



Department of Public Health and Human Services

Public Health & Safety Division ♦ Fiscal Operations & Support Systems Bureau ♦ PO Box 202951 ♦

B204 1400 Broadway ♦ Helena, MT 59602-2951 ♦ fax: 406-444-6943

Steve Bullock, Governor

Richard H. Opper, Director

4 June 2015

Certified Mail

7013 2250 0001 4642 5668

LEWIS & CLARK COUNTY
ATTN: MELANIE REYNOLDS
1930 NINTH AVENUE
HELENA, MT 59601

Mike Henderson:

Enclosed you will find one copy of Task Order/Contract #16-07-6-11-028-0 for your organization to review and sign.

Please have an authorizing individual for your organization sign and date on the line provided on each of the signature pages. Return all signed documents to:

April Bogy
Budget Analyst
Public Health & Safety Division
PO Box 202951
Helena, Montana, 59620-2951

It is also required that you submit all insurance certifications, to include General Liability, and workers compensation, as they are specified in the contract. *Please note that the Employee Notice does not suffice as proof of coverage for workers compensation.*

Upon receiving the returned Contract the department will sign and return a copy for your files.

It is important that they are returned signed within 45 days from the date of this letter because after that this offer at the department's discretion may become null and void. If you have any questions please contact me at 406-444-7486.

Sincerely,

April Bogy
Budget Analyst
Public Health & Safety Division
Enclosure

TASK ORDER 16-07-6-11-028-0
TO LEWIS & CLARK COUNTY UNIFIED GOVERNMENT
MASTER CONTRACT THAT COVERS THE PERIOD
OF JULY 1, 2012 THROUGH JUNE 30, 2019
(Public Health Emergency Preparedness)

THIS TASK ORDER is entered into between the Montana Department of Public Health and Human Services (hereinafter referred to as the "Department"), whose address and phone number are 1400 Broadway, Helena, MT 59620-2951 and (406) 444-4016 and Lewis & Clark County (hereinafter referred to as the "Contractor"), whose federal ID number, mailing address, fax number, and phone number are 81-6001383, 316 N Park Rm 142, Helena, MT 59623, 457-8990 and 457-8914, for the purpose of committing the Contractor to provide health related services required by this task order. In consideration of the mutual covenants and stipulations described below, the Department and Contractor agree as follows:

SECTION 1: PURPOSE

The purpose of this Task Order is to upgrade and enhance local public health capacity to respond to events impacting the public health, through planning, assessment and development of preparedness and response activities defined by the CDCs Public Health Preparedness Capabilities Planning Guide. Resources are intended to assist county and tribal health departments sustain and/or progress toward achieving the 15 public health preparedness capabilities and other activities that promote safer and more resilient communities. The fifteen public health capabilities are: Public Health Surveillance and Epidemiological Investigation, Community Preparedness, Public Health Laboratory Testing, Medical Countermeasure Dispensing, Medical Materiel Management and Distribution, Responder Safety and Health, Emergency Operations Coordination, Emergency Public Information and Warning, Information Sharing, Non-Pharmaceutical Intervention, Medical Surge, Volunteer Management, Community Recovery, Fatality Management, and Mass Care.

The Contractor's jurisdiction is considered the primary service area for this task order. The Task Order requires the Contractor to work with a coalition of agencies and organizations involved in emergency preparedness to continue and enhance work completed in prior grant years.

SECTION 2: SERVICES TO BE PROVIDED

The Contractor shall provide the following services:

- 1) Collaborate with a broad-based coalition of agencies and organizations involved in emergency preparedness and response and conduct the services and development of the deliverables in this Task Order. The

Contractor shall work with an existing coalition if one is in existence (such as a Local Emergency Planning Committee or Tribal Emergency Response Commission), or shall convene such a coalition with a membership that represents, at a minimum, the following agencies and organizations: hospital(s), health care provider(s), emergency medical services, disaster and emergency services personnel, public works, public safety, schools or school districts, policy makers, law enforcement, if portions or all of the reservation are within the borders of the county, Tribal and Indian Health Services must be represented.

- 2) Participate in development and implementation of county and multi-county schedules and systems for regular exercise of response plans with all appropriate partners. The local public health agency is encouraged to be a part of the overall disaster and emergency response system and participate in local, regional and state exercise activities to reduce duplication of effort, create efficiencies and enhance collaboration, coordination and overall readiness.
- 3) Ensure attendance and participation by at least one representative of the local public health agency at DPHHS-sponsored training, technical assistance opportunities and meetings to discuss public health emergency preparedness and response planning and regional planning efforts. DPHHS estimates 1 to 2 in-person meetings will be conducted this year.
- 4) Participate in local, regional and state emergency preparedness and response planning meetings, including those sponsored by Montana Disaster and Emergency Services and other emergency response organizations.
- 5) Ensure adequate staffing to complete all services and deliverables required in this Task Order. The Department suggests minimum staffing specifically dedicated to execution of this Task Order, at the following levels: .5 FTE for jurisdictions with populations of 5,000 or less; .5 to 1.0 FTE for jurisdictions with populations of 5,000 to 20,000, and 1.0 to 2.0 FTE for jurisdictions with populations of 20,000 or more.
- 6) Collaborate with the Department staff and all affiliated contractors to carry out activities required by this agreement.
- 7) Submit to the Department's liaison listed in Section 6: LIAISONS AND SERVICE OF NOTICES, the deliverables as outlined and described in the Public Health Emergency Preparedness Deliverable Guide (Attachment A) provided by the Department and incorporated by reference in this document. Deliverables must be completed by due dates noted in the Guide, or by negotiated due date as described in Section 5, Source of Funds and Funding Conditions.
- 8) Communicate on a regular basis with Department staff as needed to ensure coordination of activities. The Contractor can expect to communicate with project staff by phone, fax, e-mail, mail, etc.
- 9) Provide performance, activity and fiscal reports required by the Department as outlined and described in the Public Health Emergency

Preparedness Deliverable Guide.

- 10) Maintain complete, accurate, documented and current accounting of all program funds received and expended, and in accordance with OMB Circular A-87 (Cost Principles for State, Local and Federally Recognized Indian Tribal Governments).
- 11) Ensure all procurement transactions be conducted in a manner to provide, to the maximum extent practical, open and free competition as per 45 CFR Section 74.43.
- 12) Acknowledge that any equipment, supplies or other items purchased with funds associated with this Task Order are the property of the Contractor and the Department makes no commitment to maintain or replace these items.
- 13) Ensure that any program income accruing to the Contractor from activities funded, in whole or in part, under this Task Order is used in accordance with the requirements of 45 CFR Section 74.24.
- 14) Reimburse the Department for any funds misused or otherwise diverted due to negligence, fraud, theft, embezzlement, forgery, bribery or other loss caused by the Contractor, its employees or agents.
- 15) Notify the Department by May 1, 2016 if the Contractor will not be able to complete any or all deliverables outlined in Attachment A so that funds can be re-distributed to other projects in a timely manner.
- 16) Comply with Administrative Rules of Montana regarding the reporting and control of communicable disease (ARM 37-114-101 – 37-114-1016).

B. The Department agrees to provide the following services:

- 1) Provide allocation of funds based upon the deliverables specified in the Public Health Emergency Preparedness Deliverable Guide.
- 2) Reimburse the Contractor for actual and necessary expenditures in accordance with the Public Health Emergency Preparedness Deliverable Guide.
- 3) Provide guidelines, templates, formats, requirements and evaluation criteria for each deliverable in the Public Health Emergency Preparedness Deliverable Guide.
- 4) Provide the Contractor with guidance in the areas of assessing emergency preparedness and response needs, strengthening Epidemiology, surveillance and response capacity; developing, enhancing and exercising county and multi-county emergency preparedness and response plans; developing policy necessary to support plan implementation; and coalition development.
- 5) Provide training and technical assistance in public health emergency preparedness and response statewide or regionally through a variety of training resources.
- 6) Communicate regularly with the Contractor through on-site meetings, phone, e-mail and fax as necessary to enable the Contractor to complete Task Order requirements.

- 7) Interpret state and federal laws, rules and regulations relating to public health emergency preparedness and response issues, as well as providing updates as they become available.
- 8) Provide in a timely manner and according to pre-established and mutually agreed upon timelines any review, input or approval of obligations outlined in this Task Order and/or the Public Health Emergency Preparedness Deliverable Guide.
- 9) When possible, notify at least 21 days prior to any meeting and/or training workshops which the Contractor is required to attend and for which travel is necessary.
- 10) Provide access to educational materials and resources supportive of emergency preparedness and response. This will include, but is not limited to, a Department supported web site.
- 11) To the extent resources allow, on-site technical assistance and/or telephonic consultation concerning the subject matter of this Task Order.

SECTION 3: EFFECTIVE DATE AND PERIOD OF PERFORMANCE

The term of this Task Order for the purpose of delivery of services noted in Section 2: SERVICES TO BE PROVIDED is from July 1, 2015 through June 30, 2016, unless terminated otherwise in accordance with the provisions of this task order.

SECTION 4: COMPENSATION

In consideration of the services provided through this Task Order, the Department will pay the Contractor a total of **\$95,357.00**. Payments will be made for satisfactory execution of required deliverables submitted in accordance with the schedule detailed below. Each deliverable will be reviewed by the Contract liaison, or representative, for satisfactory work before payment is released. Payments will be made within 30 days after its receipt and approval by the Department.

A payment of **\$9,536.00** will be paid to the Contractor as soon as possible after this Task Order is signed by both parties. Thereafter, the Department will reimburse the Contractor for performance as required in the four quarters of the Public Health Emergency Preparedness Deliverable Guide (Attachment A). Upon successful completion and submission of quarterly reports and stand-alone deliverables, payment will be issued as follows:

- 1) The first quarter payment of **\$21,455.00** will be issued no later than 30 days after receipt of the deliverable due on October 15, 2015,
- 2) The second quarter payment of **\$21,455.00** will be issued no later than 30 days after receipt of the deliverable due on January 15, 2016,
- 3) The third quarter payment of **\$21,455.00** will be issued no later than 30 days after receipt of the deliverable due on April 15, 2016,

- 4) The fourth quarter payment of **\$21,456.00** will be issued no later than 30 days after receipt of the deliverable due on July 15, 2016.

The Department shall have the right at any time to request additional documentation concerning Contractor expenditures and activities. The Department may withhold payment at any time during the term of the task order if the Contractor is failing to perform its duties and responsibilities in accordance with the terms of this task order. Additionally, payment or partial payment may be withheld if a required deliverable is submitted late or considered unsatisfactory in either form or content. It will be the Department's discretion to determine if they will agree to another submittal deadline or to a replacement or substitute for a required deliverable.

SECTION 5: SOURCE OF FUNDS AND FUNDING CONDITIONS

- A. The source of funds for this Task Order is Montana's Public Health Emergency Preparedness Cooperative Agreement with Centers for Disease Control and Prevention, Budget Period 4.
- B. Funds associated with this Task Order, and services outlined in Section 2: SERVICES TO BE PROVIDED, must be completed within the term of this Task Order. Any modifications or extensions must comply with federal and state guidelines.
- C. The Contractor must complete deliverables as defined and by the deadline noted in the Public Health Emergency Preparedness Deliverable Guide. If the Contractor cannot meet the established deadline for a specific deliverable, the Contractor may request an extension. The extension request must be in written format justifying the need for an extension and must be received prior to the established deadline. The Department will provide written approval or denial of an extension request. The department has the discretion to provide partial reimbursement for incomplete deliverables after consultation with the Contractor.
- D. If the Contractor makes expenditures or incurs obligations in excess of the budget originally established or adjusted via modification, it shall do so at its own risk and the Department is not obligated to pay the Contractor beyond the budget stated in this Task Order.
- E. The Contractor may not use monies provided through this Task Order as reimbursement for the costs of services that are reimbursed from other sources. The Contractor will use the funds available under this Task Order for activities outlined in the Public Health Emergency Preparedness Deliverable Guide (Attachment A) and for related activities that strengthen the public health infrastructure to meet the 15 public health preparedness capabilities.

- F. This year's federal guidance explicitly identifies the following expenditures that are not allowed:
- Recipients may not use funds for fund raising activities or lobbying.
 - Recipients may not use funds for research.
 - Recipients may not use funds for construction or major renovations.
 - Recipients may not use funds for clinical care.
 - Recipients may not use funds to purchase vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks, electrical or gas-driven motorized carts.
 - Recipients may not use funds for reimbursement of pre-award costs.
 - Recipients may supplement but not supplant existing state or federal funds for activities described in the budget.
 - The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
 - Payment or reimbursement of backfilling costs for staff is not allowed.
 - None of the funds awarded to these programs may be used to pay the salary of an individual at a rate in excess of Executive Level II or \$181,500 per year.
- G. Other Funding Notes:
- Funds can be used to support appropriate accreditation activities that meet the Public Health Accreditation Board's preparedness-related standards.
 - Funds can be used to purchase caches of antiviral drugs to help ensure rapid distribution of medical countermeasures.
 - With prior approval, funds can be used to purchase industrial or warehouse-use trucks to be used to move materials, such as forklifts, lift trucks, turret trucks, etc. Vehicles must be of a type not licensed to travel on public roads.
 - With prior approval, funds can be used to lease vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks and electrical or gas-driven motorized carts.
- H. The Contractor ensures that funds received under this Task Order shall be used only to supplement, not to supplant, the total amount of Federal, State and local public funds the Contractor otherwise expends for personnel and related services. Funds received under this Task Order shall be used to provide additional public funding for such services; the funds shall not be used to reduce the Contractor's total expenditure of other public funds for such services.
- I. The Department may withhold payment at any time during the term of this Task Order if the Contractor is failing to perform its duties and responsibilities in accordance with the terms of this Task Order.
- J. The Contractor agrees to obtain prior approval from the Department for the purchase of any single item with a value of \$25,000 or greater. Requests for approval should include written justification to the Department liaison listed in

Section 6: LIAISONS AND SERVICE OF NOTICES.

- K. The consideration provided to the Contractor under this Task Order may be adjusted by the Department at its discretion on any audit conducted in accordance with the terms of the Master Agreement with the Contractor.

SECTION 6: LIAISONS AND SERVICE OF NOTICES

- A. Jim Murphy (phone 406-444-4016); e-mail jmurphy@mt.gov will be liaison for the Department.
- B. **Mike Henderson** will be liaison for the Contractor.

These persons serve as the primary contacts between the parties regarding the performance of the task order.

- C. Written notices, reports and other information required to be exchanged between the parties must be directed to the liaison at the parties addresses set out in this task order.

SECTION 7: DISPUTE RESOLUTION PROCESS

The following process is to be used in the event of a disagreement between the Contractor and the Department about the terms of this contract. Written notification by the Contractor providing specific details about the disagreement must first be provided to the Department Bureau Chief Jim Murphy, 406-444-4016 (office), 406-444-3044 (fax) jmurphy@mt.gov. The Department Bureau Chief shall attempt to resolve the dispute. If resolution of the disagreement is not obtained then the Contractor may request a review and determination to be made by the division administrator. The Contractor shall provide in writing specific details about the remaining issues that are in dispute. The Contractor may also request an in-person meeting with the administrator to present its reasons or position on the disagreement. If the division administrator cannot resolve the dispute, the reasons for the department's position on the issues in dispute must be presented to the Contractor in writing.

SECTION 8: SCOPE OF TASK ORDER

This task order consists of 8 numbered pages and Attachment A.

IN WITNESS THEREOF, the parties through their authorized agents have executed this task order on the dates set out below:

SECTION 9: AUTHORITY TO EXECUTE

Each of the parties represents and warrants that this Task Order is entered into and executed by the person so authorized to bind the party to the provisions of this Task Order and the Master Agreement.

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

By: _____ Date: _____
Todd Harwell, Administrator
Public Health & Safety Division
1400 Broadway B201
Helena MT 59620-2951
(406) 444-4141

LEWIS & CLARK CITY-COUNTY HEALTH DEPARTMENT

By: _____ Date: _____
Andy Hunthausen, Chair
Lewis & Clark County Commission

ATTEST

On this ____ day of _____, 2014, I hereby attest the above-written signature of the Board of Lewis & Clark County Commissioners.

Paulette DeHart, Clerk of the Board

2015 - 2016

Attachment A

Budget Period 4 Final Grant Guidance

DPHHS Public Health Emergency Preparedness (PHEP) Activities



The information in this document provides detail and guidance for the activities to be conducted and documented during the 2015-2016 PHEP grant period. Each program area has outlined specific requirements, provided additional direction, and included contact information that will assist you.

The PHEP grant comes from the Centers for Disease Control and Prevention (CDC). Montana DPHHS applies for the grant each year, and then distributes a large portion of these funds to county and tribal governments for their public health departments in return for completing the requirements described here. The purpose of the PHEP grant is to support preparedness for, and response to, emergencies, threats, and disasters with public health implications.

This budget period (BP4) includes deliverable elements supported by supplemental funding to improve the preparedness gaps revealed by the Ebola Virus Disease response in 2014. PHEP supplemental funds are intended to specifically support the public health sector's preparedness planning and response activities and collaboration with other vital response partners including, but not limited to, emergency medical services (EMS), emergency management, environmental health, waste management, and the healthcare system.

There are seven deliverables related to the supplemental funding and are denoted by the ☒ symbol. They are B3, B5, E9, E10, L1, L2, and P6.

Please be sure to *fully and carefully* read the deliverables and guidance in their entirety. If you have questions, please contact the associated subject matter expert.

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Grant Deliverable 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

B2 Budget Estimate **Due: 2nd Quarter**

Provide a budget estimate in the following categories: 1) Staff, 2) Contractual, 3) Equipment, 4) Emergency fund, 5) Other – describe.

Guidance: Each of the categories must total your total contract amount. A table outlining your contract amounts is in the Deliverables folder on SharePoint.

To fulfill this deliverable:

1. Provide the required information on the progress report.

B3 ☒ PHEP Supplemental Budget Estimate **Due: 2nd Quarter**

Provide a budget estimate for the PHEP supplemental funding in the following categories: 1) Staff, 2) Contractual, 3) Equipment, 4) Emergency fund, 5) Other – describe.

Guidance: Each of the categories must total your total contract amount.

To fulfill this deliverable:

1. Provide the required information on the progress report.

B4 Actual Budget **Due: 4th Quarter**

Provide the actual budget in the following categories: 1) Staff, 2) Contractual, 3) Equipment, 4) Emergency fund, 5) Other – describe.

Guidance: Each of the categories must total your total contract amount.

To fulfill this deliverable:

1. Provide the required information on the progress report.

B5 ☒ PHEP Supplemental Actual Budget **Due: 4th Quarter**

Provide the actual budget for the PHEP supplemental funding in the following categories: 1) Staff, 2) Contractual, 3) Equipment, 4) Emergency fund, 5) Other – describe.

Guidance: Each of the categories must total your total contract amount.

To fulfill this deliverable:

1. Provide the required information on the progress report.

B6 In-Kind and Direct Estimates **Due: 2nd Quarter**

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.

Guidance: This information is used by PHEP to demonstrate the contributions to emergency preparedness at the local level. Examples could include building rentals, shared office expenses, utilities, or travel for PHEP related business paid from another account.

To fulfill this deliverable:

1. Provide the required information on the progress report.

EMC2 POD Security Assessment**Due: 2nd Quarter**

Working with your security or law enforcement representative, review and update all existing POD security worksheets and fill out new security assessment worksheets for any new POD facilities identified.

Guidance: Security templates are available for use on SharePoint in the EMC Library.

To fulfill this deliverable:

1. Upload the POD security assessments to SharePoint.
2. On the quarterly report, enter the date that the security assessment was completed.

EMC3 Points of Dispensing Data Collection Sheet**Due: 2nd Quarter**

Using SharePoint, review, complete and submit the POD Data Collection Sheet for your jurisdiction.

Guidance: New information is being requested. Work with your facility representatives, and local emergency managers to document other emergency uses that are identified for that POD facility. For example, is your POD also identified as a shelter? Or as an EOC? Or a FEMA Point of Distribution?

To fulfill this deliverable:

1. Complete and submit the POD Data Collection Sheet and upload it to SharePoint.

EMC4 POD Facility Setup and Inventory**Due: 3rd Quarter**

Using your POD supplies (i.e. the POD Box) Set-up at least one (1) of your selected POD facilities.

Guidance: Ideally, the selected facility should be a primary POD site identified for mass dispensing. It may be set up concurrently with a flu clinic or other event, or set-up as a training and educational event. Be sure to include EMC & POD drills and exercises in your exercise calendar ([See T1, Training](#)).

To fulfill this deliverable:

1. Document non-expendable POD inventory (i.e. signs, sign stands, clipboards) on the provided form (Do not include expendable items such as pens, paper, envelopes). Identify any non-expendable items that are not available but would be useful to set-up and manage POD flow.
2. Post the form in your SharePoint library.

EMC5 Emergency Medical Countermeasure (EMC) Plan**Due: 4th Quarter**

Review, update, and post your jurisdiction's approved Emergency Medical Countermeasure Dispensing Plan to your deliverable library on SharePoint. Provide the date reviewed by community planning partners, preferably the LEPC or TERC in the deliverable report.

Guidance: EMC plans must be reviewed and updated on a regular basis and shared with identified response partners, including LEPC or TERC, Fire, EMS, DES, Dispatch and Hospitals, as appropriate. Every identified response partner should receive a copy and agree to their roles and responsibilities outlined in the plan. If services or organizations that support multiple jurisdictions are included in the CHEMPACK plan, cooperative

- E2 Conduct Active Surveillance with Key Surveillance Partners (KSP) Due: Every Quarter**
Engage your key surveillance partners through “active” weekly surveillance calls. Maintain a log of calls as part of your tracking system to keep contacts up to date under E1. Document the procedure used for future reference. A request to view this might occur under some circumstances.

Guidance: The identified KSPs engaged in a jurisdiction can vary for each local or tribal agency. These KSPs are critical sources for ongoing case report and disease related information. Active surveillance is very valuable for identification of cases as well as outbreaks in a timely manner. Just 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.

To fulfill this deliverable:

1. Maintain log of active surveillance calls

- E3 Routinely Disseminate Information Due: Every Quarter**
Report on the materials your jurisdiction distributed to KSPs each quarter.

Guidance: While deliverables E1 and E2 identify KSP, 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 very short narrative of your actions (example: “Disease reporting packets were provided to all KSPs during the quarter. 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

- E4 Disseminate Disease Reporting Instructions to KSP Due: 4th Quarter**
Annually, disseminate the list of reportable conditions and reporting instructions to KSPs, preferably in person. Please record the date(s) that this was accomplished.

Guidance: This objective is to ensure that 100% of your *key reporting partners* have the most up to date information regarding communicable disease reporting.

To fulfill this deliverable:

1. Record the date(s) that disease reporting instructions were provided to KSP

- E5 Reconcile Cases with DPHHS Staff Due: Every Quarter**
Each quarter, reconcile your jurisdiction’s cases with DPHHS staff. This deliverable ensures the maintenance of accurate numbers for the state’s annual report to the CDC.

Guidance:

For CDEpi: Generate a report in MIDIS and review that the number and types of cases are accurate.

E7 Maintain 24/7 Communication System**Due: Every Quarter**

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

Guidance: Your 24/7 notification system is tested on a quarterly basis. 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.

To fulfill this deliverable:

1. Report success or failure of your jurisdiction's response to the 24/7 test call. Provide an improvement plan for any failures.

E8 Maintain Communicable Disease Response Plan**Due: 4th Quarter**

Review and update a local communicable disease response plan.

Guidance: Fax a signed and dated Communicable Disease Reporting Protocol Checklist to the CDEpi Program by July 15, 2016. **Fax signed checklist to 1-800-616-7460.**

To fulfill this deliverable:

1. Review and update your jurisdiction's communicable disease response plan
2. Provide the date that the plan was reviewed by your jurisdiction
3. Provide the date that the checklist was faxed to DPHHS

E9 ☒ Non-Pharmaceutical Intervention (NPI) Plan**Due: 4th Quarter**

As part of an all-hazards planning approach, review and revise (if necessary) your Isolation & Quarantine Plan to address potentially communicable diseases with an appropriate level of response (including other non-pharmaceutical strategies) based upon best practices and the nature of diseases that could present a threat to the population.

Guidance: DPHHS will provide a template as guidance, which is based on best practices criteria, to help you improve your isolation and quarantine plans to include other non-pharmaceutical approaches and can be used in any disease outbreak scenario, including ebola, measles, tuberculosis, or pandemic influenza. The last required version was in conjunction with pandemic influenza preparation in 2007. You are presently required to review this plan annually as part of yearly checklist for deliverables.

To fulfill this deliverable:

1. Review existing your Isolation & Quarantine Plan. Revise as necessary to include NPI strategies. You are encouraged to use the provided template for guidance.
2. Post your current revised NPI plan to your jurisdiction's SharePoint Folder.

E10 ☒ Healthcare Outbreak Reporting & Infection Prevention Assessment **Due: 4th Quarter**

Work closely with the DPHHS CDEpi program and Hospital Preparedness to include state-contracted staff to assess local healthcare facilities' capacity to identify and report outbreaks and to implement infection control protocols.

the exercise or event.

2. In the quarterly progress report, provide the date of the exercise and the date of submission of the after action report/improvement plan. Also indicate on the report if the event or exercise involves mass dispensing.

EX2 Training and Exercise Planning Workshop

Due 2nd Quarter

Local Health Jurisdictions (LHJ) must conduct or participate in an annual Training and Exercise Planning Workshop (TEPW), and maintain or contribute to a Multiyear Training and Exercise Plan (TEP) (see training deliverable T1 for the Multiyear TEP requirements).

Guidance: An annual TEPW provides an opportunity to develop, review, or update your agency's Multiyear TEP. The TEPW also provides a forum for determining how your agency will execute its multiyear plan in a given year. The purpose of the TEPW and the Multiyear TEP is to translate your jurisdiction's goals and priorities into specific training and exercise activities and to coordinate and de-conflict all training and exercise activities on a schedule. While all exercises conducted by your jurisdiction are not required to be included in its Multiyear TEP, the jurisdiction should follow the guidance and priorities established during its TEPW. The TEPW can be conducted as a stand-alone workshop or as part of routine Local Emergency Planning Committee (LEPC) meetings.

To fulfill this deliverable:

1. Conduct or participate in a TEPW.
2. Provide a 1-2 paragraph summary of the TEPW including the location and date it was conducted, who participated, and a list of significant workshop outcomes to include decisions on future training and exercises based on your jurisdiction's assessment of current capabilities.

Food & Water Safety

Deen Pomeroy
444-5303
dpomeroy@mt.gov

The Food & Water Safety deliverables for the grant year will demonstrate certain elements required by the CDC National Standard Public Health Preparedness Capabilities, specifically #7 Mass Care, #13 Public Health Surveillance & Epidemiologic Investigation, and #14 Responder Safety & Health.

F1 Sanitarian Participation in LEPC

Due: 4th Quarter

The jurisdiction's registered sanitarian (RS) attends at least one LEPC or TERC meeting.

Guidance: Interaction with your local RS 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

on the same page in the FCS Database as the inspection date entry field. Please note that to enter the risk level you will need to click on the detail tab in the database (see Image 1 below).

Risk level information is in the new retail food rule as referenced in Table 1 below. Each licensed retail food establishment must be assigned a risk category. Table 1 provides examples of the types of establishments and types of products produced at those establishments. For more guidance on categorizing facilities, please contact Christine Cox ccox@mt.gov or Melanie Shaw at mshaw2@mt.gov.

Image 1: A screen capture of the database entry fields on the Details tab.

Table 1: Risk Categorization of Food Establishments, Annex5, Table 1 from "2013 FDA Food Code".

RISK CATEGORY	DESCRIPTION	FREQUENCY #/YR
1	Examples include most convenience store operations, hot dog carts, and coffee shops. Establishments that serve or sell only prepackaged, non-time/temperature control for safety (TCS) foods. Establishments that prepare only non-TCS foods. Establishments that heat only commercially processed TCS foods for hot holding. No cooling of TCS foods. Establishments that would otherwise be grouped in Category 2 but have shown through historical documentation to have achieved active managerial control of foodborne illness risk factors.	1
2	Examples may include retail food store operations, schools not serving a highly susceptible population, and quick service operations. Limited menu. Most products are prepared/cooked and served immediately. May involve hot and cold holding of TCS foods after preparation or cooking. Complex preparation of TCS foods requiring cooking, cooling, and reheating for hot holding is limited to only a few TCS foods. Establishments that would otherwise be grouped in Category 3 but have shown through historical documentation to have achieved active managerial control of foodborne illness risk factors. Newly permitted establishments that would otherwise be grouped in Category 1 until history of active managerial control of foodborne illness risk factors is achieved and documented.	2

To fulfill this deliverable:

1. Post the updated list or database to your SharePoint folder that includes a current date.

Health Alert Network

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Local Health Jurisdictions (LHJs) are to continue to ensure a robust Health Alert Network is established and maintained in their jurisdictions. The HAN deliverables for the grant year will demonstrate certain elements required by the CDC National Standard Public Health Preparedness Capabilities, specifically #6 Information Sharing.

H1 HAN Distribution

Due: Every Quarter

Provide the dates that you disseminated DPHHS HANs marked for distribution to your local partners.

Guidance: DPHHS has pre-populated the H-1 Deliverable with the DPHHS HAN messages that were designated to "Distribute". DPHHS monitors the forwarding rate for HANs that are distributed with a recommendation to do so.

Post any locally generated HAN messages to your SharePoint library.

By testing and reporting on local HAN systems, counties and tribes in Montana will be able to identify gaps in emergency response plans and measure the effectiveness of communicating with intended audiences.

To fulfill this deliverable:

1. On the quarterly progress report, enter the date received for each DPHHS HAN message, the date it was distributed, and to what audience it was sent.
2. Include the DPHHS HAN account (hhshan@mt.gov) for distributed HAN messages.

H2 HAN Plans & Protocols

Due: 2nd Quarter

Review and update HAN plans and protocols.

Guidance: DPHHS recommends that local HAN plan protocols include

- Procedures for determining when to generate or forward a HAN
- Procedures for determining the audience
- Procedure for determining what method to communicate with your audience
- Procedure for determining how to determine if your message was successfully received
- Local HAN contact list(s)
- A communications equipment and other resource list (appendix)
- An equipment maintenance schedule (appendix)
- The DPHHS HAN account (hhshan@mt.gov) is included in HAN distributions

H5 Local HAN System Capabilities

Due 1st Quarter

Provide information that describes the capabilities of your local HAN system.

Guidance: The local systems must have the ability to send, track, and forward HAN messages. The intent is to have a system that is always operational and ready to use.

To fulfill this deliverable:

1. LHJs are to respond to the following statements on the quarterly PHEP progress report.

Indicate if your local HAN System is capable of the following.

- | | |
|--|--------------|
| A. Initiate local HAN distribution procedures 24/7/365. | YES___ NO___ |
| B. Send and forward local HAN messages using more than one method of communications (i.e. e-mail, FAX, cell phone, radio). | YES___ NO___ |
| C. Track HAN messages to ensure they reach the target audience. | YES___ NO___ |

Immunization

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The Immunization deliverables demonstrate certain elements required by the CDC National Standard Public Health Preparedness Capabilities, specifically #1 Community Preparedness and #6 Information Sharing.

To improve and maintain community preparedness demand and access to seasonal influenza vaccines, LHJs should work with new and existing partners, especially those organizations who serve groups at high risk for complications from influenza infection and underserved population groups.

Other partners would include

- Local authorities
- Health care institutions
- Medical providers
- Pharmacists
- Visiting nurse associations
- Community vaccinators
- Community outreach groups
- Advocacy groups
- Local businesses

IZ1 Immunization Tracking Record

Due: Every Quarter

Report the number of clinics conducted, the location or setting, number of individuals vaccinated, type of vaccines administered, and the target population.

Guidance: You are not required to complete any specific jobs, just report what your activities for the quarter. Use the IZ1 worksheet found in the SharePoint Deliverables Resource Library, Immunization folder during each quarter to track influenza clinics conducted by

- Type
- Target group
- Total number of individuals vaccinated
- Total all vaccine doses administered

To fulfill this deliverable:

1. Enter the Category A container locations into the MTPHD.
2. Update information for Category A container locations in your Sample Transport Plan.
3. Upload the updated plan into your SharePoint folder for review.

L2 ☒ Trained and Certified Category A Shipping Personnel Due 1st Quarter

Determine the names of personnel, either within or closest to your jurisdiction, that are trained and certified to ship Category A infectious materials.

Guidance: Include the facility address and name of the person or persons trained and certified within the time frame required by federal regulations (three years for US DOT and two years for IATA).

To fulfill this deliverable:

1. Enter the names and contact information for certified personnel for Category A shipping into the comments box for Category A locations in the Montana Public Health Directory.
2. Include this information in your Sample Transport Plan.

L3 All Hazards Sample Transportation Plan Review Checklist Due: 4th Quarter

Annual review of sample transport plan, and post the checklist and provide the date signed.

Guidance: All jurisdictions must have the appropriate all-hazard response partners review the "All Hazards" Sample Transport Plan (including the use of DWES, CBAT, and Specimen Collection kits for Rapid Toxin Screens) on an annual basis. The review checklist is available on SharePoint in the PHEP Deliverables Resources library. Ensure accuracy of information on whom to contact for new or replacement kit components and dry ice for rapid toxic screens. Be sure to include the updated information from the 1st quarter deliverables (L1 and L2).

To fulfill this deliverable:

1. Post the newly reviewed "All Hazards" Sample Transport Plan to your SharePoint folder
2. Submit a SIGNED Checklist for Review and Approval of Sample Transport Plan in your SharePoint folder that includes
 - Board of Health (for entire Sample Transport Plan)
 - Hospitals/clinics (for Rapid Toxic Screen and Category A)
 - HazMat/Law Enforcement (for CBAT)
 - Community Water Personnel (for DWES)

Planning

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Local health jurisdictions (LHJs) are asked to assess and update their own public health emergency response plans in conjunction with all external and internal partners. The LEPC or TERC in your area not only should be familiar with any emergency plans your agency is writing and maintaining, but should also be participating in their development. Collaboration with these partners is

P3 Pandemic Influenza Plan**Due: 2nd Quarter**

Review and update your jurisdiction's Pandemic Influenza Plan. Upload the current updated flu plan to your SharePoint Library.

Guidance: Utilize the assessment tool provided in the deliverable resources folder in SharePoint for your review. Local planning for pandemic influenza is better served by reflecting what will actually happen. Those planning efforts should 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 community partners should participate and provide feedback for your plans.

To fulfill this deliverable:

1. Upload your completed *assessment* file to your SharePoint folder (please clearly mark it as 2015 Pan Flu Assessment).
2. Upload your reviewed and revised *Pan Flu Plan* to your SharePoint folder.

P4 Community Preparedness**Due: Every Quarter**

Record the date and attendance of your county LEPC or tribal TERC meeting every quarter.

Guidance: Most local and tribal emergency preparedness partners meet once a quarter. Others can meet more or less often, depending on their needs. Public health has a role in each community as an emergency preparedness partner.

To fulfill this deliverable:

1. Indicate if your jurisdiction's LEPC or TERC met during the quarter and record the date of the meeting if it did.
2. Indicate if your jurisdiction's health agency attended a LEPC or TERC meeting during the quarter.
3. If your agency did not attend, select a reason.
 - No relevant topics
 - Not invited
 - Didn't know about it
 - Conflicting time
 - No meeting this quarter
 - Other

P5 Identify Key Community Emergency Locations**Due: 1st Quarter**

Participate with your LEPC, TERC, or equivalent community planning group to identify the facilities or locations that are designated for emergency use.

Guidance: Emergency operations are conducted from predetermined structures or areas. In some jurisdictions these locations could serve different roles, depending on need or the incident. The Montana chapter of the American Red Cross has an outdated list of potential shelters, but has asked PHEP to assist in confirming these locations. We are also asking for jurisdictions to identify other types of facilities as well, such as operations centers, distribution points, and care centers. Engage your local emergency

Risk Communications

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The goal of risk communications planning activities is to prepare messages and communication strategies prior to any public health event. Such preparation saves time and effort in an emergency when the media and the public need critical information in a short period of time. The Risk Communications deliverable for the grant year will demonstrate certain elements required by the CDC National Standard Public Health Preparedness Capabilities, specifically #4 Emergency Public Information & Warning and #6 Information Sharing.

RC1 Risk Communication Plan Review

Due: 3rd Quarter

Self-evaluate your jurisdiction's plans for risk communications by completing the online survey.

Guidance: Your public information plan might be specific to your health department, a general document for your county or tribal jurisdiction, or part of its Emergency Operations Plan, or part of your Public Information Campaign in your EMC plan. Be sure to look at your jurisdiction's specific efforts to reach vulnerable populations in the event of an emergency. Your jurisdiction may need to develop signage or other modes of communication to ensure all population groups can receive public health messages. The evaluation form may offer ideas.

The Risk Communications coordinator may choose to give some jurisdictions feedback on the self-assessments.

To fulfill this deliverable:

1. Complete the online survey. PHEP will provide the link to the survey, post it on SharePoint, and include it in the progress report template.

Training

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The Training deliverables demonstrate certain elements required by the CDC National Standard Public Health Preparedness Capabilities (2011), specifically #3 Emergency Operations Coordination. All local health jurisdictions (LHJs) are to maintain a NIMS compliant standard of readiness achieved with a transcript including a minimum of four ICS courses.

T1 Training & Exercise Calendar

Due: 1st Quarter

Update your current public health training and exercise calendar, a minimum of two years out, that includes exercises and instruction based learning events.

Guidance: Include proposed training dates (or a date range), who will participate, and the purpose of the event. Include any activities associated with fulfilling the 2015-2016 deliverables (i.e. EMC4, EX1, and others). This document could be used to support the EX2