



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **MONTANA**

State Snapshot

FY2024 Application / FY2022 Annual Report

November 2023

### Title V Federal-State Partnership - Montana

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2024 Application / FY2022 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

### State Contacts

MCH Director	CSHCN Director
Ann Buss Title V Director abuss@mt.gov (406) 444-4119	Amber Bell CSHCN Director abell@mt.gov (406) 444-1216

State Family Leader	State Youth Leader
Tarra Thomas HALI Project Parent Partner and State Coordinator tarrathomasfa@outlook.com (406) 697-4631	No Contact Information Provided

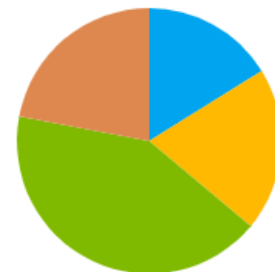
### State Hotline

Name: Montana Healthcare Programs Help Line | Telephone: (800) 362-8312

### Funding by Source

Source	FY 2022 Expenditures
<span style="color: blue;">■</span> Federal Allocation	\$2,315,433
<span style="color: orange;">■</span> State MCH Funds	\$2,854,070
<span style="color: green;">■</span> Local MCH Funds	\$5,996,450
<span style="color: red;">■</span> Other Funds	\$0
<span style="color: brown;">■</span> Program Income	\$3,156,546

FY 2022 Expenditures



### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$129,073
Enabling Services	\$1,368,249	\$4,717,612
Public Health Services and Systems	\$947,184	\$7,130,010

FY 2022 Expenditures Federal



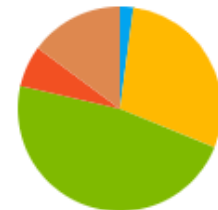
FY 2022 Expenditures Non-Federal



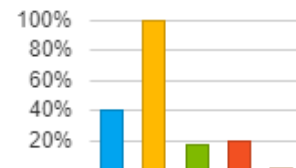
### Percentage Served by Title V

Population Served	Percentage Served	FY 2022 Expenditures
Pregnant Women	40.2%	\$299,830
Infants < 1 Year	100.0%	\$4,071,784
Children 1 through 21 Years	17.3%	\$6,655,210
CSHCN (Subset of all infants and children)	19.5%	\$915,527
Others *	1.0%	\$2,085,448

FY 2022 Expenditures Total: \$14,027,799



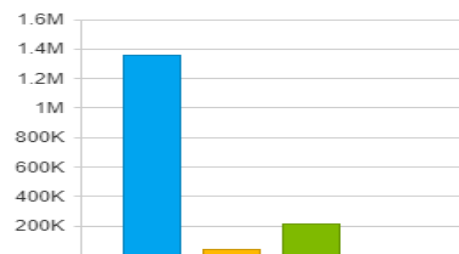
FY 2022 Percentage Served



\*Others– Women and men, over age 21.

### Communication Reach

Communication Method	Amount
State Title V Website Hits:	1,358,859
State Title V Social Media Hits:	37,844
State MCH Toll-Free Calls:	212,993
Other Toll-Free Calls:	0



The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2020 Needs Assessment reporting cycle.

### State Priorities and Associated Measures

Priority Needs and Associated Measures	Reporting Domain(s)
<p>Women's Preventive Healthcare</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year                             <ul style="list-style-type: none"> <li>○ ESM 1.1: Percent of activity goals to increase preventive medical visits for women which are met by county public health departments using MCHBG funding for the work.</li> </ul> </li> </ul>	Women/Maternal Health
<p>Infant Safe Sleep</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● NPM 5: A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding                             <ul style="list-style-type: none"> <li>○ ESM 5.1: Percent of activity goals to decrease infant deaths due to unsafe sleep conditions which are met by county public health departments using MCHBG funding for the work.</li> </ul> </li> </ul>	Perinatal/Infant Health
<p>Bullying Prevention</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● NPM 9: Percent of adolescents, ages 12 through 17, who are bullied or who bully others                             <ul style="list-style-type: none"> <li>○ ESM 9.1: Percent of activity goals to reduce adolescent bullying which are met by county public health departments using MCHBG funding for the work.</li> <li>○ ESM 9.2: Completion of Bullying Prevention Social Media Campaign</li> </ul> </li> </ul>	Adolescent Health
<p>Medical Home</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● NPM 11: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home                             <ul style="list-style-type: none"> <li>○ ESM 11.1: Percent of CYSHCN receiving services from a Parent Partner.</li> </ul> </li> </ul>	Children with Special Health Care Needs
<p>Children's Oral Health</p>	Child Health

Priority Needs and Associated Measures	Reporting Domain(s)
<p>NPMs</p> <ul style="list-style-type: none"> <li>● NPM 13.2: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year                             <ul style="list-style-type: none"> <li>○ ESM 13.2.1: Percent of activity goals to increase preventive dental visits for children which are met by county public health departments using MCHBG funding for the work.</li> <li>○ ESM 13.2.2: Complete the 3rd Grade Basic Screening Surveillance (BSS) to assess student's oral health status, and produce a report to inform needed oral health services.</li> </ul> </li> </ul>	
<p>Access to Public Health Services</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 1: Access to Public Health Services: Number of clients' ages 0 - 21, and women ages 22 - 44 who are served by public health departments in counties with a corresponding population of 4,500 or less who choose SPM 1.</li> </ul>	<p>Cross-Cutting/Systems Building</p>
<p>Family Support and Health Education</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 2: Family Support &amp; Health Education: Number of clients ages 0 - 21, and women ages 22 - 44 who are assessed for social service and health education needs; and are placed into a referral and follow-up system, or provided with health education as needed.</li> </ul>	<p>Cross-Cutting/Systems Building</p>

## Executive Summary

### Program Overview

#### Introduction

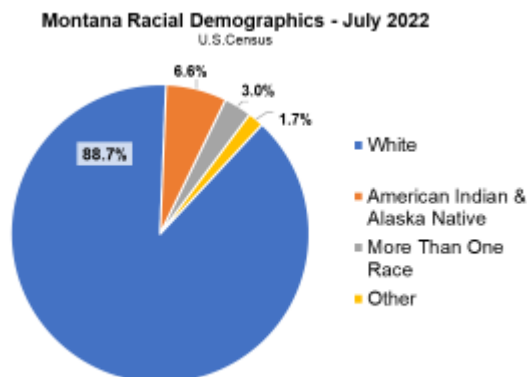
Montana's Title V Maternal & Child Health Block Grant (MCHBG) is administered by the Family & Community Health Bureau (FCHB), in the Early Childhood and Family Support Division (ECFSD) at the Department of Public Health & Human Services (DPHHS). Within the ECFSD, several programs and services aimed at social determinants of health for families and children extend the reach of federal initiatives; and its programs, partners, collaborations, and contractual relationships are key to overall success.

The *2024 Application & 2022 Annual Report (A&R)* highlights the work to improve the health of Montana's (MT's) women, infants, and children; and covers the third year of a 5-year cycle. Priorities for Federal Fiscal Years (FFYs) 2021-2025 were selected as the result of the *2020 Statewide 5-Year Needs Assessment (NA)*. Key information on performance measures is presented under the following domain categories: Women & Maternal; Perinatal & Infant; Children; Adolescent; Children & Youth with Special Health Care Needs (CYSHCN); and, Cross-Cutting/Systems-Building.

Evaluation of NA data, paired with State Health Improvement Plan (SHIP) goals, helped to create the FFYs 2021-2025 priorities:

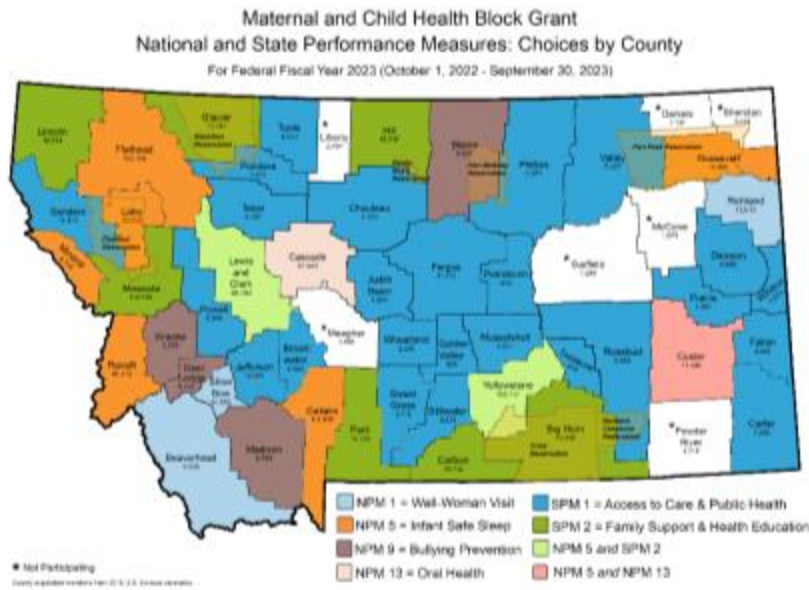
- Access to Public Health Services
- Bullying Prevention
- Family Support & Health Education
- Infant Safe Sleep
- Medical Home
- Children's Oral Health
- Women's Preventive Healthcare

Background information on MT is in the "Overview of the State" narrative of the *A&R*. It covers geography; demographics; economy; income and poverty; education; health insurance; and, access to health care. The NA Summary and NA Update narratives in the *A&R* provide characteristics of MT's population groups. The following graph illustrates racial demographics:



The NA Summary also examines geographic rurality, and race, particularly American Indian, as key factors for evidence of health disparities. Additionally, access to health services may be impacted by travel distances; seasonal challenges, i.e., winter weather and wildfires; the maldistribution of providers; and barriers to broadband internet connection.

At the state level, a focus on maternal and child health is present in many programs and services, not just those through MCHBG funded strategies. For example, the Behavioral Health & Developmental Disabilities Division is addressing adult substance use in parents and also targets efforts to address youth suicide prevention through programs administered in local schools. In addition, local public health is decentralized, resulting in County Public Health Departments (CPHDs) as the primary source of public health service access throughout MT. About 42% of MCHBG funding is allocated to CPHDs. The contracted CPHDs submit quarterly and annual reports on their identified National or State Performance Measure (N/SPM) activity and evaluation plans. The following map shows FFY 2023 N/SPMs:



The Title V MCHBG funds also support Children & Youth Special Health Care Needs (CYSHCN); the Fetal, Infant, Child, & Maternal Mortality Prevention Act (FICMMR) Program, and state costs to manage the program. CPHDs are also required to implement and report on a FICMMR injury-prevention activity.

**Population Domains - Activities Report**

The following section provides a synopsis report of MCHBG activities for FFY 2022, and a brief description of current activities and plans for FFYs 2023 and 2024. These are grouped by the standard MCHBG population categories.

**Women & Maternal Health:** Women’s Annual Preventive Healthcare Visit (NPM 1):

In FFY22, the four CPHDs who choose to focus on NPM 1 were a good representation of the state’s differing regions and population sizes. Activities included: quality improvement projects for reminders and scheduling of well-women visits; county-specific education on cervical cancer and HPV, including information on local resources; engaging with local stakeholders; coordinating with Family Planning agencies; facilitating provider- and community-based education sessions; and location-based advertising to deliver targeted messages, with outcome metrics tracking.

The overarching themes of CPHD activities for FFY 2023 are partnerships and collaboration. The three CPHDs working on NPM 1 are meeting and consulting with many types of organizations and providers, i.e.: Title X Family Planning, WIC, hospitals, family-practice clinics, and colleges. Additionally, the state-level MCHBG Program added a question regarding barriers to receiving prenatal care to the Pregnancy Risk Assessment Monitoring Survey (PRAMS), which closed in June 2023.

The MT Obstetrics and Maternal Support (MOMS) Program is a NPM 1 partner, and has its own metric regarding annual well-woman visits. During FFY22, MOMS staff addressed NPM 1 through a partnership with Medicaid to increase the number and quality of postpartum visits. MOMS also distributed mini-grants to organizations, which included six CPHDs, working to improve maternal health care delivery and outcomes. In FFY23, MOMS is contracting with the *University of Montana Rural Institute for Inclusive Communities* for research to gather more information on maternal health, focusing on the experiences of pregnant people and providers within the health system. Analysis and reporting on these studies is underway.

**Perinatal & Infant Health:** Infant Safe Sleep (NPM 5):

During FFY22, eight CPHDs focused their efforts on NPM 5. Their activities covered eight general categories: new moms’ outreach and follow-up; media campaigns; provider partnerships; provider trainings; safe sleep apparel and bedding; WIC partnerships; Home Visiting partnerships; client education; supporting *Healthy Mothers Healthy Babies* cribs distribution to families in need; a foster parent support group; a shelter for young mothers; an Aging Services Grandparent Volunteer Program; and the YWCA. This emphasis on partnerships allowed for a much wider reach on education and messaging. FICMMR Teams injury-preventions activities included: collaboration with hospitals; education to licensed childcare providers; midwife education; collaborations with schools, WIC, and healthcare providers.

For FFY 2023, the nine CPHDs focusing on NPM 5 are implementing twenty activities. Fifteen are education-related, with most aimed at caregivers and parents. All of these education activities are using evidence-based/informed materials, the majority from the American Academy of Pediatrics, but also include: Cribs for Kids Safe Sleep Ambassadors; Safe to Sleep; and Charlie’s Kids.

Three CPHDs are working on infant safe sleep for their FICMMR injury prevention activity in FFY 2023. Their activities are also directed to education of participants at partner organizations: WIC; childcare facilities; pediatric physicians; and hospital staff.

### **Child Health:** Children's Annual Preventive Dental Visit (NPM 13b):

During FFY22, the six CPHDs who chose NPM 13.2 used a wide variety of partnerships and activities to promote preventive dental care in children. Partners included: non-profit oral health organizations; schools; head starts; daycares; WIC; after-school programs; and home visiting. Examples of strategies include: a partnership to bring dental services to remote rural schools using a mobile clinic; working with local volunteer dentists to provide cavity-preventing treatments in schools (fluoride varnish and sealants); workforce development using a certified online curriculum; screening; education; referrals; and awareness campaigns. CPHDs that employed a dental hygienist with a limited access permit, provided fluoride varnish as a service. MCHBG and Oral Health Program (OHP) staff collaborated to support promotion of the oral health literacy campaign *Healthy Montana Mouths*. This was also promoted by four CPHDs serving as oral health "hubs" for neighboring counties, and by those that selected NPM 13b. Two CPHDs are continuing all of these activities and partnerships in FFY23.

MT's OHP is supervised by the Title V MCHBG Director. The OHP, in conjunction with its partners, is implementing programs focused on MT's 38 Dental Health Professional Shortage Areas (HPSAs). It is also leveraging existing partnerships with MT State University College of Nursing, and University of Washington School of Dentistry (UWSOD). New partners committed to improving the oral health of MT include: the MT Office of Rural Health/Area Health Education Center; WIM Tracking; and Billings Clinic. This work includes UWSOD's *Inspire Healers Program for Montana*. This program was created for indigenous high school students to learn more about the oral health profession, and college preparation.

### **Adolescent Health:** Adolescent Bullying Prevention (NPM 9):

MT's annual average suicide rate for people ages 15-19 is 30.3 per 100,000 (source: CDC, 2017-2021), which is almost *three times* the U.S. rate. MT also experiences significant incidences of physical- and cyber-bullying. Research has shown that youth who report being bullied, and/or bullying, are at increased and long-term risk of suicide-related behaviors; depression; anxiety; and, negative physical and mental health. For FFY22, eight CPHDs chose suicide prevention for their injury-prevention activities, and two chose NPM 9. Local schools are key partners for implementing programs to address bullying, and collaborative strategies included: training teachers to identify, deter and prevent bullying behaviors; providing education and materials to students, with links to online resources; and evidence-based suicide awareness and prevention training for students and staff.

The four CPHDs working on NPM 9 activities for FFY 2023 are all in smaller population-size counties, with good relationships in local schools. Examples of activities include supporting bullying prevention education of teachers using online curriculums provided through the MT Office of Public Instruction's Teacher Learning Hub; student assemblies with national speakers; and afterschool supports for at-risk youth. Twelve CPHDs are addressing suicide prevention for their FICMMR injury-prevention activities. At the state-level, MCHBG staff are implementing a social media campaign, using resources from StopBullying.Gov, which will continue into FFY24.

### **Children & Youth with Special Health Care Needs:** CYSHCN Medical Home (NPM 11):

Children's Special Health Services (CSHS) addresses NPM 11 by offering gap-filling programs, such as peer support services and resource coordination programs, to all children and their families in MT. For FFYs 22 and 23, CSHS continues to offer a variety of population health and direct service programs while collaborating with CYSHCN programs across DPHHS:

- *Family Peer Support Program:* Strives to offer every parent and caregiver of a CYSHCN access to a Parent Partner.
- *Circle of Parents:* These groups aim to decrease isolation, prevent child abuse and neglect, and strengthen families through free monthly caregiver support groups.
- *Medical Home Portal:* A user friendly one-stop-shop that provides diagnosis information, treatment options, and a statewide services directory.
- *Consumer Advisory Council:* Maintains and disseminates a health care transition (HCT) guide; develops evidence-based/informed HCT training and resource materials; conducts distance learning opportunities; maintains a transition website; and provides technical assistance to other initiatives related to HCT.
- *CSHS Financial Assistance Program (FAP):* Families with out-of-pocket expenses for medical and enabling services i.e., occupational therapy items; adaptive equipment; and respite care, may be eligible for the FAP.

During FFY22, CSHS developed a strategic plan with Health Resources & Services Administration (HRSA) technical assistance, to grow professional capacity and define the direction of programming. CSHS is implementing the plan to advance NPM 11 by prioritizing: family and provider engagement; coordinated care; and systems building. These priorities are guided by a family-centered approach and evidence-based practices.

### **Cross-Cutting/Systems-Building:**

#### Access to Care & Public Health Services (SPM 1):

SPM 1 allows flexibility to CPHDs in low-population counties to supply critical safety-net services and to address multiple priority needs for their maternal and child residents. In FFY 2022, 50% of participating CPHDs chose SPM 1. As an indicator of their percentage of the total population, they received only 12.3% of the funding allocation. CPHDs working on SPM 1 in FFY23 is 25 and in FFY24 will be 31. Characteristics of these CPHD's include: low population density; one or less FTE, some open less than 40 hours a week; services such as WIC may only be provided once a quarter; and no economy of scale for fixed expenses.



Family Support & Health Education (SPM 2):

SPM 2 was created for CPHDs to 1) refer vulnerable families to community services, with follow-up; and 2) provide basic health education, especially in caring for infants and children.

FFY22 marks the seventh year CPHDs could select SPM 2. Many CPHD's activities for this year have identified specific referral topic areas for quality improvement, such as internal business processes, and referrals tracking. SPM 2 has proven to be a flexible performance measure, helping CPHDs to meet their client's social determinants of health needs. The number working on SPM 2 for both FFYs 22 and 23 is nine.

There is a wide range in county MCH population size for the CPHDs who chose SPM 2 for FFY 2023 (3,345 to 66,405). These differences in population affect the resources and funding available to each for their activities. The larger population CPHDs all have more sophisticated and extensive electronic health record and data-base systems, for tracking the numbers and types of referrals and health education. The smaller to mid-size population counties rely more on manual processes to collect information on families' needs, and procedures for following up on the outcomes of initial assistance.

**Closing**

MT's MCHBG program is working diligently to maximize the health of the State's maternal and child population. It relies on strong partnerships and collaborations, ongoing quality improvement efforts, and using evidence-based programs with an emphasis on the priorities identified in the 2020 NA.

**How Federal Title V Funds Complement State-Supported MCH Efforts**

Montana's Title V Maternal & Child Health Block Grant (MCHBG) services are offered to everyone in the maternal and child population living in one of Montana's 56 counties. The MCHBG recognizes and honors that Montana's public health system is decentralized, and County Public Health Departments (CPHD) have primary responsibility for providing those services. The MCHBG allocation is a critical funding stream for the CPHDs, and when blended with their other local and state funds, permits them to address their county's priority need and corresponding performance measure. A significant amount of those other state funds come from the additional MCH-related programs housed in the Family and Community Health Bureau, alongside the MCHBG.

The Maternal & Child Health Coordination (MCHC) Section works directly with the CPHDs, and the Children's Special Health Section (CSHS) focuses on meeting the needs of Montana's children and youth with special health care needs. The *2022 Annual Report & 2024 Application* narratives and forms provide a qualitative and quantitative snapshot of how the MCHBG supports all the maternal and child population.

Additional qualitative data from consumers is required to further gauge the true impact of how MCHBG funds support the state maternal child population. Obtaining this data is currently outside the scope of MCHC and CSHS staff capacity. The services of the University of Montana Rural Institute for Inclusive Communities have been contracted to acquire the information.

As to CSHS value: Ask any of the 483 pediatric patients who were served by the Shodair Children's Hospital's genetics and metabolic programs, or the child who sent this thank you note:



*Image of a thank you card sent by 9-year-old CSHS Financial Assistance recipient.*

As to CPHD value: connect with the families of school children in Lincoln County. The CPHD there selected *NPM 13.b: Oral Health* and provided dental health education to 230 students for one of its activities. For another activity, it facilitated dental appointments at the schools for 1,012 students with *Smiles Across Montana*.

## MCH Success Story

Yellowstone County Public Health Department, also known as RiverStone Health, shared the following success stories made possible with MCHBG funding support:

### **Supporting a Mother's Need for Education to Care for Special Needs Child**

Jonnie was a child in foster care. The RiverStone Health MCH Program received a referral from Child and Family Services (CFS) to start working with birth mom on education for Jonnie's special needs. A Registered Nurse (RN) began visits on days Jonnie was allowed to be with her mom. The RN identified skill barriers where the mom needed education on a procedure, to allow for overnight visits. The RN coordinated with Denver Children's Clinic to provide the specialized education via zoom with the mom and RN present. The RN returned the next day to monitor the mom to perform the procedure. The education was simplified for mom's need and additional support was created from information sent via email from Denver Children's Clinic to the RN.

The RN returned over the next several weeks in the late afternoon, to monitor mom on the nights she was able to have the child. Jonnie transitioned home about six weeks later and the CFS case achieved the sought for outcome: reunification of the family. RN visits have gone from every 2-4 weeks with multiple text messages in-between, to every 6-8 weeks with few text messages in between. The case has now been dismissed from the foster care system.

### **Screening and Services for Child's Hearing Impairment**

During the course of a MCHBG supported home visit with a mother and her autistic son, the mother (Sarah) asked if the RN could look at her 18-month old daughter, Maia. Sarah asked if the RN had a screening test for a child Maia's age.

Sarah was concerned about Maia's previous hearing outcome from the developmental screening test "Ages and Stages Questionnaire." At the next visit the RN brought an Otoacoustic Emissions (OAE) hearing machine, and Maia did not pass the test. The RN sent a referral to Early Childhood Intervention (ECI) and encouraged Sarah to discuss the hearing screening with Maia's medical provider. The RN also sent a referral to Maia's medical provider. Subsequently, Maia did not pass the provider's hearing test. The RN's referral to ECI resulted in an outreach worker from the Montana School of the Deaf and Blind to arrange for significant hearing impairment services for Maia.

## Maternal and Child Health Bureau (MCHB) Discretionary Investments - Montana

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2022.

[List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.