

UPDATED: 2025

CHARTER



PREPARED AND PRESENTED BY
MONTANA 21C PARTNERS



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PURPOSE/CHARGE

The charge of the Montana 21C Partner Committee is to lead public health system transformation in Montana. The committee includes representation from seven organizations of the public health system and works on behalf of these partners in guiding transformation efforts. The committee oversees and is informed and supported by its subcommittees. The committee makes policy and funding decisions with the aim of transforming the governmental public health system to deliver the Foundational Public Health Services (FPHS) statewide to protect and improve the health of all people in Montana.

- **Mission:** Foster trust and collaboration across Montana's public health system to enhance the delivery of the foundational public health services that promote health and wellbeing.
- **Vision:** We envision a strong and agile public health system at all levels.
- **Values:** Public health is a shared responsibility. We foster partnerships across government agencies, healthcare providers, community organizations, and community members to create lasting solutions for better health.
- **Goal:** Full funding and implementation of FPHS statewide

BACKGROUND

Montana became a 21C state in the Summer of 2024 and completed the Foundational Public Health Services assessment in the Fall of 2024. In December of 2024, system partners gathered to decide how Montana would approach 21C efforts. In April 2025, the System Improvement Task Force roles were transferred to Montana 21C.

OUR GOALS

- Adopt a limited statewide set of core public health services, called Foundational Public Health Services (FPHS). FPHS are a defined, basic set of capabilities and programs that the government is responsible for providing and must be present in every community to efficiently and effectively protect and promote the health of all Montanans
 - The FPHS align with and simplify the 10 essential services of public health that are defined as the purpose of Montana’s public health system in Montana Code Annotated at 50-1-105 et seq.
- Fund FPHS primarily through state funds and fees that are predictable, sustainable and responsive to changes in both demand and cost;
- Provide and use local revenue-generating options to address local public health priorities;
- Deliver FPHS in ways that maximize efficiency and effectiveness and are standardized, measured, tracked, and evaluated;
- Complete a tribally-lead process, with support from the Department of Health and Human Services, Office of American Indian Health, and the Montana Public Health Institute, to define how the Foundational Public Health Services funding and delivery framework will apply to tribal public health in Montana;
- Allocate resources through a collaborative process between state, local, tribal, and public health system partners;
- Serve as the core of the State Health Improvement Coalition ensuring the completion of annual reviews and the five-year updates of the State Health Assessment and State Health Improvement Plan;
- Provide policy development recommendations to state and local agencies regarding public health system transformation; and
- Serve as the advisory board to the Preventive Health and Health Services Block Grant and the Title V Maternal and Child Health Block Grant.

SCOPE

The Montana 21C committee will address and make decisions on efforts related to system organization, system vision, workforce development, the delivery of the Foundational Public Health Services (FPHS), and advocate for funding and policy updates. The committee will not conflict with Montana Code Annotated or Montana Administrative Rules.

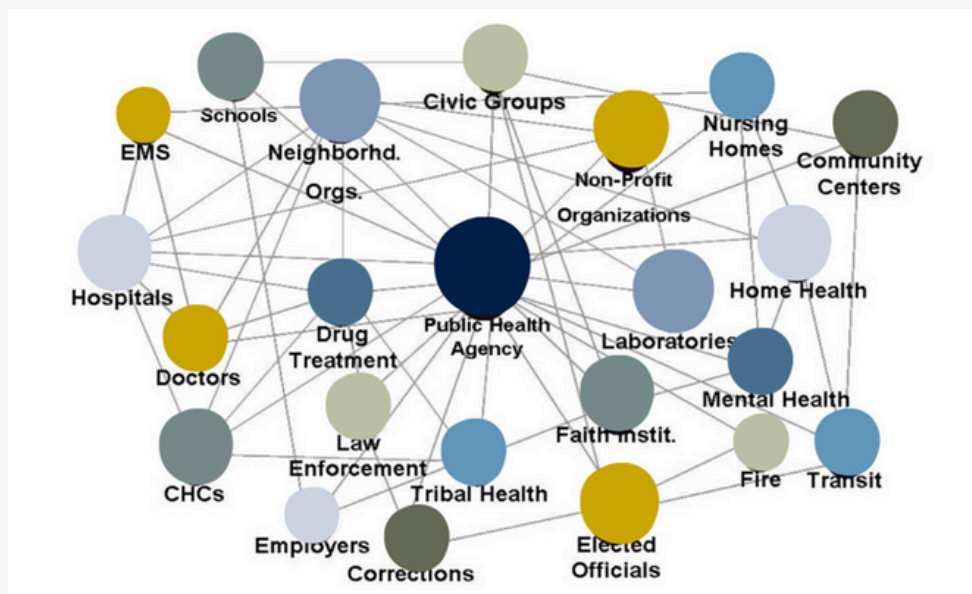
RISKS AND CONSIDERATIONS

Decisions will be made considering the impact on all sized health jurisdictions and with input of Association of Montana Public Health Officials and tribal leaders. The committee will work on the assumption that the Foundational Public Health Services model is the best fit for Montana jurisdictions.

MONTANA PUBLIC HEALTH SYSTEM DEFINITION

All public, private, and voluntary entities that contribute to the delivery of the foundational public health services within a jurisdiction. This includes various organizations and agencies that work together to promote health and prevent disease in communities. Including:

- The healthcare delivery system
- Employers and businesses
- The media
- Academics
- Governmental Public Health Infrastructure
- Non-profits
- Community



MEMBERSHIP

MONTANA 21C CORE PARTNER ORGANIZATIONS:

- Association of Montana Public Health Officials (AMPHO)
- Confluence Public Health Alliance
- Montana Department of Health and Human Services (MT DPPHS)
 - Family & Community Health Bureau
 - Public Health and Safety Division
 - Office of American Indian Health (OAIH)
- Montana Environmental Health Association (MEHA)
- Montana Public Health Association (MPHA)
- Montana Healthcare Foundation (MTHF)
- Montana Public Health Institute (MTPHI)
- Montana Public Health Training Center (MTPHTC)
- Office of Rural Health (ORH)

MEMBER LIST

NAME	ORGANIZATION
Aarron Wernham	MTHF
Anna Kiley	MTPHTC
Drenda Niemann	AMPHO
Hillary Hansen	MTPHI
Kerry Pride	MTDPHHS
Lisa Dworak	Confluence
Jacqueline Isaly	MTDPHHS
Matt Kelley	MTPHI
Meagan Gillespie	MTDPHHS
Melissa Moyer	AMPHO
Natalie Claireborne	ORH
Sarah Compton	MTPHI
Stephanie Ironshooter	OAIH

MEMBER RESPONSIBILITIES

- 1.Attend partner committee meetings prepared to constructively contribute to discussions, share ideas, and listen to others. This also includes reviewing and providing comments on draft materials in-between meetings when requested.
- 2.Communicate the vision of public health transformation and share progress towards the vision with external stakeholders. Communicate clearly and openly among committee members and with partners.
- 3.Provide insight unique from her/his professional role and personal experience while keeping the system goals in mind.
- 4.Develop and share processes for seeking feedback from agencies that partner committee members represent, or work on behalf of, or other partners and key stakeholders to inform partner committee decision making.
- 5.Provide constructive feedback to the project management team on the process and progress.

PROJECT MANAGEMENT TEAM

ROLE

Oversees planning, coordination, and execution to ensure activities are met on time and within scope and budget.

MEMBERSHIP

- Confluence Public Health Alliance Designee
- MT DPHHS Public Health System Improvement Office (PHSIO) Designee
- Montana Public Health Institute Designee
- Montana Public Health Training Center

DESIGNEES

NAME	ORGANIZATION
Lisa Dworak	Confluence
Meagan Gillespie	MTDPHHS
Sarah Compton	MTPHI
Anna Kiley	MTPHTC

MONTANA 21C SUBGROUPS:

See milestones document for subgroup activities.

SUBGROUP NAME
System Vision
Delivery of FPHS
Policy and funding
Tribal FPHS
Workforce Development

ACCOUNTABILITY

The Montana 21C partner committee is an outside group that does not report to a single organization or office.

MEMBER RESPONSIBILITY	TIME COMMITMENT
Meetings	1 to 2-hour quarterly Teams meetings
Document review	2-hours per month
Meeting preparation	2-hours quarterly
Individual responsibilities/action items	Up to 3-hours every month

METHODS OF OPERATIONS

GUIDING PRINCIPLES

- **Continuous Improvement:** The committee will model continuous improvement.
- **Forward Thinking:** The committee will honor the past and focus on the future.
- **Local and Tribal Health Jurisdiction Focus:** Customers will be identified, and their perspectives will be considered in decisions and actions.
- **Inclusive:** Processes will be transparent, collaborative, and inclusive.
- **Accountable:** The committee will hold itself accountable for its actions.
- **Collective impact:** The committee recognizes that public health relies on its partnerships; partners need each other. The committee will strive to serve as a model for this partnership.

MEMBER EXPECTATIONS

1. Partner committee members actively participate in meeting discussions.
2. Partner committee members' time is valued. Respect will be shown for members by having a facilitator skilled at balancing pre-set agenda time with allowance for organic, relevant topic discussion.
3. The partner committee will operate by consensus.
4. Partner committee decisions will follow the opportunity for expression of perspectives from each of the four sectors in the governmental public health system.
5. The partner committee will strive for unity in its decisions.
6. The partner committee support staff will prepare an initial meeting summary immediately following each meeting (by the following morning). It will include decisions made, follow up actions, and a list of participating members. Summaries will be shared broadly through Connected Community and email.
7. Partner committee meetings are safe places to ask questions for clarity and to help members build a cross-sector understanding of the entire governmental public health system.

MEETING SCHEDULE AND PROCESS

- Agendas will be shared prior to the meeting. Sent via email and posted on Connected Community.
- Meeting minutes will be shared within one week of meeting. Sent via email and posted on Connected Community. Meeting decisions will be documented in the meeting minutes.
- See Accountability section for 21C partner meeting information.
- Subgroup meeting will occur on an as needed basis using Teams or Zoom.

DECISION-MAKING

Decisions will be made through consensus. If decisions cannot be reached or issues arise, the Confluence Board representing AMPHO, MEHA, and MPHA will have ultimate authority.

SUPPLIES AND RESOURCES:

Technology, funding, and meeting space as needed.

GROUND RULES OR NORMS

- Honor differences
- Accept that conflict and disagreement will happen
- Be prepared and actively participate in the meeting, silence will be considered agreement
- No meetings after the meeting (i.e. no gossiping, say what needs to be said in the meeting)
- Listen to understand
- Respect the value of each individual's contribution
- Focus on issues not people

STAKEHOLDERS: ROLES, NEEDS/REQUIREMENTS

NAME	ORGANIZATION	ROLE	21C PARTNER MEMBER FACILITATOR
Acting president	MPHA	SME, provide feedback, informed of activities	Confluence
Acting president	MEHA	SME, provide feedback, informed of activities	Confluence
BHDD Management Team	MTDPHHS	SME, provide feedback, informed of activities	MTDPHHS SIO
Bob Olsen	MHA	Informed of activities	MTHF
Director's office	MTDPHHS	SME, provide feedback, informed of activities	MTDPHHS SIO
Eric Bryson	MACo	SME, provide feedback, informed of activities	Confluence
Governor's office	Montana	Informed of activities	MTDPHHS SIO
PHSD Administrator	MTDPHHS	SME, provide feedback, informed of activities	MTDPHHS SIO
PHSD Bureau Chiefs	MTDPHHS	SME, provide feedback, informed of activities	MTDPHHS SIO

COMMUNICATIONS PLAN

Decisions will be made through consensus. If decisions cannot be reached or issues arise, the Confluence Board representing AMPHO, MEHA, and MPHA will have ultimate authority.

TYPE	TIME OF COMMUNICATION	LEAD
Connected Community	Meeting minutes, subgroup updates	SIO
Website	Public info	Comms group
SharePoint	Project for collaboration	MTPHI
Email	Local and tribal jurisdiction updates	SIO/MPHO
(Organization) Newsletters	Local and tribal jurisdiction updates	All partners

KEY MILESTONES

See the implementation plan for more information, **LINK**.

DATE	MILESTONE
Year 2	Statewide partner alignment
Year 4	Stakeholder and LTHJ alignment
Year 6	Policy and funding
Year 8	Delivery of the FPHS

CHARTER APPROVAL

A record of the charter's revision history: what was revised, when, and who approved the revisions will be maintained by MTDPHHS and stored on Connected Community. The Montana 21C charters is a working document will be modified as the committee learns new information or changes arise.

Name	Title	Organization	Signature	Date