



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **MONTANA**

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

## 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 FY2025 Application / FY2023 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

### State Contacts

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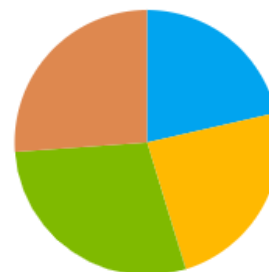
State Youth Leader
No Contact Information Provided

**State Hotline:** (888) 706-1535

### Funding by Source

Source	FY 2023 Expenditures
<span style="color: blue;">■</span> Federal Allocation	\$2,366,470
<span style="color: orange;">■</span> State MCH Funds	\$2,634,577
<span style="color: green;">■</span> Local MCH Funds	\$3,164,626
<span style="color: red;">■</span> Other Funds	\$0
<span style="color: brown;">■</span> Program Income	\$2,888,530

FY 2023 Expenditures



### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$4,149
Enabling Services	\$1,440,594	\$4,533,269
Public Health Services and Systems	\$925,876	\$4,150,314

FY 2023 Expenditures  
Federal



FY 2023 Expenditures  
Non-Federal



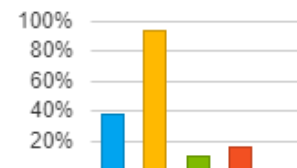
### Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	38.0%	\$292,501
Infants < 1 Year	94.0%	\$3,862,245
Children 1 through 21 Years	10.0%	\$3,782,178
CSHCN (Subset of all infants and children)	16.0%	\$891,242
Others *	0.6%	\$1,953,983

FY 2023 Expenditures  
Total: \$10,782,149



FY 2023 Percentage Served



\*Others— Women and men, over age 21.

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. Beginning with the FY 2025 Application, all states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

### 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>● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV <ul style="list-style-type: none"> <li>○ ESM WWV.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> <li>○ ESM WWV.2: Completion of Medicaid data query and report on women's annual preventive healthcare visits.</li> </ul> </li> <li>● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV</li> </ul>	Women/Maternal Health
<p>Infant Safe Sleep</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS <ul style="list-style-type: none"> <li>○ ESM SS.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>● Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others (Bullying, Formerly NPM 9) - BLY <ul style="list-style-type: none"> <li>○ ESM BLY.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 BLY.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>● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH <ul style="list-style-type: none"> <li>○ ESM MH.1: Percent of CYSHCN receiving services from a Parent Partner.</li> </ul> </li> </ul>	<p>Child Health, Children with Special Health Care Needs</p>
<p>Children's Oral Health</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child, Formerly NPM 13.2) - PDV-Child <ul style="list-style-type: none"> <li>○ ESM PDV-Child.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 PDV-Child.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>Child Health</p>
<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

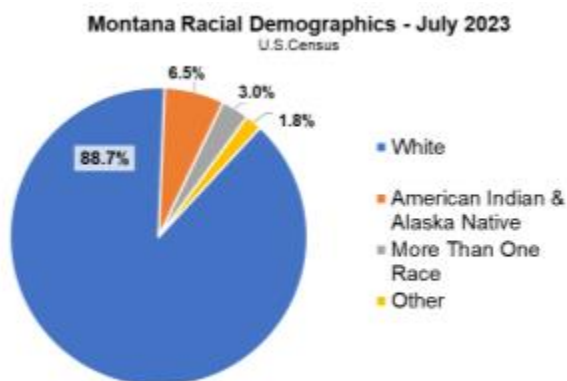
Montana's Title V Maternal & Child Health Block Grant (MCHBG) is administered by the Family & Community Health Bureau (FCHB), in the Early Childhood and Family Support Division (ECFSD) at the Department of Public Health & Human Services (DPHHS). Collaboration among ECFSD programs extend their impact. These partners and contractual relationships are key to overall MCHBG success.

The *2025 Application & 2023 Annual Report (A&R)* highlights the work to improve the health of Montana's (MT's) women, infants, and children; and covers the fourth 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

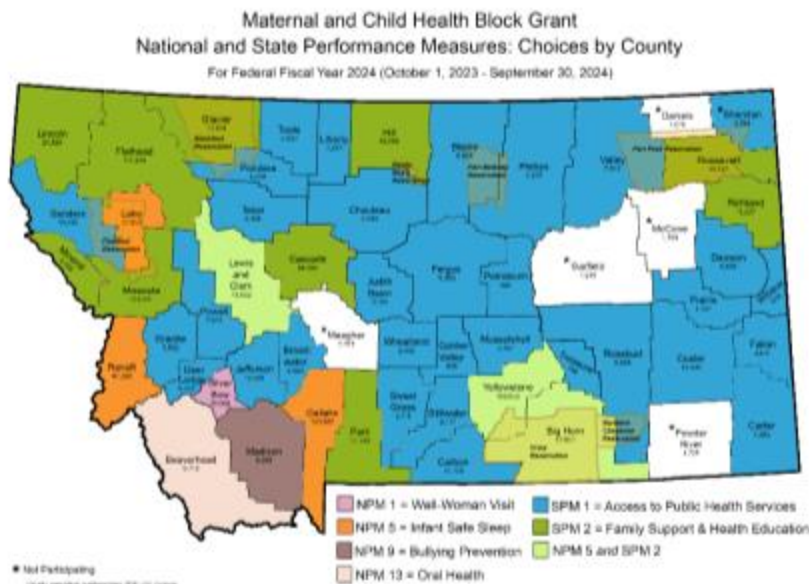
Background information on MT is in the *Overview of the State* narrative of the A&R. It covers geography; demographics; economy; income and poverty; education; health insurance; and, access to health care. The following graph illustrates racial demographics:



The *Overview of the State* also examines geographic rurality, and race, particularly American Indian, as key factors in 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 supported 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 semi-annual and annual reports on their identified National or State Performance Measure (N/SPM) activity and evaluation plans. The following map shows FFY 2024 N/SPMs:



MCHBG funds also support Children & Youth Special Health Care Needs (CYSHCN), and the Fetal, Infant, Child, & Maternal Mortality Review (FICMMR) Programs. 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 2023, and a brief description of current activities in FFY 2024. These are grouped by the standard MCHBG population categories. The FCHB is currently finalizing FFY25 plans for these domains.

#### **Women & Maternal Health:** Well-Woman Visit (WWV, previously NPM 1):

Three CPHDs chose the Well-Woman Visit performance measure for FFY 2023. The overarching theme for their activities was partnerships and collaboration. Since a well-woman visit is clinical in nature, the three CPHDs working on WWV met and consulted with many types of organizations and providers, i.e.: Title X Family Planning; Supplemental Nutrition for Women, Infants, and Children (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 also a state-level partner, and has its own metric regarding annual well-woman visits. In FFY23, MOMS researched 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.

For FFY24, the CPHDs with specific well-woman visit activities are Silver Bow and Deer Lodge. Silver Bow has made working on WWV activities a priority since FFY21, due to the results of their Community Health Needs Assessments. This year they are implementing staff training and a local digital marketing campaign. Deer Lodge is implementing mobile services at underserved locations, i.e. jails, congregate work/living facilities, rural areas.

#### **Perinatal & Infant Health:** Infant Safe Sleep (SS, previously NPM 5):

During FFY23, the nine CPHDs focused on SS, implementing nineteen activities. Fifteen were education-related, with most aimed at caregivers and parents. All of these education activities used evidence-based/informed materials, the majority from the American Academy of Pediatrics, but also included: Cribs for Kids Safe Sleep Ambassadors; Safe to Sleep; and Charlie's Kids. Three CPHDs worked on infant safe sleep for their FICMMR injury prevention activity in FFY 2023. Their activities were also directed to education of participants and staff at partner organizations: WIC; childcare facilities; pediatric physicians; and hospitals.

For FFY24, the FCHB is contracting with six CPHDs who have chosen to focus on SS. They are implementing and evaluating a total of eleven community-level activities during the fiscal year. Overall, parent/caregiver education continues to be the leading activity, using a variety of methods and agency partners. Utilizing cross-department partnerships with other programs is the most common method, including: Home Visiting, WIC, and Family Services. Additionally, training staff in other organizations is a widespread activity. It helps to broaden the scope of families reached with infant safe sleep messaging. This includes reaching Obstetrics providers, Child Protective Services, and daycares.



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

Two County Public Health Departments implemented activities for PDV-Child in FFY 2023. Activities included: a Dentist and Registered Nurse providing screenings, applying fluoride, and presenting education at Head Starts; distribution of oral health education to families at WIC, home visiting, and daycares; the CPHD Oral Health Educator providing oral health education in all the schools in the county, and coordinating with local dentists to provide oral health screenings to 25 schools in the county.

For FFY24, One CPHD is implementing activities specific to PDV-Child, and six CPHDs who chose SPM 1 also have activities related to oral health. Here is a quote is representative of the oral health needs all counties face: "These are needs that are in our county due to a lack of other options locally, and the frontier-level population size of the county. In addition, the rise of living costs, and burden of time required to reach options outside the county, contribute to the continued need."

At the state-level, the Oral Health Program is surveying a sampling of the third grade population to update surveillance data. The data is stratified by geographic location and income variables. Upon completion, data will be submitted to the National Oral Health Surveillance System. Survey data will also be shared with: participant sites; and a broad group of oral health stakeholders to support oral health literacy, access to dental care in Montana communities, and inform future programming.

### ***Adolescent Health:*** Adolescent Bullying Prevention (BLY, previously NPM 9):

MT's annual average suicide rate for people ages 15-19 is 35.98 per 100,000 (source: CDC, 2020-2022), which is *more than double* the U.S. rate of 17.4. 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.

The four CPHDs working on BLY 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 addressed suicide prevention for their FICMMR injury-prevention activities.

One CPHD is implementing activities specific to BLY during FFY 2024, and two CPHDs who chose SPM 1 also have activities related to bullying prevention. In addition, nine CPHDs are addressing suicide prevention for their FICMMR injury-prevention activity. At the state-level, MCHBG staff are implementing a bullying prevention social media campaign, using resources from StopBullying.Gov.

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

Children's Special Health Services (CSHS) addresses MH by offering gap-filling programs, such as peer support services and resource coordination programs, to all children and their families in MT. For FFYs 23 and 24, 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.

CSHS is working towards implementing the HRSA framework to advance MH by prioritizing family engagement, provider engagement, coordinated care, and systems building. These priority areas are all framed and guided by a family-centered approach, diversity, equity, and inclusion, and evidence-based practices. These priority areas are the basis of the strategic plan and will continue to guide this section during the remainder of FFY24, and for FFY25.

### ***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 2023, 49% of participating CPHDs chose SPM 1. As an indicator of their percentage of the total population, they received only 13.7% of the total funding allocation. The number of CPHDs working on SPM 1 in FFY24 is 33. 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.



FFY23 marks the eight year CPHDs could select SPM 2. It has proven to be a flexible performance measure, helping to meet the needs of CPHDs seeking to address the social determinant of health and health equity needs in their communities.

In FFY 2023, nine County Public Health Departments (CPHDs) focused activities on this measure. Examples of referrals include: healthcare providers, economic and food assistance, housing, home visiting, WIC, dental services, and Medicaid. Health education topics included: Pre-Natal/Post-Partum Care, Breastfeeding, Infant and Child Development and Safety, Family Planning, Infant Safe Sleep, Mental Health and Substance Abuse, Parenting, and Oral Health.

In FFY24, the main activities of the thirteen CPHDs working on SPM 2 are: 1) screening clients for social support needs, and 2) topic-specific health education. Some of these activities focus on emerging needs in their communities, including: Medicaid enrollment support; pre-natal education; and STD/STI case management.

At the state-level, the Fetal, Infant, Child, and Maternal Mortality Review (FICMMR) program in Montana receives MCHBG funding. FICMMR review teams are county-based, and the program requirements are included in the MCHBG contracts with the CPHDs. Each CPHD participating in the MCHBG is required to implement one FICMMR injury-prevention activity. This is in addition to the activities associated with their MCHBG performance measure. The main purpose of FICMMR is to identify which deaths were preventable, and to consider how to reduce those types of death in the future. The top three activities in FFY24 are 1) Car Seat Safety, 2) Home Environment Safety, and 3) Suicide Prevention.

### Closing

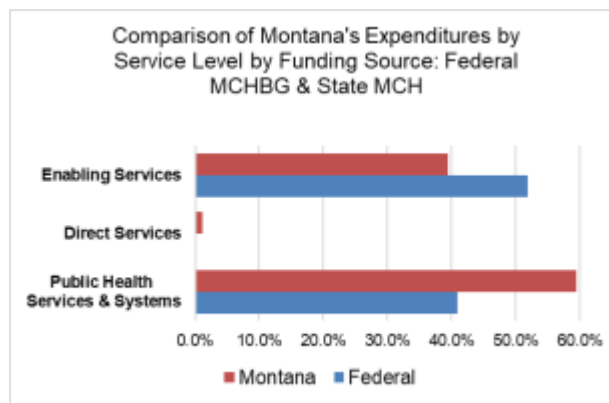
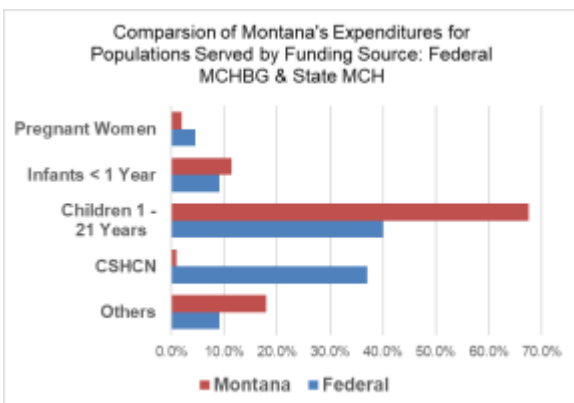
MT's MCHBG program is working diligently to maximize the health of the State's maternal and child population. It relies on strong partnerships and collaborations, ongoing quality improvement efforts, and using evidence-based programs with an emphasis on the priorities identified in the 2020 NA.

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

Montana's public health system is decentralized, and County Public Health Departments (CPHDs) have primary responsibility for providing population-based maternal and child health services at the local level. 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. Federal MCHBG funding is critical to this effort, by matching four dollars of MCHBG funding to every three dollars of funding from participating counties. CPHDs use MCHBG funding to support addressing their priority MCH needs. This system also contributes to strengthening the public health infrastructure serving MCH statewide.

The Maternal & Child Health Coordination (MCHC) Section works directly with the CPHDs, and also oversees state-level projects and partnerships related to MCH. The Children's Special Health Services Section (CSHS) focuses on meeting the statewide needs of Montana's children and youth with special health care needs (CYSHCN). The *2023 Annual Report & 2025 Application* narratives and forms provide a more in-depth picture of how federal MCHBG funding supports the health needs Montana's maternal and child population.

The following two charts show a comparison of Montana's expenditures by funding source: federal MCHBG, and state MCH. One chart shows the difference by populations served, and the other by service category. These provide a visual representation of how federal MCHBG funding compliments state-led efforts. For "Populations Served" federal funding especially helps to provide gap-filling and specialty services to pregnant women and CYSHCN. A breakdown by "Service Level", reveals that Montana, as per federal guidance, spends very little funding on "Direct Services." The amount shown supports the CYSHCN population.



Federal MCHBG funding supports 4.35 full time equivalent (FTE) state-level positions, with 1.75 of these at the management level. The 10% of federal MCHBG funding allowed for administrative expenses is foundational to the work of the MCHC and CSHS Sections.

Federal MCHBG funding has been critical to securing the services of the *University of Montana Rural Institute for Inclusive Communities*, for work on the upcoming 5-Year Statewide Needs Assessment; and for state MCH epidemiologist's work in support of performance measure strategies. Additionally, it supports CYSHCN family partnership and navigator services through: Montana Peer Network; CANVAS Circle of Parents; and the Family Delegate.

### MCH Success Story

In FFY 2023, Missoula County Public Health Department (MCPHD) implemented MCHBG activities related to cross-cutting *State Performance Measure 2: Family Support and Health Education*. These three MCPHD success stories were all made possible by MCHBG funding.

#### A Service for Every Step of Parenthood

A mother engaged with *Welcome Home Baby RN (WHB)* following birth of her first baby for breastfeeding/pumping support. Similarly, the home visiting RDN also engaged with family and provided support around transitioning from exclusively breastfeeding to solids. This mother, due to engagement with *WHB*, started to attend *Baby Bistro* regularly. During the 2023 Woman's Fair, the mother completed an outreach form at the MCPHD table, requesting additional parenting support, as her 11-month-old was starting to have bigger feelings and behaviors.

#### Committed Clients

MCPHD staff met with a mom, dad, and child who completed the full *Healthy Missoula Families Screening Tool*. Staff decided that *Circle of Security (CoS)* would be a great resource for the family. Both parents expressed nervousness about having the right tools and techniques for parenting the way they wanted. They hoped to be more gentle parents as they were both raised in families who had difficulty supporting them in a healthy manner, and where spanking was regular. They met with staff weekly while completing *CoS* and reflected with clarity about the growth of their daughter due to their dedication and implementation of secure attachment-based parenting. The mom has continued to attend *Baby Bistro* and passes along the knowledge of *CoS* to other mothers, who have then also reached out to for *Missoula Healthy Families* for services. After finishing *CoS*, the family stayed on the MCPHD caseload for additional parenting support and recently requested to do the *Love and Logic Parenting Program*.

#### Coordinating Important Services

MCPHD staff was able to work with a postpartum client whose child is now 12 months old. She has received nine MCHBG-funded home visits over the course of seven months, since bringing baby home from the hospital. Staff continues to check-in with the client and coordinate with the local WIC program in providing her with pumping supplies and educational materials.

This client requested assistance three days postpartum and expressed appreciation for MCPHD's in-home services, as a mother of eight children. This was her second biological child she struggled with infant feeding and weight gain. The pediatrician had initially diagnosed the infant with failure to thrive and recommended supplementation with formula. The client was counseled by the pediatrician that it would be difficult to continue breastfeeding once starting supplementation. After engaging in MCPHD's program this mother stated that her goal was to continue to breastfeed her infant for as long as she could. At six months postpartum the client sent a message stating, "She is 6 months old today and I would not be breastfeeding her if you had not come to my home and supported me. I am so thankful for you!" MCPHD staff has also assisted her with managing thrush, a nursing strike, biting, and maintaining a milk supply while returning to the workforce. This client continues to breastfeed her child and expresses deep gratitude for the services offered.

### 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 2023.

#### [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.