

# **Local Board of Health Guidebook**

## **Part One:**

# **An Overview of Montana's Public Health System**

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## **PUBLIC HEALTH AND SAFETY DIVISION**

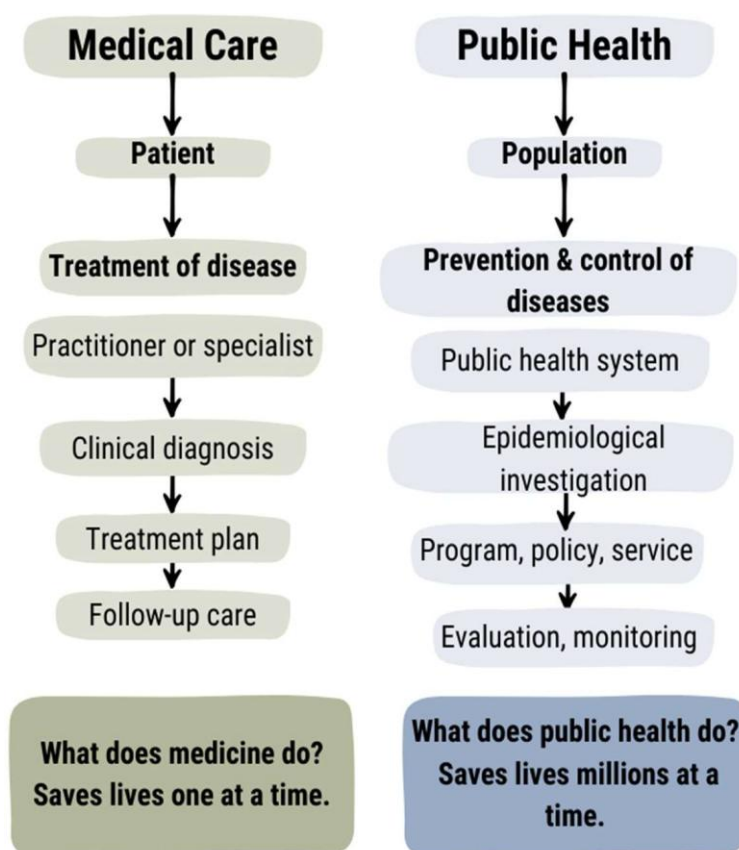
**Public Health System Improvement Office  
(PHSIO)**

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## WHAT IS PUBLIC HEALTH?

Public health is the science and practice of protecting and improving the health of people and their communities. Unlike clinical care, which focuses on treating individuals who are sick, public health works to prevent disease, promote healthy behaviors, and create conditions where everyone can live long, healthy lives. It involves a wide range of activities, such as ensuring safe drinking water, controlling the spread of infectious diseases, promoting vaccination, supporting healthy food and physical activity environments, and preparing for and responding to emergencies. Public health is a shared responsibility that brings together government agencies, healthcare providers, community organizations, and residents to safeguard the well-being of the entire population.



Public health works closely with medical care and social services, but is distinct from them because it focuses on:

- Populations and groups of residents, rather than individual patients
- Prevention of health problems before they occur, rather than treatment of existing diseases or conditions
- All factors that affect health, including social and economic factors, the physical environment, health behaviors, access to health care, and health for all.

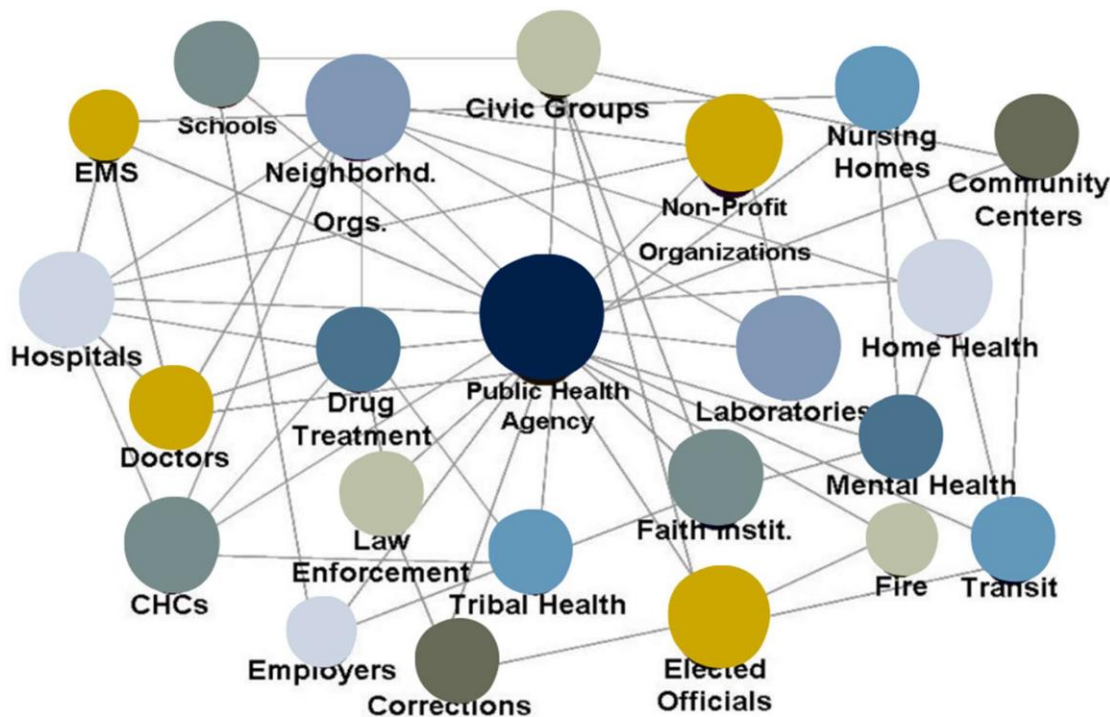
## Public Health System Overview

The Centers for Disease Control and Prevention (CDC) defines public health as “the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention, and detection and control of infectious diseases.” In other words, public health is the activities that society undertakes to assure the conditions in which people can be healthy.

Public health is a broad field and public health services are largely delivered in six areas:

- Prevention of epidemics and the spread of disease
- Protection against environmental hazards
- Prevention of injuries
- Promotion of healthy behaviors
- Preparing for, responding to, and recovering from public health emergencies
- Assuring the quality and accessibility of health services

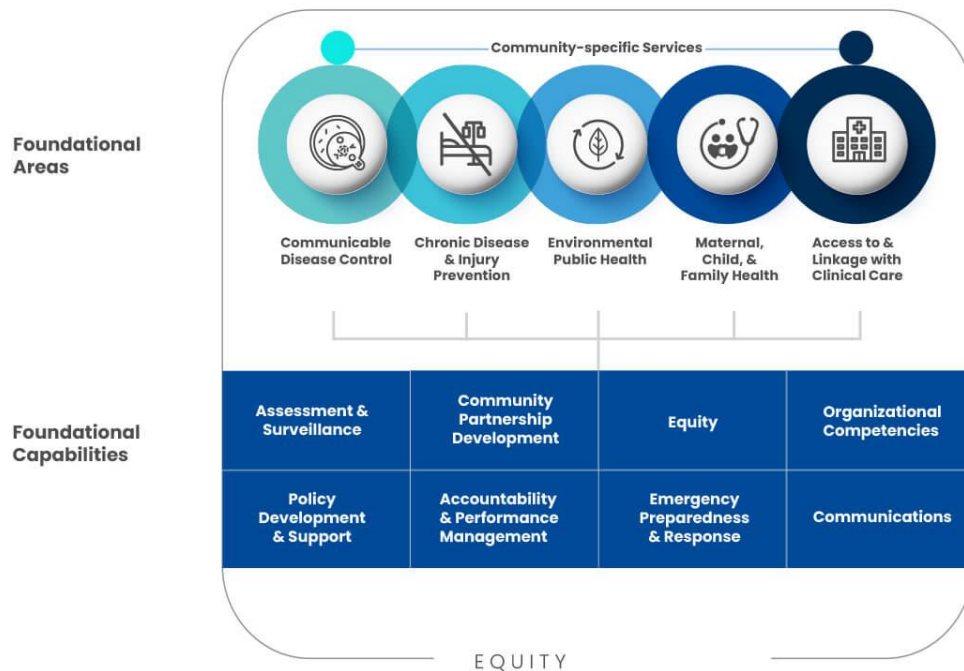
The public health system is made up of both public and private organizations that work together to advance the overall health of the population including local, state, and federal government agencies, and nonprofit community-based groups, health care providers, public safety agencies, education and youth development agencies, recreation and arts-related organizations, economic and philanthropic organizations, and environmental agencies and organizations.



# GOVERNMENTAL PUBLIC HEALTH SERVICES

The Foundational Public Health Services (FPHS) define the minimum package of governmental public health services that every community should have access to, regardless of its size or resources. These services represent the core capacities and programs needed to protect and promote the health of all residents.

## Foundational Public Health Services



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### EXAMPLES OF FOUNDATIONAL PUBLIC HEALTH SERVICES INCLUDE:

- Communicable Disease Control: Detecting, investigating, and preventing the spread of infectious diseases.
- Chronic Disease and Injury Prevention: Promoting healthy lifestyles and reducing the burden of chronic illnesses and injuries.
- Environmental Public Health: Ensuring safe food, water, air, and housing conditions.
- Maternal, Child, and Family Health: Supporting the health and development of mothers, infants, and children.
- Access to and Linkage with Clinical Care: Connecting residents to essential healthcare services and preventive care.
- Public Health Emergency Preparedness and Response: Planning for and responding to natural disasters, disease outbreaks, and other emergencies.

## FOUNDATIONAL AREAS

Core program areas that address specific public health issues and protect community health

### KEY FOUNDATIONAL AREAS:

1. Communicable Disease Control: Preventing and controlling infectious diseases through surveillance, investigation, and response
2. Chronic Disease and Injury Prevention: Reducing risks and promoting healthy behaviors to prevent long-term illnesses and injuries
3. Environmental Public Health: Monitoring and mitigating environmental factors that affect health (e.g., water, air, food safety)
4. Maternal, Child, and Family Health: Promoting the health and well-being of mothers, children, and families
5. Access to and Linkages with Clinical Care: Connecting individuals to needed healthcare and preventive services
6. Public Health Emergency Preparedness and Response: Preparing for, responding to, and recovering from health emergencies

These services are supported by foundational capabilities that make them possible.

## FOUNDATIONAL CAPABILITIES

Cross-cutting skills, resources, and capacities that enable effective delivery of all foundational areas

### KEY FOUNDATIONAL CAPABILITIES:

1. Assessment and Surveillance: Collecting, analyzing, and interpreting health data
2. Emergency Preparedness and Response: Planning and coordination for public health emergencies
3. Policy Development and Support: Creating and advocating for effective public health policies
4. Communications: Ensuring accurate and timely public health messaging
5. Community Partnership Development: Building and maintaining collaborations across sectors
6. Organizational Competencies: Leadership, governance, workforce development, and financial management
7. Accountability and Performance Management: Measuring outcomes and improving quality

## HOW FOUNDATIONAL CAPABILITIES SUPPORT FOUNDATIONAL AREAS

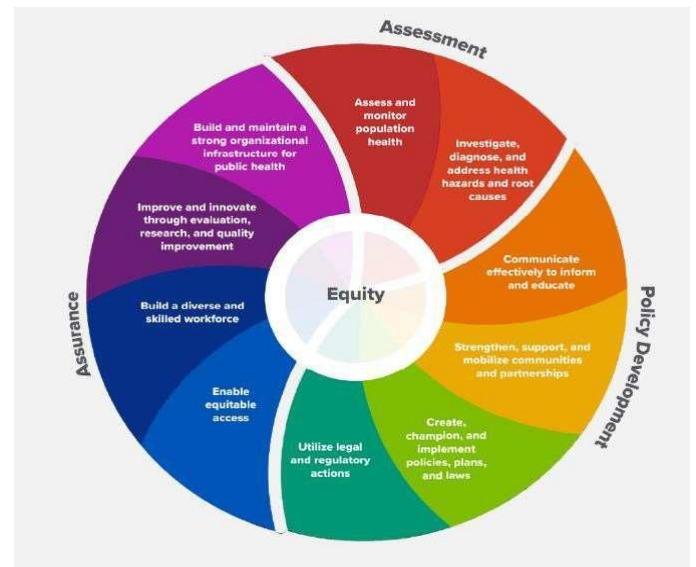
- Infrastructure Backbone: Foundational Capabilities provide the operational and system-level foundation that supports and strengthens all Foundational Areas.
- Synergy: Effective capabilities make foundational areas more efficient and coordinated.

## EXAMPLE CONNECTIONS Between Foundational Capabilities and Foundational Areas:

- Assessment and Surveillance supports communicable disease tracking.
- Policy Development guides chronic disease prevention strategies.
- Emergency Preparedness strengthens response to health threats.
- Communications ensures clear guidance during crises.

## TEN ESSENTIAL PUBLIC HEALTH SERVICES (EPHS)

In contrast, the Ten Essential Public Health Services (EPHS) provide a broader framework that applies broadly to the entire field of public health and the diverse network of organizations do to improve health. The FPHS model focuses exclusively on the governmental public health system by specifying how health departments can consistently deliver those essential services through foundational capacities and programs. Montana includes the 10 Essential Public Health Services within statute outlining the purpose of the public health system. The statute was updated in 2007 before the Foundational Public Health Services model existed.



## EPHS vs FPHS

### 10 Essential Public Health Services (EPHS)

Applies broadly to the entire field of public health and the diverse network of organizations, not just governmental public health, that contribute to community health.

Describes activities that should be undertaken in all communities, without assigning responsibility to specific organizations.

Serves as an organizing framework for planning and collaboration to improve overall community health.

### Foundational Public Health Services (FPHS)

Focuses exclusively on the governmental public health system (federal, state, tribal, local, and territorial agencies).

Defines a minimum set of core services that are uniquely provided by governmental public health.

Gives health departments tools to deliver needed services, track availability and funding, and form the foundation for all public health efforts.

## MONTANA FPHS ASSESSMENT

The Montana Department of Public Health and Human Services Public Health System Improvement Office, in partnership with the Montana Public Health Institute and Confluence Public Health Alliance, conducted an assessment from June to November 2024 of all 60 local and tribal jurisdictions regarding the delivery of Foundational Public Health Services (FPHS).

The FPHS Assessment consisted of two components, one to gather the full-time equivalents FTEs and budget info and a second to assess the delivery of the FPHS by the individual departments. The tool was developed by analyzing FPHS assessments from other states and PHAB's cost and capacity tool. The questions were reviewed to make sure they aligned with Montana's public health system. In total, the assessment consisted of 134 questions, and at the conclusion, each health jurisdiction was asked to identify their top three strengths and areas for improvement.

The jurisdiction answered each question based on their perception of how their department was accomplishing that FPHS capability or capacity. The response values consisted of 1, 2, 3, or 4 with examples provided for standardization.

1. Do not complete or maintain
2. Only when needed, necessary, or requested
3. Process in place, but not written in plan or procedure and/or not completed routinely
4. Process in place with written plan or procedure and/or complete routinely

The FPHS Assessment Tool is located on [the Board of Health Connected Community](#).

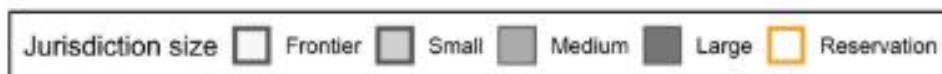
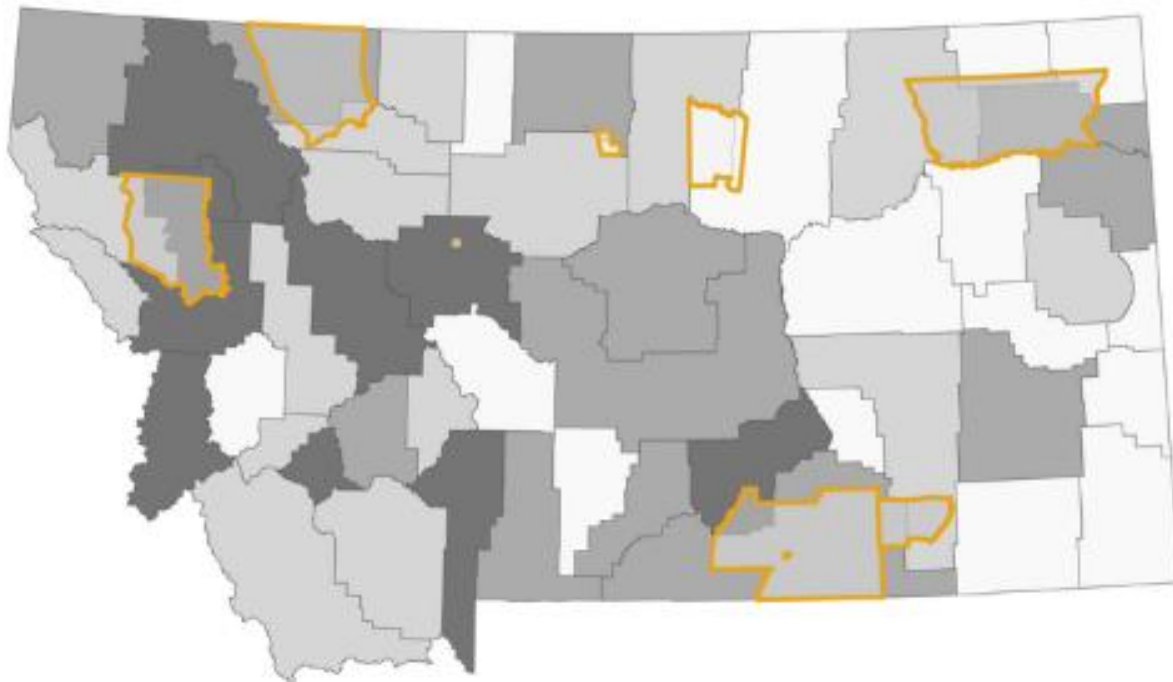
## WHY WAS THE SURVEY COMPLETED?

- Understand the delivery of Foundational Public Health Services across Montana.
- Utilize the data to capitalize on strengths and address areas of need by collaborating with local and tribal jurisdictions and Montana 21C.
- Effectively combine, allocate, or utilize our collective resources—such as talent, intelligence, funding, and more to ensure that all health jurisdictions can deliver the Foundational Public Health Services they aspire to provide.



## STATEWIDE FULL-TIME EQUIVALENTS IN MONTANA LOCAL AND TRIBAL HEALTH DEPARTMENTS

Size Classification	Population of Residents	Full-time Equivalents (FTEs) Range
Frontier	Fewer than 5,000 (18 jurisdictions)	1 – 9 FTE
Small	Between 5,000 and 9,999 (20 jurisdictions)	1.75 – 58 FTE
Medium	Between 10,000 and 29,999 (13 jurisdictions)	1.2 – 14.3 FTE
Large	30,000 or more (9 jurisdictions)	9 – 90.62 FTE

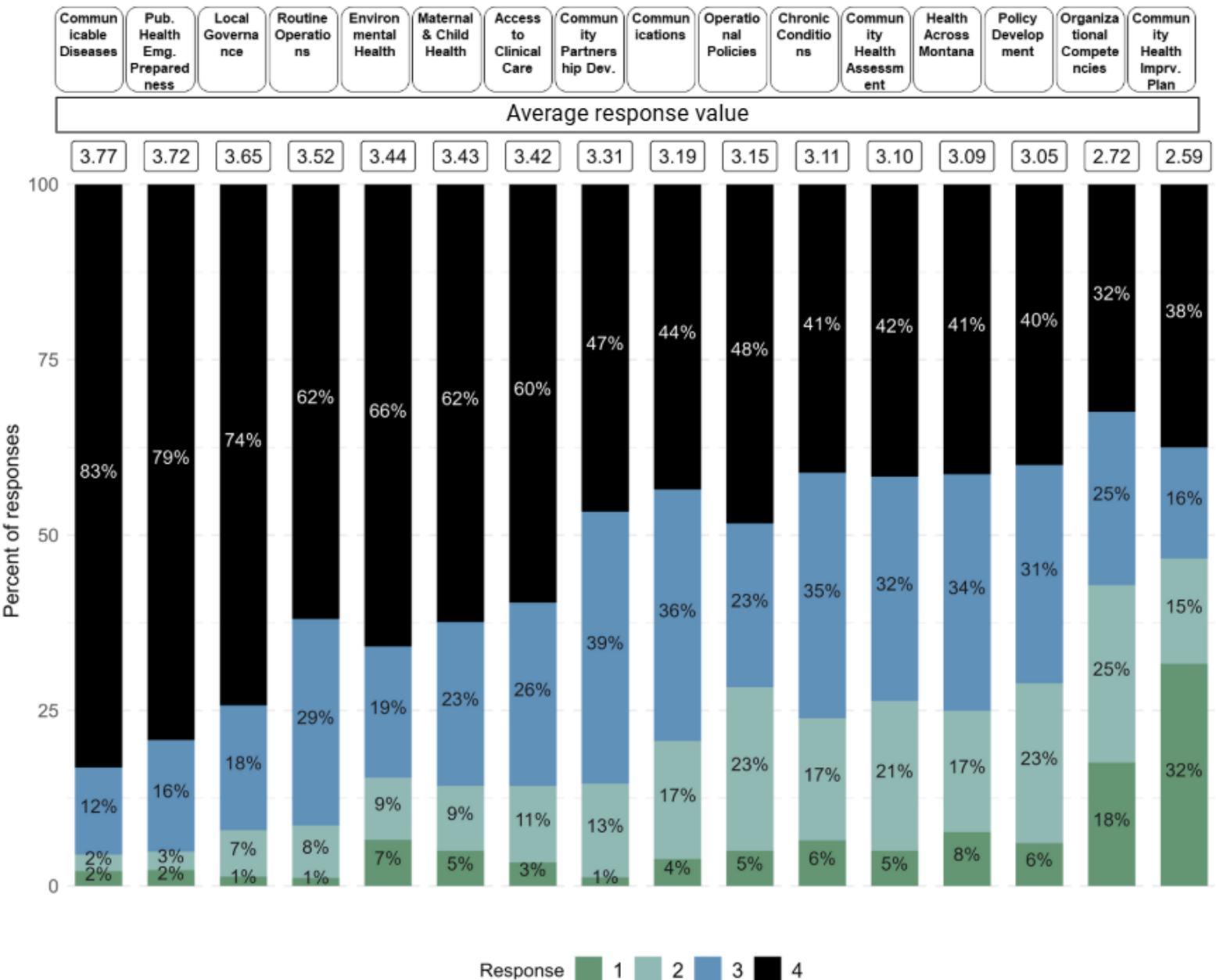


FTE information was self-reported by jurisdictions in the FPHS assessment prework. Size classification based on the Association of Montana Public Health Officials (AMPHO) classifications using 2020 census data.

## FPHS RESULTS BY FOUNDATIONAL PROGRAM AND CAPABILITY

FPHS framework was used to categorize the assessment questions into the domains below. An average response score for each domain area was estimated based on response values from all jurisdictions in Montana. A copy of the statewide report is available on [the Board of Health Connected Community](#).

Bars below the average response value illustrate the percentage of responses that were a 1, 2, 3, or 4 within each domain area. The order of domains is from highest average score to the lowest.



## MONTANA 21C: STRENGTHENING PUBLIC HEALTH TOGETHER INITIATIVE

Montana twenty-first century works to strengthen the Montana public health system through the delivery of foundational public health services (FPHS). Montana 21C utilizes the data collected from the FPHS assessment to help identify gaps in public health services at local and tribal levels and provides data to inform decisions about where investment and improvement are needed.

Local and tribal health departments have the distinctive opportunity to pinpoint their needs and the gaps they face in delivering the FPHS, all while receiving support from Montana’s state-level organizations. This initiative will foster better coordination and strengthen collaboration. Local and tribal health departments are critical players in making this transformation work. They are uniquely positioned to understand community needs, tailor programs and interventions, and ensure local buy-in.



### BENEFITS

- Increased Access to Resources
- Strengthening Capacity
- Workforce development
- Better Coordination
- Better Collaboration
- Advocacy and Policy Influence
- Improved Health Outcomes
- Health for all

## HOW IS PUBLIC HEALTH STRUCTURED IN MONTANA?

Since the first state board of health was established by the 7th Montana legislature in 1901, public health has worked to protect and improve the health of Montanans. Public health aims to strengthen prevention and control efforts to promote the health and well-being of Montanans, increase health for all, increase access to timely, affordable, adequate health services, and improve public health system capacity. Staff in the MT DPHHS, local and tribal health departments, and other vital partners work toward these goals by implementing activities to prevent and control disease outbreaks; ensure clean indoor air, safe drinking water, and food; provide programs and services to support healthy living; ensure community emergency preparedness; and respond to emerging threats. Through the implementation of public health initiatives over this past century, life expectancy has increased by approximately 30 years and significant reductions in death rates due to disease and injury.

### MT DPHHS

The Department of Public Health and Human Services (DPHHS) administers a wide spectrum of social services programs, including those related to public assistance; Medicaid and the Children's Health Insurance Program; child protective services; foster care and adoption; child care subsidy and licensing; child support enforcement; senior and long-term care; aging services; alcohol and drug abuse services; mental health services; vocational rehabilitation; developmental disabilities services; health care facilities inspections and licensing; state-run health care facilities to serve difficult-to-place populations and those under civil and forensic commitment; and public health functions such as communicable disease control, epidemiology, laboratory services, and chronic disease prevention.

### PUBLIC HEALTH AND SAFETY DIVISION

The mission of PHSD is to protect and improve the health of Montanans by advancing conditions for healthy living. The majority of public health programs fall under PHSD.

PHSD leads the state's public health efforts and provides state-level coordination and funding of critical public health services to support the health and well-being of communities. Public health programs and services are delivered in communities across the state by PHSD partners, including local and tribal health departments, health systems, community health centers, hospitals, community-based organizations, and various other organizations. The work of public health impacts the daily lives of all Montanans.

PHSD houses the foundational areas of public health (excluding maternal and child health): chronic and communicable disease prevention and control, public health emergency preparedness, public health planning, capacity and development, emergency medical services, trauma and injury prevention programs, the public health and environmental laboratories, and the office of vital records.

## LABORATORY SERVICES

Montana's clinical public health and environmental laboratories provide testing to support newborn screening for metabolic disorders, infectious disease investigations, clean drinking water, and disease prevention and control efforts statewide. Residents and providers from the 58 local and tribal health jurisdictions around the state can submit samples for laboratory testing services, including surveillance. The types of laboratory tests performed include diagnostic testing in support of disease control programs (such as for tuberculosis and HIV), enteric disease testing in support of outbreak investigations (such as Salmonella and Shiga-toxin-producing E. coli), surveillance testing in support of public health surveillance programs used to monitor disease trends (such as influenza, COVID, antimicrobial resistant bacteria), select agent testing in support of public health threats (such as tularemia, plague, and anthrax), and environmental testing in support of clean drinking water (such as for bacterial contamination and heavy metals). In addition, a newborn screening panel is performed for the approximately 12,000 babies born in Montana annually. The panel tests for 33 metabolic and genetic conditions, which helps provide early detection of potentially fatal or disabling conditions.

During the 2025 biennium, the Laboratory Services Bureau (LSB) has undertaken a comprehensive modernization effort to enhance its laboratory capabilities. The LSB has been working hard to expand its laboratory testing and emergency response capacity. Hence, they are in a better position to respond to public health threats rapidly and efficiently in Montana. This includes a new state-of-the-art laboratory information system that provides a platform for electronic test requests and results, the acquisition of new instrumentation, and an extensive remodel that provides additional laboratory space for public health emergency response.

## FINANCIAL OPERATIONS AND SUPPORT SERVICES

The Financial Operations and Support Services Bureau (FOSSB) provides financial and contract management for PHSD and oversees the Office of Vital Records (OVR). FOSSB manages a budget of over \$48 million, sourced from the general fund, state special revenue, federal funds, and private foundations.

The OVR maintains vital event registration and reporting for all Montana counties. It collects birth, death, adoption, marriage, marital termination, and paternity information and provides access to birth and death records. The OVR also develops and maintains statistical information and provides data and reports for county, tribal, state, and federal agencies, as well as various other data users statewide.

## COMMUNICABLE DISEASE CONTROL AND PREVENTION

The Communicable Disease Control and Prevention Bureau (CDCPB) includes the Immunization, Sexually Transmitted Disease (STD)/Human Immunodeficiency Virus (HIV), Environmental Health and Food Safety (EFHS), and Public Health Emergency Preparedness (PHEP) sections. The STD and HIV section works with local and tribal

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health departments and other partners to prevent and control outbreaks of sexually transmitted infections and diseases such as chlamydia, gonorrhea, and syphilis and to provide health and preventive services to under and uninsured persons living with HIV. From 2023 through October 2024, state and local public health agencies identified and responded to 9,157 reportable sexually transmitted infections and diseases. In addition, the STD and HIV section responded to 32 cases of congenital syphilis in infants, marking an increase of 850% between 2020 and 2023. The immunization section implements activities to increase and maintain high immunization rates and address vaccine-preventable diseases among children, adolescents, and adults. The immunization section works closely with over 250 Vaccines for Children (VFC) providers to provide no-cost vaccines to eligible children. In 2023, over 150,000 doses of VFC were delivered throughout Montana.

The EHFS section licenses and tracks inspections for over 16,000 public establishments, including hotels, restaurants, and swimming pools, to ensure safe operations and prevent injury and the spread of infectious diseases and other illnesses. EHFS monitors the frequency and quality of mandated inspections and ensures that requirements and rules regulating businesses are reasonable and necessary for public safety.

The PHEP section assists in coordinating planning and response operations for emergencies and disasters with local and tribal public health departments and hospitals. Its mission is to promote preparedness in Montana through partnerships, innovation, and service. Essential elements such as incorporating training opportunities, developing exercises, and cultivating relationships will help prepare public health for the next emergency.

## CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

The Chronic Disease Prevention and Health Promotion Bureau (CDPHPB) protects and improves the health of Montanans in all stages of life by promoting healthy lifestyles through regular physical activity, nutrition, freedom from commercial tobacco/nicotine, and evidence-based disease self-management. CDPHPB does this through clinical preventive services (e.g., cancer screening and tobacco cessation counseling) and community programs for chronic disease prevention and self-management. CDPHPB programs also focus on improving outcomes for asthma, arthritis, cancer, cardiovascular disease, diabetes, and disabilities.

CDPHPB addresses acute injury prevention and response through the Emergency Medical Services (EMS), Trauma, and Injury Prevention programs. The EMS Program licenses EMS services across the state and provides coordination and training to ensure statewide access to high-quality EMS services. The Trauma Program oversees trauma hospital designation and collaborates with facilities statewide to improve trauma care. The Injury Prevention Program works with state and community partners to address leading causes of injury-related morbidity and mortality through activities designed to prevent falls, prescription and illicit drug abuse, and poisoning.

## EPIDEMIOLOGY AND SCIENTIFIC SUPPORT

The Epidemiology and Scientific Support Bureau (ESSB) conducts disease surveillance and control activities for infectious diseases, provides infection control and prevention expertise to healthcare facilities throughout the state, maintains several core public health surveillance systems, and leads efforts to modernize public health data systems throughout the PHSD. The bureau assists with investigating reports of infectious conditions, outbreaks, and novel events. The bureau also works with health care providers and local and tribal public health agencies to implement proper treatment and infection control practices to prevent additional illnesses. The ESSB also conducts infection prevention and control assessments in healthcare facilities and provides technical assistance for outbreak response in these facilities. Over the biennium (January 2023 through October 2024), state, local, and tribal public health departments identified and responded to over 6,836 cases of reportable conditions, including 299 outbreaks that sickened at least 4,832 people. These numbers exclude cases of COVID-19 and sexually transmitted infections (e.g., chlamydia, gonorrhea, or syphilis).

In addition, ESSB works to reduce, eliminate, and prevent exposures to toxic substances across Montana. Working with the Montana Department of Environmental Quality, the Environmental Protection Agency, and the Centers for Disease Control and Prevention, the Toxicology and Environmental Public Health Section evaluates state and federal hazardous waste sites to determine whether communities could be harmed. This section also implements activities to increase blood lead screening and strategies to reduce and eliminate lead exposure among children.

## PUBLIC HEALTH PLANNING, CAPACITY AND WORKFORCE

The Public Health System Improvement Office (PHSIO) provides funding and technical assistance to state, local, and tribal public health departments to improve health department operations, community health improvement planning, workforce development, and performance management. The PHSIO implements and monitors the public health system improvement plan and the public health workforce development plan. The PHSIO works with the National Public Health Accreditation Board to promote and assist health departments in achieving National Public Health Accreditation.

Montana has seven accredited health departments, and many more working towards nationally accredited status. DPHHS public health programs achieved national accreditation from the Public Health Accreditation Board in 2016.

Over the past biennium, the Centers for Disease Control and Prevention awarded PHSD over \$15 million through the Public Health Infrastructure Grant. With this five-year grant, the PHSIO supports 38 positions at local health departments, provides training and education opportunities, supports community health improvement planning, and modernizes public health data systems.

## OTHER PUBLIC HEALTH DIVISIONS within DPHHS

### BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES DIVISION

The Behavioral Health and Developmental Disabilities Division (BHDD), within the Department of Public Health and Human Services (DPHHS), administers a wide range of services to facilitate the efficient delivery of effective services to adults and children with behavioral health (BH) challenges and/or developmental disabilities (DD). BHDD's work is guided by the goal of supporting Montanans in living full lives within their communities. BHDD consists of four bureaus and two programs. To learn more about, [review this report](#).

### EARLY CHILDHOOD AND FAMILY SUPPORT DIVISION

The Early Childhood and Family Support Division (ECFSD) provides coordinated services and resources to promote the well-being, health, and development of children, individuals, families, and communities. ECFSD's programs are focused on early care and education, food security and nutrition education, violence and neglect prevention, family support, and preventative health care. Since the implementation of ECFSD in January 2020, the division has continued to work to create consistency, efficiency, and better-coordinated services for children and families across the state of Montana. The division is comprised of five bureaus, encompassing over 20 activities, spanning prenatal to adult, supported by over 30 funding streams. The Fiscal Operations Bureau and the Business Operations Bureau are the two support bureaus providing financial and operational support for the division. The Child Care Bureau, Early Childhood Services Bureau, and the Family and Community Health Bureau house the program staff responsible for the daily implementation of the programs and services discussed [in this report](#).

### Office of American Indian Health

In a 2013 report on the health of Montanans, DPHHS documented severe health disparities among American Indians living in Montana. The report found that American Indians in Montana die at a median age of 50 years, more than 20 years earlier than non-Indian Montanans. The gap in life expectancy is driven by elevated death rates for heart disease, cancer, respiratory illnesses, injuries, and suicide is also substantially higher. These health disparities are rooted in longstanding challenges, including poverty and unemployment, racial discrimination and historical trauma, inadequate housing, and food insecurity, among others.

As a result of consultation with tribal health directors, urban Indian health organizations, and other Indian organizations, Governor Steve Bullock established a Director of American Indian Health position within the Director's Office at DPHHS in 2015, to lead the state's effort in addressing the main factors contributing to health disparities experienced by American Indian people in Montana. The Director of American Indian Health is responsible for identifying the sources of health disparities and developing strategies for health equity, while providing a forum for addressing tribal-state health issues. Montana became one of the first states in the country to create a



Director of American Indian Health position under an Executive Order of the Governor, although a handful of others have created small programs as part of larger minority-health initiatives. To learn more, [visit their website](#).

## DEPARTMENT OF ENVIRONMENTAL HEALTH

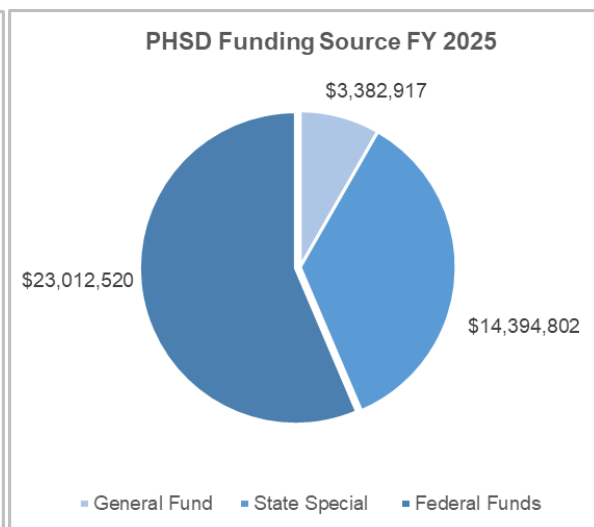
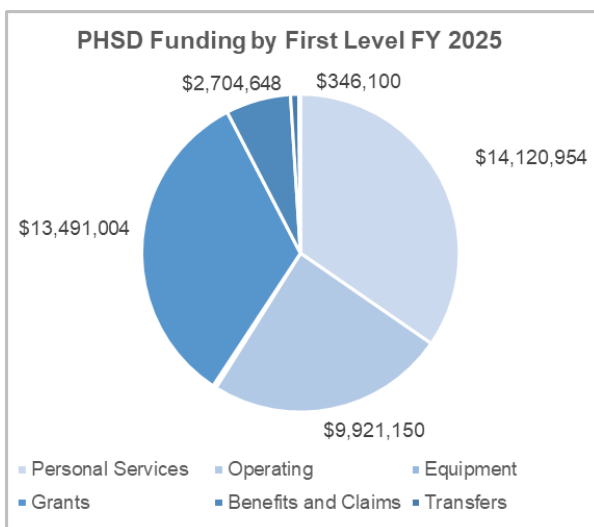
The Montana Department of Environmental Quality is home to a dedicated team of professionals, engineers, and scientists who make objective, scientific, accurate, and timely decisions on complex topics. DEQ implements Montana’s environmental laws and provides high quality public service and technical assistance. Montana DEQ is here to serve you and to ensure Montanans have clean air, water, and land free from contamination.

DEQ protects Montana’s environment and promotes a healthy and thriving way of life for all Montanans – as reflected in the Agency’s mission statement. At DEQ, we believe Montana communities and businesses flourish when environmental protections are effectively and consistently implemented in a transparent way.

DEQ works together with stakeholders and partners in private industry, non-governmental organizations, tribes, the public, and local governments to protect the environment, fully comply with the laws of Montana, and to support Montana’s natural resource economy. To learn more, [visit their website](#).

# FUNDING AND POSITIONS BUDGETED (PB) INFORMATION

<b>PUBLIC HEALTH &amp; SAFETY</b>	<b>FY 2025 BUDGET</b>	<b>FY 2026 REQUEST</b>	<b>FY 2027 REQUEST</b>
PB	153.75	153.75	153.75
Personal Services	\$14,120,954	\$13,949,250	\$13,977,071
Operating	\$9,921,150	\$9,918,772	\$9,919,543
Equipment	\$141,821	\$141,821	\$141,821
Local Assistance	\$0	\$0	\$0
Grants	\$13,491,004	\$12,785,854	\$12,785,949
Benefits and Claims	\$2,704,648	\$2,704,648	\$2,704,648
Transfers	\$346,100	\$346,100	\$346,100
Debt Services	\$64,562	\$64,562	\$64,562
<b>TOTAL COSTS</b>	<b>\$40,790,239</b>	<b>\$39,911,007</b>	<b>\$39,939,694</b>
	<b>FY 2025 BUDGET</b>	<b>FY 2026 REQUEST</b>	<b>FY 2027 REQUEST</b>
General Fund	\$3,382,917	\$3,357,262	\$3,324,954
State Special Fund	\$14,394,802	\$14,441,694	\$14,433,171
Federal Fund	\$23,012,520	\$22,112,051	\$22,181,569
<b>TOTAL FUNDS</b>	<b>\$40,790,239</b>	<b>\$39,911,007</b>	<b>\$39,939,694</b>



# MT DPHHS Budget

## AGENCY ACTUALS AND BUDGET COMPARISON

Agency Actuals and Budget Comparison					
Budget Item	Actuals Fiscal 2022	Approp. Fiscal 2022	Approp. Fiscal 2023	Request Fiscal 2024	Request Fiscal 2025
FTE	0.00	2,831.02	2,831.02	2,840.42	2,841.42
Personal Services	183,965,440	196,377,996	204,073,211	218,633,438	219,963,224
Operating Expenses	172,801,278	173,183,194	161,204,732	178,515,015	182,272,415
Equipment & Intangible Assets	327,779	618,550	536,750	541,850	536,750
Grants	78,647,115	77,949,464	86,770,717	89,225,286	88,544,094
Benefits & Claims	2,434,650,707	2,491,033,087	2,643,274,940	2,956,574,741	3,080,055,963
Transfers	22,867,099	24,091,649	3,493,151	3,493,151	3,493,151
Debt Service	9,650,330	2,023,904	308,844	308,844	308,844
<b>Total Expenditures</b>	<b>\$2,902,909,748</b>	<b>\$2,965,277,844</b>	<b>\$3,099,662,345</b>	<b>\$3,447,292,325</b>	<b>\$3,575,174,441</b>
General Fund	534,420,326	545,299,715	624,701,424	692,833,383	721,400,639
State/Other Special Rev. Funds	224,944,063	237,872,043	239,281,731	258,196,672	270,951,137
Federal Spec. Rev. Funds	2,143,545,359	2,182,106,086	2,235,679,190	2,496,262,270	2,582,822,665
<b>Total Funds</b>	<b>\$2,902,909,748</b>	<b>\$2,965,277,844</b>	<b>\$3,099,662,345</b>	<b>\$3,447,292,325</b>	<b>\$3,575,174,441</b>
<b>Total Ongoing</b>	<b>\$2,893,507,076</b>	<b>\$2,947,122,794</b>	<b>\$3,099,662,345</b>	<b>\$3,411,747,889</b>	<b>\$3,539,630,004</b>
<b>Total OTO</b>	<b>\$9,402,672</b>	<b>\$18,155,050</b>	<b>\$0</b>	<b>\$35,544,436</b>	<b>\$35,544,437</b>

### ADDITIONAL RESOURCES

- [MT DPHHS Organization Chart: DPHHS Organization Chart 10.14.2025](#)
- [MT DPHHS Governor's Budget: 2027 State of Montana Budget - SECTION B: PUBLIC HEALTH & HUMAN SERVICES](#)
- [MTPHHS Annual Plan: 2025 DPHHS Annual Plan](#)