



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

# **MONTANA**

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

## 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 FY2026 Application / FY2024 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
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SSDI Project Director	State Family Leader
Erin Dobrinen SSDI Project Director erin.dobrinen@mt.gov (406) 444-1921	No Contact Information Provided

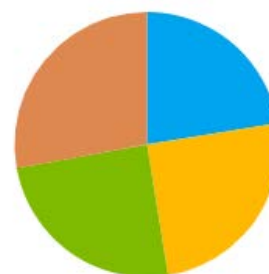
State Youth Leader
No Contact Information Provided

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

### Funding by Source

Source	FY 2024 Expenditures
 Federal Allocation	\$2,370,243
 State MCH Funds	\$2,645,143
 Local MCH Funds	\$2,610,299
 Other Funds	\$0
 Program Income	\$2,943,686

FY 2024 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$0
Enabling Services	\$1,402,563	\$4,303,959
Public Health Services and Systems	\$967,680	\$3,854,996

FY 2024 Expenditures  
Federal



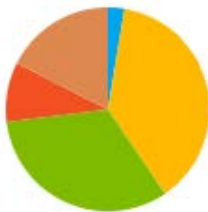
FY 2024 Expenditures  
Non-Federal



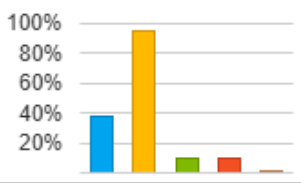
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	38.0%	\$269,310
Infants < 1 Year	95.0%	\$3,892,049
Children 1 through 21 Years	10.0%	\$3,342,966
CSHCN (Subset of all infants and children)	10.0%	\$967,830
Others *	1.0%	\$1,801,803

FY 2024 Expenditures  
Total: \$10,273,958



FY 2024 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 2025 Needs Assessment reporting cycle. 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	Priority Need Type	Reporting Domain(s)
Postpartum Mental Health Screening  NPMs <ul style="list-style-type: none"> <li>Percent of women who were screened for depression or anxiety following a recent live birth - MHS               <ul style="list-style-type: none"> <li>ESM MHS.1: Percent of women screened for depression or anxiety following a recent live birth</li> </ul> </li> </ul>	New	Women/Maternal Health
Postpartum Visit  NPMs <ul style="list-style-type: none"> <li>A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV               <ul style="list-style-type: none"> <li>ESM PPV.1: The percentage of women who attended a postpartum checkup within 12 weeks after giving birth</li> </ul> </li> </ul>	New	Women/Maternal Health
Safe Sleep  NPMs <ul style="list-style-type: none"> <li>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 D) Percent of infants room-sharing with an adult during 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>	Continued	Perinatal/Infant Health
Developmental Screening  NPMs <ul style="list-style-type: none"> <li>Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year - DS               <ul style="list-style-type: none"> <li>ESM DS.1: Percent of children, ages 9 through 35 months, who received a developmental</li> </ul> </li> </ul>	New	Child Health

screening using a parent-completed screening tool in the past year.		
<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 - MH <ul style="list-style-type: none"> <li>ESM MH.1: Percent of children and adolescents receiving services from a Parent Partner.</li> </ul> </li> </ul>	New	Child Health, Adolescent Health, Children with Special Health Care Needs
<p>Mental Health Treatment</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling - MHT <ul style="list-style-type: none"> <li>ESM MHT.1: Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling through county public health department services or referrals.</li> </ul> </li> </ul>	New	Adolescent Health
<p>Bullying</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 - BLY <ul style="list-style-type: none"> <li>ESM BLY.1: Percent of activity goals to reduce CYSHCN bullying which are met by using MCHBG funding for the work.</li> <li>ESM BLY.2: Completion of Bullying Prevention Social Media Campaign</li> </ul> </li> </ul>	Revised	Children with Special Health Care Needs
<p>Families are connected to beneficial services via referrals from public health</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>SPM 1: Families are connected to beneficial services via referrals from public health</li> </ul>	Revised	Cross-Cutting/Systems Building

## Executive Summary

### Program Overview

#### Introduction

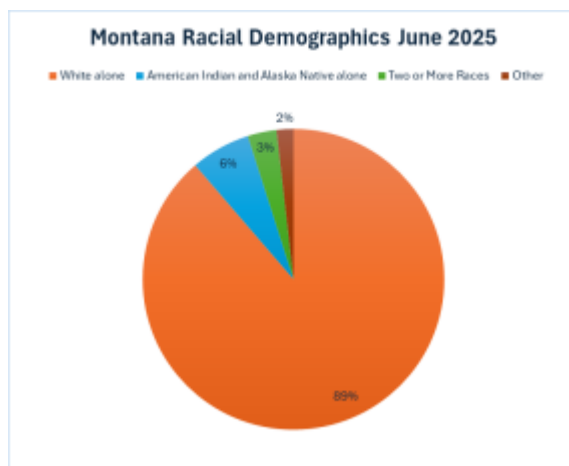
Montana's Title V Maternal & Child Health Block Grant (MCHBG) is administered by the Family & Community Health Bureau (FCHB), in the Early Childhood and Family Support Division (ECFSD) at the Department of Public Health & Human Services (DPHHS). Collaboration among ECFSD programs extend their impact.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

The *2026 Application & 2024 Annual Report (A&R)* highlights the work to improve the health of Montana's (MT's) women, infants, and children; and covers the fifth 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)*, whereas priorities for the FFYs 2026-2030 were selected as a result of the *2025 Statewide 5-Year Needs Assessment*. 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

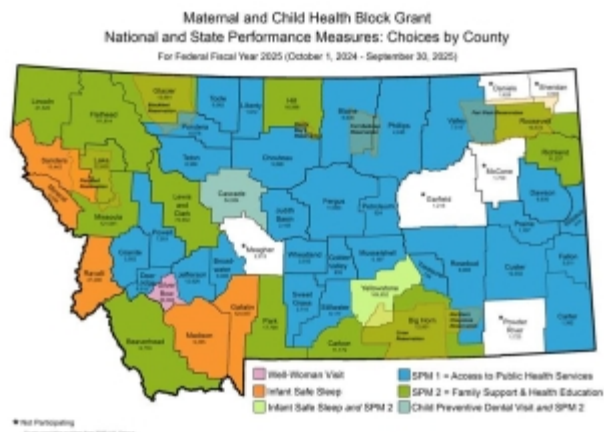
Background information on MT is in the *Overview of the State* narrative of the A&R. It covers geography; demographics; economy; income and poverty; education; health insurance; and, access to health care. The following graph illustrates racial demographics:



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, 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 44% 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 2025 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 2024, and a brief description of current activities in FFY 2025. These are grouped by the standard MCHBG population categories. The FCHB is currently finalizing FFY26 plans for these domains.

#### **Women & Maternal Health:** Well-Woman Visit:

1 CPHD chose the Well-Woman Visit performance measure for FFY 2024. Silver Bow used FFY24 as a year for connection and collaboration; continuing with their Street Medicine Project at the Community Health Center and working with local organizations (ie. Action, Inc., Butte Spirit Homes, and departments within the Butte-Silver Bow government) to provide on the street care for women and children in vulnerable socioeconomic positions. Silver Bow County believes that taking the time to communicate, educate, and enlist patients will help the community accept more responsibility for their own health.

At the state level, an analysis was completed to determine the number of women who are covered by Medicaid and have received preventative healthcare. This analysis was conducted in May of 2024 to serve as a gauge of where Montana women are meeting, exceeding, or falling short concerning their healthcare needs. The objective of this analysis was to find the percent of Montana adult (18+) women who were covered by Medicaid and received a preventative healthcare visit during the calendar year of 2022. After analysis of the results, it became clear that women are not receiving necessary preventative care, and that advertising preventative services and providing education on the importance of screenings could improve preventative care rates.

#### **Perinatal & Infant Health:** Infant Safe Sleep:

During FFY24, the 6 CPHDs focused on Safe Sleep, implementing 27 activities. 21 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. Some CPHDs chose to work on infant safe sleep for their FICMMR injury prevention activity in FFY 2024. Their activities were also directed to education of participants and staff at partner organizations: WIC; childcare facilities; pediatric physicians; and hospitals.

For FFY25, the FCHB is contracting with 5 CPHDs who have chosen to focus on Safe Sleep. 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:

1 County Public Health Department (CPHD), Beaverhead CPHD, implemented activities for Children's Preventive Dental Visits in FFY 2024. Activities included engaging children during 6 rural school health fairs. This led to 71% of students to receive an oral health screening on-site as well as referrals being made to local oral health professionals.

For FFY25, Beaverhead CPHD will continue to implement activities specific to children's oral healthcare, and 6 other CPHDs who chose SPM 1 will have activities related to oral health. Here is a quote 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:**

MT's annual average suicide rate for people ages 15-19 is 36.3 per 100,000 (source: CDC, 2020-2022), which is *more than triple* the U.S. rate of 10.5. 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 CPHDs who worked on adolescent bullying activities for FFY 2024, both as an MCHBG activity and a FICMMR activity, were 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.

1 CPHD is implementing activities specific to adolescent bullying in FFY 2025, and 2 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 24 and 25, 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 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 FFY25, and for FFY26.

### **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 2024, more than half of participating CPHDs chose SPM 1. As an indicator of their percentage of the total population, they received only 21.1% of the total funding allocation. The number of CPHDs who worked on SPM 1 in FFY24 is 32. Characteristics of these CPHD's include low-population density; one or less full-time employee, 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 refer vulnerable families to community services, with follow-up and provide basic health education, especially in caring for infants and children.

FFY24 marks the ninth year that 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, economic, and health needs in their communities.

In FFY 2024, 9 County Public Health Departments (CPHDs) focused their 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, 13 CPHDs worked on SPM 2 and chose to focus on the main theme of screening clients for social support needs. Some of these activities focus on emerging needs in their communities, including Medicaid enrollment support, prenatal 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 FFY25 are 1) Car Seat Safety, 2) Home Environment Safety, and 3) Suicide Prevention.

### Closing

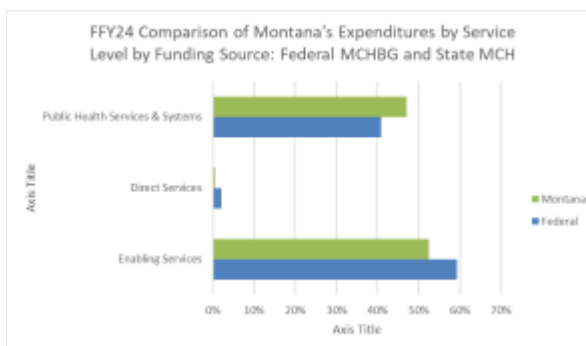
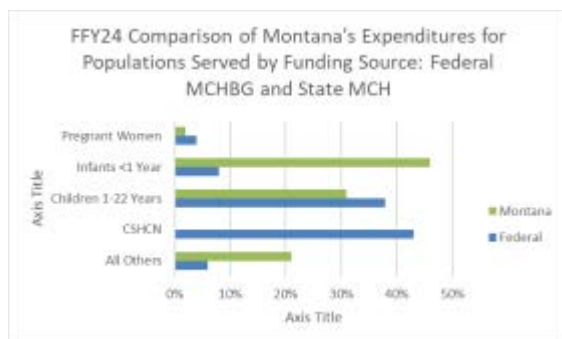
MT's MCHBG program is working diligently to maximize the health of the State's MCH population. It relies on strong partnerships and collaborations, ongoing quality improvement efforts, and using evidence-based programs with an emphasis on the priorities identified in the 2020 and 2025 NAs.

## 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, in addition to overseeing 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 *2024 Annual Report & 2026 Application* narratives and forms provide a more in-depth picture of how federal MCHBG funding supports the health needs of 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. When broken down by "Populations Served" federal funding is largely used 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 direct services 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 2025 5-Year Statewide Needs Assessment; and for state MCH epidemiologist's work in the 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 2024, Yellowstone, Blaine, and Gallatin Counties implemented activities related to *National Performance Measure 5: infant safe sleep*, *State Performance Measure 2: family support and health education*, and *State Performance Measure 1: access to public health services*. These three success stories were all made possible by Title V MCHBG funding.

### A Service for Every Community Member

Yellowstone County is the largest county by population in the state of Montana. To impact as many people as possible, Riverstone Health (Yellowstone County's MCHBG liaison) were present at 20 community-centered events being held throughout Yellowstone County. The events attended had a wide variety of audiences and purposes, including agricultural workers for health-related services, young families for back-to-school nights, unhoused individuals for community rallies and fundraisers, and expecting parents for celebratory picnics. Riverstone Health was able to work with 386 pregnant women, infants, and children, provide 1,419 referrals, and make 4,630 education contacts on medical, behavioral, and community factors that influence health outcomes.

### Starting Out Young

Blaine County executed multiple events related to SPM 1 throughout FFY24. One event that was particularly significant was a school assembly with special guest Dancin' Dougie Hall. 250 students attended from Chinook High School, Harlem Junior and Senior High Schools, and Turner High School. Dougie spoke about his adolescence, his exposure to alcohol and other substances, and detailed how to choose the right path for personal success.

Surveys were conducted asking students various questions about choosing their own life path, and what tools are necessary to make better choices. One student simply answered, "Only I have the ability to be kind to others". Another wrote "I have the ability to be kind to everyone – it's way less drama than picking on other kids or being mean or unkind – plus you don't know what a smile and a hello can do for another person – might make their whole day!".

Blaine County Public Health Department staff said, "the kids really responded to him and are still talking about the presentation weeks later."

### Welcoming New Parents with Resources

Gallatin County, home to Bozeman, the fourth most populous city in Montana, uses their Title V funds to visit every new mom that enters the Bozeman Health Deaconess Hospital's Labor and Delivery Unit. During these visits, each family is visited by an MCH Health Department employee for a face-to-face interaction and a brief overview of available community resources. Each family is screened for food insecurity to ensure every child has a positive beginning to life.

Through this program Gallatin County Public Health Department (GCPHD) saw roughly 1,400 patients in FFY24. Approximately 6% screened positive for food insecurity, 6% were referred to a home visiting nurse program, and 20% of families were referred to WIC services. Of the cohort referred to home visiting services, GCPHD found that an average of 29% speak Spanish as their primary language.

Additionally, GCPHD offers breastfeeding, "enjoying your newborn", labor and delivery, and working while breastfeeding classes both in-person and virtually for all community members. Families are encouraged to watch recorded sessions at their convenience and email questions when needed.

## 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 2024.

### [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.