirements are separated by the domains as defined in the CDC’s Public Health Emergency and Response Capabilities National Standards, October 2018. They are also ordered in number and designated with “CVD” rather than by a category initialism as used with the standard PHEP agreement. You will find the familiar deliverable categories are listed under each domain by the closest related Capability Standard.

Figure 2 is the list of the deliverable requirements for each period. These deliverables are specifically designed to capture the details of the activities your local health jurisdictions are performing during COVID-19 operations.

You will describe the completion of the requirements at the end of each period using a web-based progress report, namely Formstack. Those forms are available by the end of March 2020.



**Period 1**

CVD-1: Engaging the COOP Plan

CVD-2: Emergency Operations Survey

CVD-3: Indicate New HAN Contacts for Period 1

CVD-4: Jurisdictional PPE Optimization Plan

CVD-5: COVID-19 Epidemiology Performance Report Period 1

CVD-6: Distribution of COVID-19 Specific Sanitization Information

CVD-7: Tracking Closures and Restrictions of Licensed Establishments

**Period 2**

CVD-8: Report COVID-19 funding expenses.

CVD-9: After-Action Report/Improvement Plan

CVD-10: Community Intervention Implementation Plan

CVD-11: Indicate new HAN contacts for Period 2

CVD-12: Training for the New imMTrax Mass Immunization Module

CVD-13: COVID-19 Epidemiology Performance Report Period 2

CVD-14: Distribution of COVID-19 Specific Sanitization Information

CVD-15: Tracking Closures and Restrictions of Licensed Establishments

Figure 2.



**Requirements for Period 1**

**Due September 30**



**Continuity of Operations**

Jake Brown, 444-1305, [jacob.brown@mt.gov](mailto:jacob.brown@mt.gov)

**CVD-1: Engaging the COOP Plan**

**Guidance:**

The progression of the COVID-19 pandemic prompted many businesses to close, schools to turn to alternate methods of instruction, and events to cancel. Some did this by order from public health agencies or government officials, and some did it preemptively. Your office may have also enacted these social distancing practices, but public health is at the heart of the COVID-19 response. This was the opportunity to use your COOP plan in a real-life scenario to make sure your agency kept running.

**To fulfill this requirement:**

Answer the following questions on the progress report:

* Did your staff work remotely or in a location other than your office or Emergency Operations Center?
  + If so, where?
  + If so, are they still working remotely?
* Did your agency formally activate your COOP plan?
* If your COOP was activated, did it work to provide staff with needed equipment and resources to continue your operations?



**Planning**

Luke Fortune, 444-1281, [lfortune@mt.gov](mailto:lfortune@mt.gov)

**CVD-2: Emergency Operations Survey**

**Guidance:**

Emergency planning, training, and exercising can give us only a limited view of how things will really happen when we face an actual event. We are interested in the following information from our local and tribal public health partners while the onset of the COVID-19 response is still fresh in your minds.

* Did you activate an internal ICS in your public health agency?
* Did your health department combine with emergency management and other partners for a single ICS? Or did your jurisdiction set up Unified Command?
* Was your health officer or board of health part of incident command?
* What was the length of operational periods?
* Did you develop incident action plans (IAP) for each operational period?
* What plans did your jurisdiction activate?

**To fulfill this requirement:**

* Answer the questions on the progress report.



**Health Alert Network**

Gerry Wheat, 444-6736, [gwheat@mt.gov](mailto:gwheat@mt.gov)

**CVD-3: Indicate New HAN Contacts for Period 1**

**Guidance:**

Communications and information become vital during any emergency response. During both the H1N1 and the Ebola responses, many people requested to be added to HAN distribution lists at both the local and state levels. This deliverable asks you to track the number and types of new contacts that asked you to include them on your distribution lists.

**To fulfill this requirement:**

* Answer this question on the progress report: Did you add any NEW contacts to your HAN distribution list during the initial phases of your COVID-19 response?

If yes, indicate the number of each:

* New or additional staff
* Healthcare providers
* Food establishments
* Sanitarians
* School contacts
* Childcare facilities
* Hospital contacts
* Long term care facilities
* Laboratory contacts
* Pharmacy contacts
* Emergency management contacts
* Volunteer organizations
* Fire/Law/EMT services
* Others (Describe)



**CVD-4: Jurisdictional PPE Optimization Plan**

**Emergency Medical Countermeasures**

Matt Matich, 444-6072, [mmatich@mt.gov](mailto:mmatich@mt.gov)

**Guidance:**

The COVID-19 response intensified the shortage of personal protective equipment for all healthcare providers. Acquiring an adequate amount of PPE for your jurisdiction and ensuring all ESF8 partners in the community have enough to provide their services is challenging when the supply is short. The CDC provided early guidance for optimizing PPE, such as masks, gloves, and gowns.

Early requests to DPHHS were declined because local stocks were not yet in danger of depleting, nor did requestors provide their own strategies for how to make the most of their existing PPE. Even supplies for restocking are limited, and resources must be conserved responsibly. A plan to optimize the use of limited supplies of PPE ensures a responsible and effective resource management.

**To fulfill this requirement:**

1. Assemble your jurisdiction’s ESF8 representatives to discuss PPE optimization planning.
2. Using CDC guidance, work with your partners to develop a PPE optimization plan and agreement for the healthcare entities in your jurisdiction.
3. Submit a copy of the plan to the progress report.



**Epidemiology**

Jenn Miller, 444-3165, [jennifer.miller@mt.gov](mailto:jennifer.miller@mt.gov)

**CVD-5: COVID-19 Epidemiology Performance Report Period 1**

**Guidance:**

Write a short paragraph summary stating what epidemiology you have performed on a local level during Period 1. The report should include items such as contact tracing, quarantine of contacts, working with providers on assessment of suspect cases, and other related items.

**To fulfill this requirement:**

* Provide the requested report on the progress report for Period 1.

**Food & Water Safety**

Alicia Love, 444-5303, [alicia.love@mt.gov](mailto:alicia.love@mt.gov)

**CVD-6: Distribution of COVID-19 Specific Sanitization Information**

**Guidance:**

The CDC is continually updating and revising guidance and information for cleaning and sanitizing against COVID-19. The DPHHS Food and Consumer Section is compiling this information for distribution to licensed establishments for the safety of consumers. FCS will routinely provide updated information in both Periods.

**To fulfill this requirement:**

1. Routinely share provided materials regarding COVID-19 with licensed facilities.
2. Track any communication shared with licensed establishments. Logs should include:
   1. Date information was shared
   2. What information was shared
   3. Who it was sent to
   4. How it was distributed (email, Facebook, telephone, mail, etc.)
3. Upload logs and information shared to the Period 1 progress report.

**CVD-7: Tracking Closures and Restrictions of Licensed Establishments**

**Guidance:**

Many of the jurisdictions in the state have taken a variety of measures to protect the public from community spread of COVID-19. These measures have included closing or restricting many licensed establishments, either through the Governor’s declaration, jurisdictional order or voluntary concern. To keep the State updated about local level impacts, registered sanitarians need to report the required information.

**To fulfill this requirement:**

1. Keep State of Montana informed on all licensed establishment closures and restrictions.
2. Email closures and restrictions to: [hhsfcs@mt.gov](mailto:hhsfcs@mt.gov)
3. At the end of Period, report current licensed facility closures and restrictions.

Information: Periodic checks will be done throughout the quarter to ensure current information is sent.



**Requirements for Period 2**

**Due March 31**



**Budget**

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**CVD-8: Report COVID-19 funding expenses.**

**Guidance:**

DPHHS PHEP uses budget information to track and report how jurisdictions use COVID-19 Crisis Response funds at the local level. This information is crucial and included in PHEP’s progress report to CDC for this specific supplemental funding.

Staffing Summary: Provide the total *number of staff* supported by the COVID-19 supplemental funding, then provide the *total number of FTE* supported by the funding.

Actual Budget: Provide the actual budget in the following categories 1) staff, 2) contractual, 3) equipment, 4) emergency fund, 5) other – describe.

In-Kind and Direct Estimates: Provide an estimate of either in-kind or direct funding in your jurisdiction that is supporting the efforts of this grant. Categories include: 1) Payroll, 2) Utilities, 3) Rent, 4) Other. You cannot use other federally funded grants for this match, including PHEP funds.

Equipment Inventory List: Report the purchase (or contribution to a purchase) of a single item costing more than $5,000.

**To fulfill this requirement:**

1. Track the required information over the two periods of the supplemental funding.
2. Report the required information on the progress report for Period 2.

**Exercise**

Gary Zimmerman, 444-3045, [gzimmerman@mt.gov](mailto:gzimmerman@mt.gov)

**CVD-9: After-Action Report/Improvement Plan**

**Guidance:**

The close of the COVID-19 response funding period may or may not coincide with the end of operations. PHEP does require an AAR/IP for these operations, however, to ensure that your observations of what went well and what needs changed are used. AAR/IPs are due 90 days from the conclusion of operations. It is possible that you will not have an AAR/IP at the end of Period 2. In these instances, PHEP will work with each jurisdiction for completion plans and dates depending on operations.

A COVID-19 specific AAR template will be available for your use. It will have some specific questions for you to consider in addition to the standard AAR format. Your situation for completing an AAR could depend on the nature of your operational response. If you part of a unified command or other incident management structure and you did not conduct your own operations, your AAR/IP may have to include their findings as well. PHEP will provide additional guidance.

**To complete this requirement:**

1. Conduct or participate in the briefings following the closing of your public health COVID-19 operations.
2. Develop your public health AAR/IP using the PHEP Emergency Preparedness and Response Capabilities.
   * Make sure it is HSEEP compliant.
   * We highly recommend using the COVID-19 specific template.
   * Remember to include the plans used and the processes within those plans

**Planning**

Luke Fortune, 444-1281, [lfortune@mt.gov](mailto:lfortune@mt.gov)

**CVD-10: Community Intervention Implementation Plan**

**Guidance:**

Funding recipients must develop a brief community intervention implementation plan for highly infectious diseases. The intention of this document is to outline the collaborative efforts for implementing non-pharmaceutical intervention plans at the community level. It must that describe how the local or tribal jurisdiction will achieve three mitigation goals.

1. Slow transmission of disease.
2. Minimize morbidity and mortality.
3. Preserve healthcare, workforce, and infrastructure functions and minimize social and economic impacts.

Develop the plan with your community response partners. Use the experiences you have learned from the COVID-19 response. The document must be a jurisdictional level approved document involving commissioners or council members, health board and health officer, local hospitals and healthcare facilities, and emergency managers. Suggested strategies include, but are not limited to, the following.

* Adapting the appropriate NPI for community level implementation to minimize potential spread and reduce morbidity and mortality of highly infectious disease
* Ensure integration of community mitigation interventions with health system preparedness and response plans and interventions.
* Plan and adapt for disruption of public services caused by community spread and interventions used to prevent infection
* Defining phases and conditions based on situational awareness for implementation of community level interventions
* Defining roles and responsibilities for implementation
* Referring to the appropriate risk communication and public information plans and structures

**To fulfill this requirement:**

1. Create a planning group with the appropriate emergency response partners, elected officials, healthcare representatives, and appropriate stakeholders to develop the Community Intervention Implementation Plan.
2. Develop and write the plan for approval by your jurisdictional leadership.
3. Upload an electronic copy of the plan to the progress report.

**NOTE:** If your community already has a Community Intervention Implementation Plan, update or revise that plan with the appropriate partners and upload it to the progress report.



**Health Alert Network**

Gerry Wheat, 444-6736, [gwheat@mt.gov](mailto:gwheat@mt.gov)

**CVD-11: Indicate new HAN contacts for Period 2**

**Guidance:**

Communications and information become vital during any emergency response. During both the H1N1 and the Ebola responses, many people requested to be added to HAN distribution lists at both the local and state levels. It is also possible that some decide to stop receiving the messages, so you might have a net reduction over the course of the response. This deliverable asks you to track the number and types of new contacts that asked you to include them.

**To fulfill this requirement:**

1. Answer these two questions on the progress report:
   1. Did you add any NEW contacts to your HAN distribution list during Period 2? the initial phases of your COVID-19 response?
   2. Did you remove any of the new contacts you had added from Period 1?
2. Indicate on the progress report the number of NEW contacts for Period 2 for each below.

Also give the number of contacts you removed during Period 2 that you originally added during Period 1.

* New or additional staff
* Healthcare providers
* Food establishments
* Sanitarians
* School contacts
* Childcare facilities
* Hospital contacts
* Long term care facilities
* Laboratory contacts
* Pharmacy contacts
* Emergency management contacts
* Volunteer organizations
* Fire/Law/EMT services
* Others (Describe)



**Immunization**

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**CVD-12: Training for the New imMTrax Mass Immunization Module**

**Guidance:**

The Immunization Section will be providing a new module for imMTrax. Local health jurisdictions must make staff available to participate in one web-based training on this module. Opportunities for the training are not available at the time of publishing this guidance but will be advertised and provided when the module is installed. The Immunization Section will provide more guidance.

**To fulfill this requirement:**

1. Participate in a web-based training for the imMTrax module.
2. Submit participant information on the progress report.



**Epidemiology**

Jenn Miller, 444-3165, [jennifer.miller@mt.gov](mailto:jennifer.miller@mt.gov)

**CVD-13: COVID-19 Epidemiology Performance Report Period 2**

**Guidance:**

Write a short paragraph summary stating what epidemiology you have performed on a local level during Period 2. The report should include items such as contact tracing, quarantine of contacts, working with providers on assessment of suspect cases, and other related items.

**To fulfill this requirement:**

* Provide the requested report on the progress report for Period 2.

**Food & Water Safety**

Alicia Love, 444-5303, [alicia.love@mt.gov](mailto:alicia.love@mt.gov)

**CVD-14: Distribution of COVID-19 Specific Sanitization Information**

**Guidance:**

The CDC is continually updating and revising guidance and information for cleaning and sanitizing against COVID-19. The DPHHS Food and Consumer Section is compiling this information for distribution to licensed establishments for the safety of consumers. FCS will routinely provide updated information in both Periods.

**To fulfill this requirement:**

1. Routinely share provided materials regarding COVID-19 with licensed facilities.
2. Track any communication shared with licensed establishments. Logs should include:
   1. Date information was shared
   2. What information was shared
   3. Who it was sent to
   4. How it was distributed (email, Facebook, telephone, mail, etc.)
3. Upload logs and information shared to the Period 2 progress report.

**CVD-15: Tracking Closures and Restrictions of Licensed Establishments**

**Guidance:**

Many of the jurisdictions in the state have taken a variety of measures to protect the public from community spread of COVID-19. These measures have included closing or restricting many licensed establishments, either through the Governor’s declaration, jurisdictional order or voluntary concern. To keep the State updated about local level impacts, registered sanitarians need to report the required information.

**To fulfill this requirement:**

1. Keep State of Montana informed on all licensed establishment closures and restrictions.
2. Email closures and restrictions to: [hhsfcs@mt.gov](mailto:hhsfcs@mt.gov)
3. At the end of Period, report current licensed facility closures and restrictions.

Information: Periodic checks will be done throughout the quarter to ensure current information is sent.