

Final Report

2025





The Mountain Plains Regional Disaster Health Response System (MPRDHRS) FINAL REPORT

Executive Summary

The Mountain Plains Regional Disaster Health Response System (MPRDHRS), one of four Health and Human Services (HHS) Agency for Strategic Preparedness and Response (ASPR) RDHRS sites, completed its fifth year with significant progress in strengthening disaster preparedness and response across Region 8. This report highlights key accomplishments aligned with three operational objectives: improving bidirectional communication and situational awareness among healthcare organizations; building and augmenting specialized clinical capabilities; and advancing whole-community integration through strong partnerships with healthcare coalitions and public health agencies.

In Year 5, MPRDHRS delivered technical assistance and trainings across the region, strengthened the Medical Advisory Panel (MAP), expanded the Medical Emergency Operations Center (MEOC), enhanced information-sharing tools, and deepened collaboration with federal, state, and local partners. These efforts improved coordination, readiness, and the region's capacity to respond to complex incidents.

Year 5 By the Numbers	
387	Students trained
14	Courses across five topic areas
518	JIT students from 46 states and 18 countries
51	Technical assistance requests completed
3	Specialty Care Collaboratives
5	Reunification drills

Technical Assistance Requests

MPRDHRS delivered 51 technical assistance offerings in Year 5, including but not limited to trainings and education, exercise involvement, conference and invited speaking efforts, and plan and document reviews. We engaged in:



Training that Reached the Front Lines

The following sections provide an overview of program activities, deliverables, and the promising practices that continue to advance disaster health response across Region 8.

MPRDHRS delivered training and educational offerings to strengthen preparedness across Region 8. The team also responded to partner requests for document review, training and education, exercise participation, conference presentations, and workgroup engagement supporting preparedness and response.



- MPRDHRS supported 14 training courses across five topic areas identified by Region 8 partners. Table 1.1 outlines the courses held in Year 5, including dates, locations, and enrollment by course type.
- In total, 387 students attended at least one of the five courses offered, with the largest participation from Montana (110) and South Dakota (103).
- MPRDHRS prioritized delivery in low-resource settings where healthcare partners may have limited access to specialty care training. A breakdown of trainees by state is provided in Table 1.2.

Table 1.1 Training Overview

Budgeted: four courses

Advanced Hazmat Life Support



Casper, WY 6/11-6/13	10 students
Bismarck, ND 7/30-8/1	16 students
Rapid City, SD 7/23-7/25	15 students
Virtual Radiation Course 9/29	41 students

Budgeted: three courses

Advanced Burn Life Support



Cody, WY 3/28	18 students
Pueblo, CO 7/11	15 students
Boulder, CO 9/19	19 students

Budgeted: one course

Pediatric Fundamental Critical Care Support



Missoula, MT 5/1-5/2	25 students
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Budgeted: two courses

Healthcare Emergency Management



Great Falls, MT 6/24	14 students
Gillette, WY 7/28	12 students

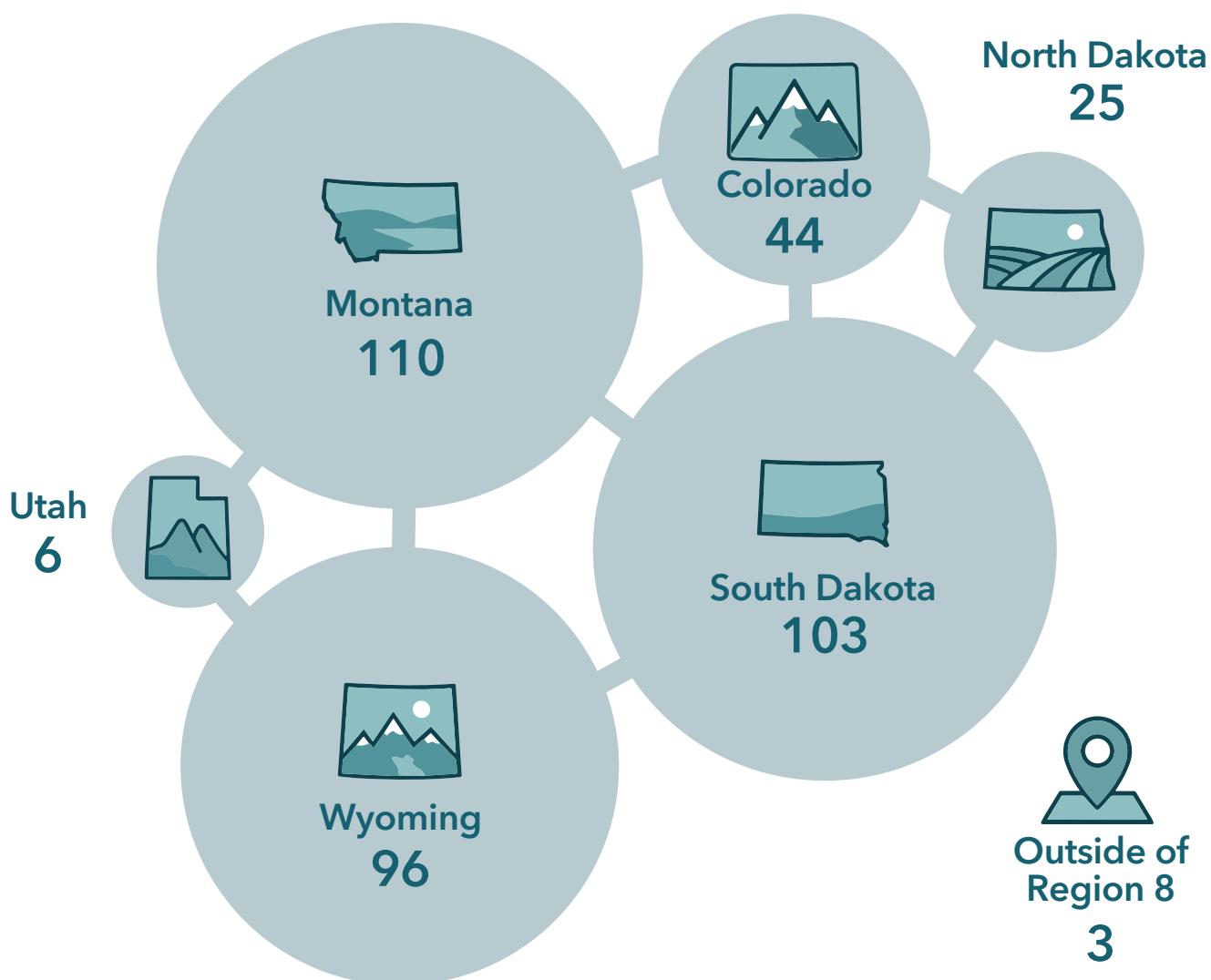
Budgeted: four courses

Workplace Violence / Psychological First Aid



Virtual (MT) 4/9	70 students
Virtual (SD) 7/28	75 students
Sioux Falls, SD 9/16	12 students
Virtual (WY) 9/24	45 students

Table 1.2 Trainees by State



Total **387**

Just-in-Time (JIT) Learning Series

MPRDHRS sustained the Just-in-Time (JIT) learning series launched in Year 4 and produced the module, Management of Respiratory Diseases in Pediatric Patients, presented by Dr. Joe Wathen of Children's Hospital Colorado. In February, all modules were uploaded to the Centers for Disease Control and Prevention (CDC) TRAIN Learning Network with post-training assessments that help students track progress. 518 users from 46 states and 18 countries have accessed at least one module.

Rural EMS Education Series

Led by Dr. Angie Wright of UCHealth and Colorado Department of Health and Environment (CDPHE) and Dr. Andra Farcas of UCHealth, this series delivered 11 webinars in Year 5. Sessions averaged 44 live attendees, reaching low-resource EMS settings. Recordings averaged 118 views, and topics included burn/frostbite management, obstetric emergencies, ventricular assist devices, and neonatal emergencies.



“MPRDHRS’s ability to offer flexible, accessible training helped build resilience and preparedness where it was needed most.

LESLEY-ANN PONT
Hospital Preparedness Program Director,
South Dakota Department of Health

Training Impact Survey

MPRDHRS distributed a post-training survey to more than 550 participants of grant-sponsored trainings and webinars. Ninety-two percent of respondents agreed or strongly agreed that MPRDHRS trainings improved their ability to save lives during a disaster.

Solving Real Problems in Real Time

MPRDHRS advanced several technical assistance projects in Year 5 to address real gaps in regional disaster readiness. These projects—each grounded in partner needs—help strengthen coordination, clarify protocols, and support more resilient healthcare systems across Region 8.

Chemical Consensus Project

This project focused on improving the standardization of response to chemical incidents. The team conducted a systematic literature review to identify promising practices and gaps in chemical preparedness, synthesizing findings into a white paper with recommendations for protocol development and stronger communication pathways.

Alternate Delivery Systems Project

This project examined innovative ways to maintain healthcare delivery and supply continuity in geographically isolated or resource-limited areas in Region 8. Through a literature review and development of a white paper, the team assessed alternate methods for distributing medical supplies, medications, and other critical resources during emergencies. Emerging strategies such as drone delivery show promise for improving access to care in rural regions.

Cross-State Ambulance Strike Team Project

This project strengthened regional surge transport readiness by documenting mechanisms for deploying ambulance and

paramedic assets across state lines. Working with physicians, paramedic captains, and other medical professionals, the team developed a white paper with operational concepts, deployment checklists, transport protocols, credentialing considerations, and situational awareness priorities.

Team Rubicon Medical Reserve Corps (MRC)

After a multi-year collaborative effort, Team Rubicon Medical Reserve Corps (MRC) pilot volunteers gained approval to provide medical care within the United States. National MRC leadership authorized a Colorado-based pilot unit composed entirely of Team Rubicon volunteers. Traditionally focused on international deployments, these volunteers will now support domestic disaster response and recovery. Supported by MPRDHRS and Koral O'Brien, volunteer coordinator with CDPHE, this pilot expands the national volunteer response framework and strengthens surge capacity in the region.



Partnerships & Networks

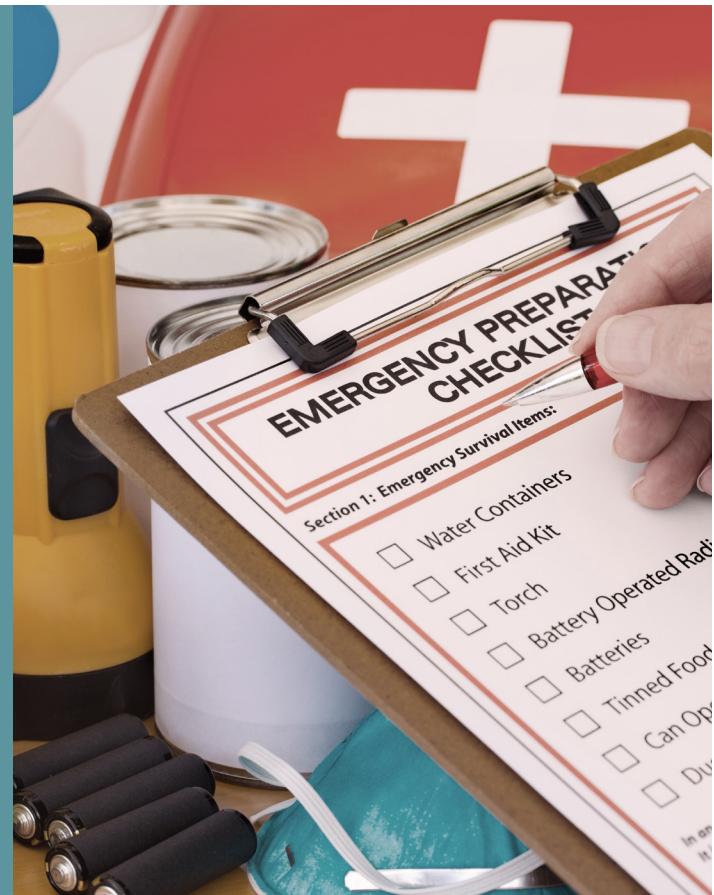
MPRDHRS continued to build, strengthen, and sustain partnerships across Region 8. These relationships make it possible for the region to coordinate quickly, solve problems together, and respond effectively when disasters strike.

Pediatric Readiness Across Region 8

- MPRDHRS deepened its work with pediatric leaders to ensure children receive the specialized care they need during disasters—a major challenge in our largely rural region. The team participated in standing pediatric preparedness initiatives with the Pediatric Pandemic Network (PPN), Western Region Alliance for Pediatric Emergency Management (WRAP-EM), and Region 5 for Kids, joining regular meetings focused on shared priorities and problem solving.
- MPRDHRS also presented at the Colorado Children in Disasters Network (CCDN) Quarterly Meeting with updates on the patient/family reunification programs CCDN brings together more than 170 county, state, hospital, and volunteer partners across Colorado, creating a critical forum for improving pediatric disaster preparedness.

The Mountain Plains RDHRS has been an invaluable forum for bringing partners together across multiple states—something that is truly essential for effective disaster response. The relationships and coordination built through this network strengthen our regional readiness.

ANNETTE NEWMAN
Disaster Consultant,
Utah Hospital Association



Understanding Barriers to Pediatric Care

To better support hospitals that care for children during emergencies, MPRDHS worked with pediatric experts to launch a regional needs assessment. The survey, led by Dr. Kristin Kim of Children's Hospital Colorado and Dr. Hilary Hewes of Primary Children's Hospital Utah, gathered input from 14 hospitals across Colorado, Utah, Wyoming, and Montana. Findings informed a new report on pediatric care procedures to guide future exercises and improve regional readiness.

Creating Space for Collaboration

MPRDHS continued to convene the Regional Pediatric Collaborative, a quarterly forum that brings together pediatric leaders from all Region 8 states. Meetings averaged 15 attendees and supported real-time communication about pediatric resources, challenges, and needs across the region. This shared space helps ensure no hospital or state is addressing pediatric preparedness alone.

Strengthening Public Health Connections

The team also collaborated with CDC Public Health Emergency Preparedness and Response (PHEPR) sites during their first year of funding. MPRDHS presented at the Rocky Mountains & High Plains Center conference to identify shared goals and opportunities for joint work. Dr. Charles Little, MPRDHS medical director, serves on the CDC PHEPR steering committee to align hospital and public health priorities and keep Region 8 healthcare partners connected during real-world responses.

92%

of respondents agreed or strongly agreed that MPRDHS trainings improved their ability to save lives during a disaster.

Building National Networks

All four RDHRS sites met for two virtual cross-site sessions in September 2025 following a successful spring 2024 meeting. These sessions strengthened national coordination and launched new working groups focused on blood products, Medical Operations Coordination Center (MOCC) initiatives, and technical assistance. This year's collaboration reinforced the idea that many preparedness challenges can be solved faster and more effectively when sites share solutions.

Connecting Health & Public Health Coalitions

MPRDHS facilitated the Regional Healthcare Coalition (HCC) Collaborative, which met bimonthly with more than 40 representatives from all Region 8 states and the regional ASPR office. Topics included cross-coalition communication, promising practices, and the unique challenges faced by individual HCCs.

The collaborative, chaired by Kori Bechtle of Cheyenne, Wyoming, provides a small-community perspective to elevate rural voices. A year-end survey revealed strong support for continuing the meetings and recommended shifting to a quarterly cadence to ensure sustainability and member engagement.

Leadership Engagement at the Executive Level

The Operational Executive Leadership Collaborative (OELC)—co-chaired by Denver Health's Kris Gaw, Chief Operating Officer, and Natalie Nicholson, Chief Nursing Officer, of Denver Health—hosted three sessions and one asynchronous update. Representing all Region 8 states, the group convened executive-level leaders in nursing, public health, operations, and safety.

Sessions focused on cyber security, mass-casualty events, staffing shortages, medication shortages, and crisis standards of care.



Radiation & Burn Readiness

MPRDHRS facilitated two Radiation Injury Treatment Network (RITN) meetings that brought together 10 partners to coordinate on training, mass-screening capabilities, and partnerships with Wyoming's expanding nuclear infrastructure. Participants expressed strong interest in continuing collaboration.

The team also participated in Midwest and Western Burn Region exercises, contributing subject matter expertise to improve surge capacity and strengthen coordination among specialty burn centers assistance.

Communications Impact

MPRDHRS continued to expand its communications and outreach efforts, strengthening visibility and engagement across Region 8. The JIT learning series newsletter doubled its subscriber count, and the general monthly newsletter grew by 58 percent over the year. Both maintained open and click-through rates well above industry standards.

In Year 5, MPRDHRS also broadened its multichannel strategy by launching LinkedIn and BlueSky accounts to share timely updates, training opportunities, and insights related to disaster preparedness. These platforms—alongside the website and newsletter—helped connect healthcare and public health partners across the region. The MPRDHRS YouTube channel continued to grow in Year 5.

Systems that Strengthen Clinical Readiness Across the Region

MAP: A Trusted Network of Clinical Experts Ready to Respond

The Medical Advisory Panel (MAP), co-chaired by Dr. Anuj Mehta, pulmonologist and critical care physician at Denver Health, and Dr. Matt Wynia, director of the Center for Bioethics and Humanities and infectious disease physician, of the University of Colorado, continued to refine its structure and operations in Year 5.

- The panel is guided by the monthly MAP Executive Committee (EC), which oversees activities and responds to requests for assistance. Three of the six HHS Region 8 states—Colorado, Utah, and Montana—are represented on the EC, whose members include practicing clinicians and state public health officials.
- After-action reports (AARs) for the Becton Dickinson and Company (BD) blood culture bottle shortage and the Year 4 demonstration project were completed and approved by executive leadership, with debriefs informing ongoing MAP operations.
- A virtual functional exercise held in September 2025 focused on challenges to public health and healthcare infrastructure during an infectious disease outbreak. The exercise tested rapid MAP activation and outreach to ad hoc members with specialized clinical expertise. Key lessons informed improvements to MAP response protocols and integration with the MEOC for future requests for assistance.



MEOC Management: A 24/7 Regional Coordination Hub for High-Impact Emergencies

The MEOC serves as a core regional resource during large-scale and catastrophic events. In Year 5, MPRDHRS conducted biannual MEOC drills to test operational readiness. Each exercise evaluated coordination mechanisms and response workflows, identifying strengths and areas for improvement.

- Following each drill, the team completed a debrief and AAR, which supported ongoing updates and enhancements for response. Improvements included simplifying the annex for ease of use and refining standard questions for watch officers during emergencies. This iterative approach has strengthened MEOC readiness and ensured alignment with the needs of Region 8 partners.
- MPRDHRS supported regional exercise planning and participation to strengthen preparedness and coordination among healthcare and public health partners. In August, the team contributed subject matter expertise to the annual RITN Tabletop Exercise, helping partners practice decision-making and resource coordination during a radiological event. Earlier in the year, MPRDHRS participated in the Midwest Burn Region Exercise and the Western Burn Region Disaster Consortium, both of which focused on improving regional burn surge capacity and coordination among specialty care centers.

Reunification Team: Connecting Families with Loved Ones During Disasters

The Reunification Team participated in five drills during Year 5, including two that were incorporated into hospital full-scale exercises. Team members also joined monthly technology-check sessions to review systems and provide feedback. Over the year, the team managed 382 simulated calls from family members and friends seeking information about loved ones during a disaster. Recruitment expanded to include two additional healthcare systems that used the MPRDHRS Virtual Call Center during their full-scale exercises. This year marked an important transition: the Reunification Team moved from a proof-of-concept effort to a ready-for-operations capability.

MOCC: Building a Shared National Framework for Medical Coordination

MPRDHRS was a core member of the national MOCC Initiative led by the Region 7 RDHRE. This work produced a guiding document, "Regional Medical Operations Coordinating Center (RMOCC) Core Functions and Key Features," outlining a successful MOCC. More than 10 national specialty organizations were represented, including the American College of Surgeons (ACS). MPRDHRS's participation strengthened regional coordination while helping advance a standardized framework for multi-state preparedness and response.

Tools to Give Partners What They Need

The MPRDHS information sharing platform underwent a major upgrade to better support Region 8 planning and partner needs.

- MPRDHS expanded the platform and website, incorporating new features based on feedback gathered from regional partners.
- Enhancements added hospital systems and their associated facilities, medical air transport systems, Regional Emerging Special Pathogens Treatment Center (RESPTC) and National Emerging Special Pathogens Training and Education Center (NETEC) sites, and Level 3-5 ACS trauma centers.



What's to Come in Year 6

In Year 6, MPRDHS will continue to enhance and support our Region 8 partners in healthcare emergency preparedness with three areas of focus:

- Operational readiness
- Provision of technical assistance and training
- Enhancing and sustaining partnerships in Region 8



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