

MONTANA 21C: STRENGTHENING PUBLIC HEALTH TOGETHER

SPRING 2025

REGIONAL MEETINGS FINDINGS SUMMARY



PREPARED AND PRESENTED BY
MONTANA 21C PARTNERS



OVERVIEW OF MONTANA 21C



A LITTLE BIT ABOUT THE MONTANA 21C EFFORTS

The foundation of Montana's public health system is the local and tribal health departments and resourceful public servants who are committed to the health and well-being of their fellow Montanans.

Montana 21C: Strengthening Public Health Together seeks to build a stronger and more agile public health system. We will do this by listening to local public health staff and the people they serve to create a shared vision of the system and to identify the resources needed to realize that vision.

We are starting by assessing our current system to understand the strengths and needs of local health departments. From that assessment, we will build consensus across Montana about what is needed to build a strong and agile public health system, and to align expectations with the resources needed for success.

PROJECT DESCRIPTION

The Confluence Conference in April marked the start of registration. Targeted outreach efforts were completed to all local and tribal jurisdictions. Two weeks prior to the meetings, the Public Health System Improvement Office distributed copies of both the statewide and individual jurisdictional reports.

Regional meetings were held in Billings, Glendale, Rocky Boy, Polson, and Butte. For jurisdictions unable to attend the in-person regional meetings, virtual calls were scheduled to ensure inclusive participation.

Following these meetings, each jurisdiction was asked to submit a workplan outlining their next steps and identifying priorities for development. These plans are based on the Foundation of Public Health Services (FPHS) assessment results and will guide 21C and local actions moving forward.

OUR GOALS AND OBJECTIVES

- Review and understand the results of the Foundational Public Health Services (FPHS) assessment.
- Interpret what the data means for your jurisdiction, neighboring jurisdictions, and Montana.
- Identify your vision for the future of Montana's public health system and explore how we can achieve that collaboratively.





PROJECT TIMELINE

THIS SECTION INCLUDES THE PROJECT PROCESSES, IMPLEMENTATION, AND EXECUTION.

TASK	START DATE	END DATE
PHASE 01 DATA ANALYSIS AND REPORTS	JANUARY 2025	APRIL 2025
PHASE 02 PLANNING COMMITTEE MEETINGS	APRIL 2025	MAY 2025
PHASE 03 OUTREACH AND MEETINGS	APRIL 2025	MAY 2025



FINDINGS

THIS SECTION INCLUDES A SUMMARY OF REGIONAL MEETING DISCUSSIONS

1. Foundational Public Health Services (FPHS)

Observations & Challenges:

- Higher scores where foundational funding and consistent delivery exist (e.g., CD).
- Seen as a strong model, but under-resourced and not always realistic due to:
 - Political constraints.
 - Staffing and time limitations.
 - Disconnect between FPHS and Commissioner/community priorities.

Suggestions:

- Create a realistic roadmap to FPHS implementation.
- Align task orders, CHAs/CHIPs, communications, and regional meetings with FPHS.
- Define minimum standards, system expectations, and what counts as meeting FPHS.
- Classify health departments by FTEs rather than population size.
- Use Pathways structure to support policy and organizational development.
- Clarify public health's role; reframe messaging through partnerships and community effort.
- Develop Montana-specific and Tribal-specific FPHS models.
- Promote regionalization and shared services to implement FPHS.
- Use FPHS to:
 - Organize regional meetings.
 - Inform task order alignment.
 - Clarify expectations and accreditation linkages.

Resource Needs:

- Templates for policies and procedures.
- Defined minimum standards and models for org structures.
- Confidence-building supports for new staff.
- Regional workshops, especially with commissioners.
- Montana and Tribal FPHS model
- Roadmap to implement FPHS
- Alignment for task orders with FPHS

2. Communication & Messaging

Challenges:

- Public distrust and misunderstanding of PH's role.
- Information overload across platforms (emails, newsletters, websites).
- Limited communication capacity at local levels.
- PH lacks internal communication infrastructure and a unified voice.

Suggestions:

- Launch a statewide rebranding campaign (opinions mixed).
- Develop a centralized communication platform or internal app.
- Streamline messaging into a single, digestible newsletter.
- Increase visibility through social media, town halls, and local storytelling.
- Focus on relatable narratives (economic impact, jobs, youth, success stories).
- Build communication support into staffing or regional roles.
- Improve communication with commissioners and legislators (use economic analogies, trusted messengers).
- Engage small businesses.

Resources Needed:

- Launch a statewide rebranding campaign (opinions mixed).
- Develop a centralized communication platform or internal app.
- Streamline messaging into a single, digestible newsletter.
- Regional communication staff
- Talking points for health departments with commissioners, tribal council, and board members

3. Workforce & Capacity Building

Challenges:

- Shortages of sanitarians, nurses, behavioral health staff, and mid-level managers.
- Smaller HDs can't implement full FPHS due to limited staff.
- Onboarding and succession planning often lacking.
- High turnover and no standard manuals or onboarding tools.

Suggestions:

- Develop shared staffing models (e.g., mobile sanitarians, CHWs, epidemiologists).
- Invest in mentoring, soft skills, and workforce system improvement FTEs.
- Promote public health careers in schools and colleges.
- Support Tribal workforce development (e.g., Tribal CoPs).
- Improve onboarding resources: checklists, templates, orientation manuals.
- Address licensure flexibility (e.g., sanitarian requirements).
- Offer subsidized housing and better pay to retain rural staff.
- Encourage regional workforce pools and job-sharing agreements.
- Implement FPHS training at university programs beyond public health

Resources Needed:

- Invest in mentoring, soft skills, and workforce system improvement FTEs.
- Promote public health careers in schools and colleges.
- Support Tribal workforce development (e.g., Tribal CoPs).
- Improve onboarding resources: checklists, templates, orientation manuals.
- Succession planning toolkit
- Address licensure flexibility (e.g., sanitarian requirements).
- Establish regional workforce communications or pools and job-sharing agreements.

4. Partnerships & Collaboration

Suggestions:

- Strengthen partnerships with hospitals, schools, behavioral health, MSU extension and universities.
- Synchronize CHA/CHIP timelines with partners.
- Improve integration between environmental and public health.
- Leverage MOUs and formal agreements for shared operations.
- Engage boards of health and commissioners through Confluence or similar platforms.
- Support collaboration with tribal governments and respect sovereignty.
- Utilize student shadowing, internships, and academic partnerships.
- Promote environmental justice and green space preservation.
- Create profiles for each jurisdiction and share with all partners

5. Funding & Sustainability

Challenges:

- Grant-dependent systems are unsustainable.
- Funding is fragmented and poorly aligned with long-term needs.
- Anxiety over post-COVID funding losses.
- Requirement to hire a position to receive funding

Suggestions:

- Create a Public Health Trust Fund governed by an oversight board.
- Establish sustained, flexible, and equitable funding streams (general fund, matching funds).
- Simplify and streamline reporting systems.
- Tie funding to deliverables and demonstrate PH value with standardized formats.
- Support funding for rural/tribal participation and administrative infrastructure.
- Fund facility improvements and virtual BOH trainings.
- Create state level positions that help jurisdictions complete work.
- Purchase electronic health record system for all jurisdictions.

6. Task Orders & Policy Alignment

Challenges:

- Task orders are prescriptive, not aligned with local needs or FPHS.
- Program requirements often exclude small HDs (e.g., dual staff mandates).
- Need for streamlined, supportive processes.

Suggestions:

- Redesign task orders to align with FPHS and local CHA/CHIP data.
- Standardize and simplify expectations across departments.
- Build in flexibility and equity considerations for small/rural LHDs.

Support policy development with shared templates and guidance.

7. AMPHO & Classification Updates

Suggestions:

- Update AMPHO classifications to reflect:
 - Tribal populations.
 - FTEs rather than just population.
- Reconsider MPHA regional boundaries to address size and geography challenges.

8. Data & Evaluation

Challenges:

- Need for modernization, alignment, and central data access.
- Lack of shared tools for program evaluation.

Suggestions:

- Use CHA data to inform task orders and regional CHIPs.
- Develop shared evaluation templates and data-sharing agreements.
- Improve infrastructure for data interoperability and public transparency.
- Conduct regional data summits to align evaluation and narrative-building.
- Emphasize system improvement roles and continuous evaluation.

Resources Needed:

- Conduct regional data summits to align evaluation and narrative-building.
- Establish metrics that are meaningful for local program evaluation
- Centralized location for secondary data

9. Planning, Structure & Strategy

Suggestions:

- Shift from accreditation compliance to action and outcomes.
- Clarify public health system definitions, expectations, and codes.
- Coordinate contracts and planning timelines.
- Support quarterly regional meetings with rotating focus (e.g., data summits, policy).
- Provide logistical and travel support for regional engagement.
- Encourage shared regional structures for planning, EH, and preparedness.

10. Mental & Behavioral Health, Housing, Substance Use

Challenges:

- High priority in communities but often outside LHD capacity or scope.
- Prevention work underfunded and resource-heavy.

Suggestions:

- Advocate for systemic integration of BH into public health.
- Secure match funding and legislative support.
- Use storytelling and data to link PH to social/economic issues.
- Tailor programs to frontier and tribal contexts.
- Clarify role of public health

11. Engagement with Policymakers

Challenges:

- Commissioners often disengaged or unaware of public health scope.

Suggestions:

- Provide required training for BOH and elected officials (virtual and MACo).
- Use economic and infrastructure analogies.
- Create workshops on commissioner/legislator engagement.
- Leverage champions from business or trusted local leaders.
- Maintain ongoing communication and invite policymakers to regional meetings.

ACTIVITIES

THIS SECTION INCLUDES THE PROPOSED ACTIVITIES BASED ON THE REGIONAL MEETING FINDINGS.



1. Task Order Process Alignment with FPHS
2. Sanitarian Resources at State Level
3. Succession Planning Resources
4. Investigate Memorandum of Understanding (MOUs) with Tribes and Counties
5. System Improvement Roadmap for Local Jurisdictions
6. Policies and Procedures Development
7. Reframe FPHS as a Community Responsibility
8. Public Health Rebranding Campaign 21C
9. Investigate Regional Tabletop Ideas
10. System Transformation & Outreach with MSU Extension and MACo
11. Regional Meeting Topics & Data Summit
12. AMPHO Size Classifications & MPHA Regions
13. Create a List of Needed Codes & Define Minimum Standards
14. Partner Organizations Directory
15. Unified Resource Hosting Policy
16. Minimum Staffing Model for Public Health
17. Resource Sharing Across Jurisdictions
18. Engaging Youth in Public Health Careers
19. Program Evaluation Metrics
20. Revenue Generation Strategies
21. Public Health Models Across State
22. County Attorneys & Community of Practice
23. FPHS model for Montana

PARTNERSHIPS & COLLABORATIONS

THIS SECTION INCLUDES THE METHODS WHICH WILL EVALUATE THE PROGRESS IN ACHIEVING THE PROJECT RESULT.



The activities within this project will be completed by Montana 21C partners and distributed across participating organizations. For the Department of Public Health and Human Services (DPHHS), the Public Health System Improvement Office will take the lead in coordinating efforts. Subject matter experts will be asked to advise when needed.

Progress will be evaluated using the Collective Impact Model, focusing on the achievement of key activities and milestones. Quarterly updates will be provided to Montana 21C partners in alignment with the Montana 21C Charter, ensuring transparency and accountability throughout the project.

By collaborating on these activities, we aim to enhance the delivery of the Foundational Public Health Services (FPHS), build trust in public health, and respond effectively to the needs and priorities of our local and tribal health jurisdictions. This collective effort will help strengthen Montana's overall public health system and ensure it is better equipped to serve all communities.



<https://montanapublichealth21c.org/>



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