# Rural Health Transformation Program Stakeholder Advisory Committee Kick Off Meeting

## Meeting Summary

January 22, 2026

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

MONTANA STATE UNIVERSITY
Office of Rural Health
Area Health Education Center

# RHTP Kick Off Meeting Notes Draft

## Meeting Overview and Purpose

On January 22, 2026, the Montana Rural Health Transformation Program (RHTP) Stakeholder Advisory Committee Kickoff meeting was held at Montana State University in Bozeman, MT. The meeting served as an early opportunity to engage stakeholders around Montana's five-year rural health transformation effort through information sharing, dialogue, and public input. The event was attended by a broad mix of stakeholders, including representatives from state agencies, rural and tribal health organizations, workforce partners, healthcare providers, and members of the public. The Stakeholder Advisory Committee serves as a non-voting advisory body, supporting two-way communication between the RHTP leadership and stakeholders, with the Montana Office of Rural Health (MORH) serving as convener.

## Present Stakeholders:

- Behavioral Health Alliance of Montana
- Big Sky Care Connect
- Blackfeet Tribe
- BlueCross BlueShield of Montana (virtual)
- Confluence Public Health
- Confederated Salish & Kootenai Tribes
- EMS Advisory Committee
- Fort Belknap Tribe
- Fort Peck Tribes
- Montana Ambulance Association
- Montana Area Agencies on Aging Association (virtual)
- Montana Consortium of Urban Indian Health
- Montana Department of Labor
- Montana Department of Public Health and Human Services
- Montana Dental Association
- Montana Health Network
- Montana Healthcare Foundation
- Montana Hospital Association
- Montana Medical Association
- Montana Office of Rural Health & Area Health Education Center
- Montana Primary Care Association
- Montana Public Health Institute
- Mountain Health Coop
- Mountain Pacific Quality Health
- MSU Extension
- Montana Academy of Family Physicians
- Montana Academy of Pediatrics
- Montana Pharmacy Association
- Office of Commissioner of Higher Education
- Office of Public Instruction
- PacificSource
- Rocky Boy Tribe
- Rocky Mountain Tribal Leaders Council
- School Administrators of Montana

The meeting agenda was structured to provide a comprehensive overview of the Rural Health Transformation Program, followed by opportunities for questions, small-group breakout discussions, and public comment. Leadership from the Montana Department of Public Health and Human Services (DPHHS) presented updates on program funding, governance, staffing, procurement processes, and reporting requirements. Presentations also included detailed reviews of each of the five major initiatives of the RHTP framework. After formal presentations, participants engaged in facilitated breakout groups focused on each of the five initiatives. These sessions were designed to gather real-time feedback from the field, identify risks and opportunities, and surface priorities from rural, frontier, and tribal perspectives. The meeting concluded with a public comment period, during which attendees shared reflections, concerns, and recommendations for the program moving forward.

The kickoff meeting emphasized transparency, early engagement, and shared ownership of Montana's rural health transformation. It set expectations for ongoing communication, future procurement and grant opportunities, and continued stakeholder involvement throughout the five-year program period.

### *Program Overview and Initiative Highlights*

DPHHS opened the meeting by outlining the scope and significance of Montana's RHTP award. Montana was approved for $233 million in first-year funding, ranking fourth nationally. The award exceeded the state's initial request and reflects strong federal confidence in Montana's proposed approach. Funding levels may increase or decrease annually based on performance metrics and timely expenditure, requiring close monitoring and reporting to the Centers for Medicare & Medicaid Services (CMS).

### *Governance, Staffing, and Procurement*

DPHHS described plans to build an internal RHTP unit of approximately 20 full-time staff, including a dedicated communications specialist. The program will follow Montana's state procurement rules, with competitive processes used whenever required and regular public posting of opportunities and updates. The first procurement announcements are anticipated in March 2026, and quarterly reporting to CMS will begin in August 2026.

# Initiative Summaries

### *Initiative 1: Workforce Development*

Initiative 1 is administered by the Montana Department of Labor and Industry and focuses on addressing Montana's most pressing healthcare workforce shortages through recruitment, retention, and training strategies. Emphasis is placed on "grow-your-own" approaches that support individuals already living in rural and tribal communities. Key strategies include scholarships, tuition assistance, registered apprenticeships, early exposure to health careers, and expanded rural training tracks. The initiative also prioritizes re-entry and support for the existing workforce through wellness programs, relocation assistance, and career advancement opportunities.

### *Initiative 2: Sustainable Access*

Initiative 2 is designed to strengthen rural hospital sustainability by supporting coordinated, data- driven operational and partnership strategies. Through the Rural Health Center of Excellence, DPHHS will provide time-limited operational and financial assessments to help hospitals adjust services, staffing, and care delivery models based on local disease burden, utilization patterns, and community needs. This approach is designed to improve operational efficiency and long-term financial viability.

Key strategies include advising profitability through shared services and group purchasing arrangements, strengthening provider partnerships, and expanding telehealth capacity. Early activities focus on tele-stroke, mental health, and intellectual and developmental disability services, along with improved coordination of interfacility transportation.

### *Initiative 3: Innovative Care Models*

Initiative 3 aims to modernize care delivery and payment models. In EMS, a major focus is on expanding treat-in-place and community paramedicine models so EMS providers can be reimbursed for care delivered on site, not only for patient transport. This is especially important for behavioral health calls, which often do not result in transport but still require significant EMS resources.

The initiative also supports rural pharmacy expansion by enabling pharmacists to practice under expanded licenses, provide point-of-care testing, and offer chronic disease management services. These changes are intended to improve access in communities where primary care providers are scarce while maintaining appropriate oversight and quality standards.

### *Initiative 4: Community Health and Prevention*

Initiative 4 focuses on expanding preventive and behavioral health services in community settings, particularly schools and tribal communities. Strategies include school-based primary care and behavioral health, mobile care models tied to continuity of care, crisis safe spaces as alternatives to hospital-based behavioral health care, and the expansion of Community Health Aide Programs (CHAP) in tribal communities.

Nutrition and food security are also key components, with plans to support community-designed nutrition initiatives, improve access to preventive services, and strengthen programs such as nursing education support for Native American students. Minor infrastructure improvements in community facilities are allowed, but large-scale construction is not.

### *Initiative 5: Technology Innovation*

Initiative 5 addresses gaps in health IT, data sharing, and digital infrastructure across rural and tribal Montana. Priorities include EHR modernization, telehealth expansion, and improved interoperability across providers and systems. Special emphasis is placed on respecting tribal data sovereignty and supporting providers with limited IT capacity through hands-on technical assistance and phased implementation.

This initiative is intended to support all other RHTP efforts by improving care coordination, reducing administrative burden, and ensuring data collected is meaningful and usable for frontline providers.

## Breakout Discussions

Breakout discussions reinforced that workforce shortages and behavioral health needs are two of the most urgent challenges facing rural Montana. Participants emphasized prioritizing clinical support staff, nurses, EMS providers, behavioral health professionals, and dental providers in workforce development. Many stressed that recruitment alone is insufficient without addressing housing, childcare, mentorship, and burnout.

Groups highlighted the importance of regional coordination, particularly for behavioral health and emergency services, to reduce fragmented care and unclear handoffs. Telehealth emerged repeatedly as a key tool for extending capacity, though participants cautioned that technology must be paired with training, reimbursement, and community trust to be effective. Discussions on hospital sustainability emphasized the value of shared services, group purchasing, and flexible governance models that reflect the diversity of Montana's communities. Technology-focused groups stressed the need for tiered approaches that account for differing levels of readiness, particularly in frontier and tribal areas where basic connectivity may still be a barrier.

Across initiatives, DPHHS emphasized sustainability, coordination, and the use of one-time investments to support long-term system change rather than ongoing service costs.

## Public Comment

During the public comment period, ten major themes emerged. These included strong support for sustainability and funding flexibility; calls for clear, proactive communication; and requests for meaningful stakeholder representation, especially for tribes, people with disabilities, and frontline workers. Workforce shortages, particularly in nursing, behavioral health, EMS, and OB-GYN, were identified as an urgent crisis. Telehealth received broad support, alongside reminders that it should complement, not replace, human connection and continuity of care.

Commenters also emphasized prevention, aging-in-place, integration across systems, and openness to innovative care models. Many expressed appreciation for DPHHS staff and the inclusive process, while encouraging the state to maintain momentum and continue engaging communities as implementation begins.

## Next Meeting

The next Rural Health Transformation Program Stakeholder Advisory Committee meeting will be held in Bozeman, summer date TBD.

*The Rural Health Transformation Program is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $233,509,358.76 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.*