Montana State Action Plan Table 2025 Application/2023 Annual Report

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Women/Maternal Health					
Women's Preventive Healthcare	To increase the percentage of women, ages 18 through 44, who receive a comprehensive annual preventive "well-women" medical visit.	Support County Public Health Departments who choose NPM 1 as their priority need, or include women's preventive health care activities in their SPM 1 operational plans. State staff will provide technical assistance and resources. Create and manage a media campaign to educate and encourage women on the importance of an annual well-woman visit. Messages will be informed by information on this topic from the CDC and the federal Office of the Assistant Secretary for Health / Office of Disease Prevention & Health Promotion (OASH). These resources are evidence-based and vetted. Measurable goals for impressions, hits, and exposure will be set for the various types of media, targeted to women ages 21-44. These will include: social media, billboards, cellphone applications, radio, and magazines.	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. ESM WWV.2 - Completion of Medicaid data query and report on women's annual preventive healthcare visits.	NPM - Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV	NOM - Rate of severe maternal morbidity per 10,000 delivery hospitalizations (Severe Maternal Morbidity, Formerly NOM 2) - SMM NOM - Maternal mortality rate per 100,000 live births (Maternal Mortality, Formerly NOM 3) - MM NOM - Percent of low birth weight deliveries (<2,500 grams) (Low Birth Weight, Formerly NOM 4) - LBW NOM - Percent of preterm births (<37 weeks) (Preterm Birth, Formerly NOM 5) - PTB NOM - Percent of early term births (37, 38 weeks) (Early Term Birth, Formerly NOM 6) - ETB NOM - Perinatal mortality rate per 1,000 live births plus fetal deaths (Perinatal Mortality, Formerly NOM 8) - PNM NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM

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					NOM - Neonatal mortality rate per 1,000 live births (Neonatal Mortality, Formerly NOM 9.2) - IM-Neonatal NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal NOM - Preterm-related mortality rate per 100,000 live births (Preterm-Related Mortality, Formerly NOM 9.4) - IM-Preterm Related NOM - Percent of women who drink alcohol in the last 3 months of pregnancy (Drinking during Pregnancy, Formerly NOM 10) - DP NOM - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations (Neonatal Abstinence Syndrome, Formerly NOM 11) - NAS NOM - Teen birth rate, ages 15 through 19, per 1,000 females (Teen Births, Formerly NOM 23) - TB NOM - Percent of women who experience postpartum depressive symptoms following a recent live birth (Postpartum Depression,

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					Formerly NOM 24) - PPD
Women's Preventive Healthcare	Improve percentages by 5% by FFY 2030.	For FFY26: analyze data for baseline percentages, and study evidence-based strategy measures most likely to be successful in a state with Montana's geographic and rural/frontier-level population. For FFY27: Create and begin to implement action plan, based on results of FFY26 activities.	No ESMs were created by the State. ESMs were optional for this measure in the 2025 application/2023 annual report.	NPM - 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	This NPM was newly added in the 2025 application/2023 annual report. The list of associated NOMs will be displayed in the 2026 application/2024 annual report.
Perinatal/Infant Health					
Infant Safe Sleep	Increase the number of infants who are placed to sleep on their backs to 88% by 2023. Increase the number of infants placed to sleep on a separate approved sleep surface to 92% by 2023.	The FICMMR Coordinator continues to lead CDR quality improvement initiatives, which focus on CDR sections of critical importance for local teams to complete accurately. One of these sections is infant sleep environment. Support County Public Health Departments who choose NPM 5 as their priority need, providing technical assistance and resources. Promote the DPHHS Infant Safe Sleep Data Dashboard as a technical assistance resource to support stakeholders in tracking and examining trends related to: sleep-related infant mortality; safe sleep behaviors; and safe sleep education.	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.	NPM - 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	NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (SUID Mortality, Formerly NOM 9.5) - IM-SUID
Child Health					
Children's Oral Health	Increase the percent of children, ages 1 though 17, who receive annual preventive care dental visits.	Support County Public Health Departments who choose NPM 13.2 as their priority need or include oral health activities in their SPM 1 operational plans. State staff provide technical assistance and resources.	ESM PDV-Child.1 - Percent of activity goals to increase preventive dental visits	NPM - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive	NOM - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year (Tooth decay or cavities, Formerly NOM

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		MCHBG funding is supporting a Basic Screening Survey for third grade students across the state. Will partner with Association of State and Territorial Dental Directors for technical assistance, which includes guidance for conducting, analyzing, and reporting BSS data	for children which are met by county public health departments using MCHBG funding for the work. 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.	Dental Visit - Child, Formerly NPM 13.2) - PDV-Child	14) - TDC NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS
Medical Home	Increase percentage of children without special healthcare needs who have a medical home by 5%, by FFY 2030	For FFY26, analyze data for baseline and study evidence-based strategy measures likely to be successful in a state with Montana's geographic and rural/frontier population challenges. FFYs 2027-2030, create and implement action plan based on results of FFY26 activities.	ESM MH.1 - Percent of CYSHCN receiving services from a Parent Partner.	NPM - 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	NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS NOM - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the

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					past year (Forgone Health Care, Formerly NOM 25) - FHC
Adolescent Health					
Bullying Prevention	Decrease the percent of adolescents, ages 12 through 17, who are bullied or who bully others.	Support County Public Health Departments who choose NPM 9: Bullying Prevention as their priority need and for those who include bullying prevention activities in their SPM 1 operational plans. State staff will provide technical assistance and resources. Conduct an evaluation of the "Power Up Speak Out" curriculum, to determine if could be considered a promising/best practice evidence based curriculum Bullying prevention social media campaign, using videos from StopBullying.gov.	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. ESM BLY.2 - Completion of Bullying Prevention Social Media Campaign	NPM - 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	NOM - Adolescent mortality rate ages 10 through 19, per 100,000 (Adolescent Mortality, Formerly NOM 16.1) - AM NOM - Adolescent suicide rate, ages 15 through 19, per 100,000 (Adolescent Suicide, Formerly NOM 16.3) - AM-Suicide
Children with Special Health Care Needs					
Medical Home	Increase the percent of CYSHCN which have a medical home to 53% by 2023.	CSHS is collaborating with the Great Falls Public School District to introduce a pilot project focused on transitions for high school aged CYSHCN by providing peer support to reach specific transition goals. There will be an evaluation plan in place with the end goal of expanding this project statewide. Montana's Peer Network, through a contract with CSHS, is working to obtain certification for Family Peer Supporters. This requires a committee to form the proposal and legislative approval. CSHS will hold a CYSHCN Stakeholders meeting, with a focus on creating opportunities for networking and strategy sharing.	ESM MH.1 - Percent of CYSHCN receiving services from a Parent Partner.	NPM - 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	NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health

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					Status, Formerly NOM 19) - CHS NOM - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year (Forgone Health Care, Formerly NOM 25) - FHC
Cross-Cutting/Systems Building					
Family Support and Health Education	County Public Health Departments who choose this performance measure will be providing family support referrals and health education, in the physical setting of their facilities, to 40% of their clients on an annual basis. State Performance Measure 2 is related to the following National Outcome Measures: 1; 9.1; 9.5; 10; 13; 15; 19; 21; 23; 25.	State staff provide training and resources, including tracking templates. Emphasis on the role of the health education component to cover a variety of MCH priorities. Supporting the CONNECT referral system.		SPM 2: Family Support & 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.	
Access to Public Health Services	For counties with frontier-level populations who choose this performance measure, support the public health department's ability to continue providing Enabling Services, Public Health Services, and Group Encounter activities to at least 30% of their MCH population through 2023. State Performance Measure 1 is related to the following National Outcome Measures: 3; 4; 9.1; 9.5; 14; 15; 16.1; 16.2; 16.3; 19; 22.1; 22.2; 22.3; 22.4; 25.	Thirty frontier-level population CPHDs are collaborating with the FCHB on this performance measure for FFYs 2024 and 2025. The main focus is to help provide support for all of the MCH services they provide. Although activities do not have to fit into any one performance measure, these partners submit plans and methods of evaluation. Provide ongoing training to the CPHDs on a wide variety of MCH topics and programs, with an emphasis on strategies unique to the challenges of serving rural and frontier-level populations. This includes agriculture-related injury-prevention for children and families.		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.	