Maternal and Child Health Services Title V Block Grant

Montana

FY 2023 Application/ FY 2021 Annual Report

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I. General Requirements

I.A. Letter of Transmittal

MONTANA DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

Department of Public Health and Human Services

Early Childhood & Family Support Division ♦ 1625 11th Avenue ♦ P.O. Box 4210 ♦ Helena, MT 59620-4210

♦ Phone: 406-444-1958 ♦ Fax: 406-444-2750

Greg Gianforte, Governor

Adam Meier, Director

July 15, 2022

Christopher Dykton
Acting Director, Division of State and Community Health
Maternal and Child Health Bureau
Health Resources and Services Division
Rockville, Maryland 220857

Dear Mr. Dykton:

Enclosed is Montana's application for the 2023 Title V Maternal and Child Health Block Grant (MCHBG) and 2021 Annual Report. MCHBG funding supports Montana's state and community-based work in improving the health of the maternal and child population.

The State of Montana maintains on file all assurance and certifications required by this application. The agency also assures that MCHBG funds will be used for non-construction programs and that the agency is a drug-free and tobacco-free work place.

We look forward continuing in partnership with the Maternal and Child Health Bureau.

Sincerely,

Patty Buttler, acting administrator
Jamie Palagi, Division Administrator
Early Childhood & Family Support Division

I.B. Face Sheet

The Face Sheet (Form SF424) is submitted electronically in the HRSA Electronic Handbooks (EHBs).

I.C. Assurances and Certifications

The State certifies assurances and certifications, as specified in Appendix F of the 2021 Title V Application/Annual Report Guidance, are maintained on file in the States' MCH program central office, and will be able to provide them at HRSA's request.

I.D. Table of Contents

This report follows the outline of the Table of Contents provided in the *"Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms,"* OMB NO: 0915-0172; Expires: January 31, 2024.

II. Logic Model

Please refer to figure 4 in the "Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms," OMB No: 0915-0172; Expires: January31, 2024.

III. Components of the Application/Annual Report

III.A. Executive Summary

III.A.1. Program Overview

Introduction

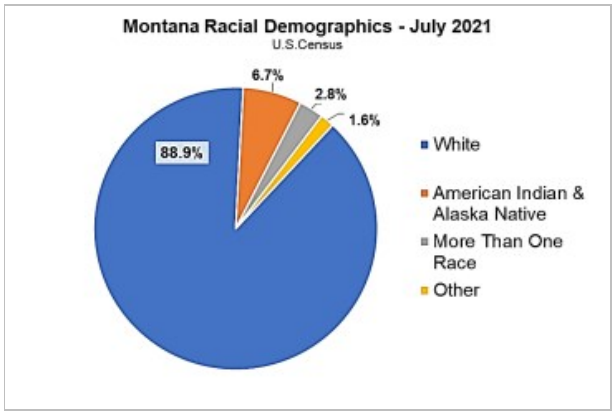
Montana's Title V Maternal & Child Health Block Grant (MCHBG) is administered by the Family & Community Health Bureau (FCHB), in the Early Childhood and Family Support Division (ECFSD) at the Department of Public Health & Human Services (DPHHS). Within the ECFSD, several programs and services aimed at 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 *2023 Application & 2021 Annual Report (A&R)* highlights the work to improve the health of Montana's (MT's) women, infants, and children; and covers the second 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

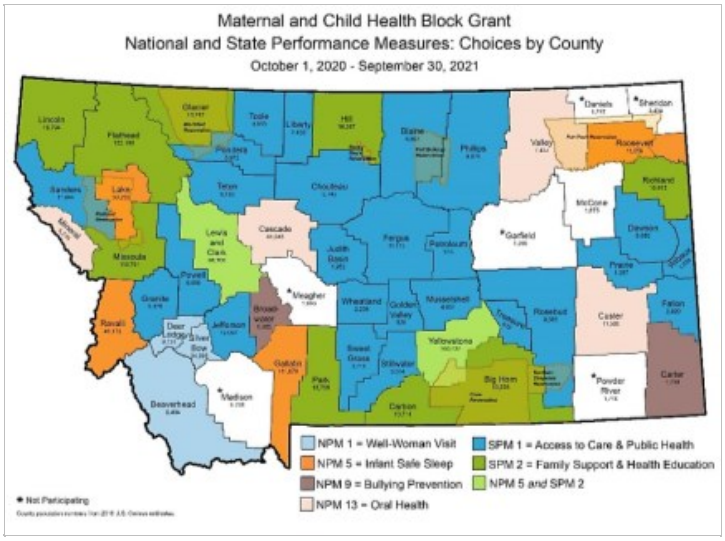
Background information on MT is in the "Overview of the State" narrative of the *A&R*. It covers geography; demographics; economy; income and poverty; education; health insurance; and, access to health care. The NA Summary and NA Update narratives in the *A&R* provide characteristics of MT's population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



The NA Summary also examines 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 2021 N/SPMs:



The remaining Title V funds 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 2021, and a brief description of current activities and plans for FFYs 2022 and 2023. These are grouped by the standard MCHBG population categories.

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

Three CPHDs coordinated to implement the following NPM 1 activities in FFY21: community partnerships to address unmet reproductive health care needs; social marketing messages to promote women's preventative health care and preconception health; a media campaign on the importance of HPV vaccination and cervical cancer screening; and education at schools and community events. The baseline number of four community partner agencies was expanded to a total of ten by September 2021.

For FFY22, there are four CPHDs who choose to focus on NPM 1. They are a good representation of the state's differing regions and population sizes. Activities include: cultivating local stakeholders; coordinating with Family Planning agencies; provider- and community-based education sessions; and location-based advertising to deliver targeted messages, with return-on-investment tracking. To capitalize on momentum to-date, three of these CPHDs are continuing their NPM 1 work in FFY23.

The Montana Obstetrics and Maternal Support (MOMS) Program is a NPM 1 partner and has its own metric regarding

annual well-woman visits. In FFY21, staff prepared a public education campaign to improve maternal health outcomes and held a provider training to improve the frequency and quality of annual well-woman visits. They also administered the CDC's Levels of Care Assessment Tool (LOCATe) and the results are helping to inform activities like expanding telemedicine services to increase the percent of well-woman visits. During FFY22, MOMS staff is addressing NPM 1 through a partnership with Medicaid to increase the number and quality of postpartum visits.

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

In FFY21, twelve CPHDs worked on infant safe sleep, either for NPM 5 or as their injury-prevention activity. The overriding theme was educational outreach, with numerous approaches which included: collaboration with other local programs and agencies, i.e., Child Protective Services, Home Visiting, local hospitals, and WIC; materials in packets to postpartum mothers; presentations to students; focus groups on American Indian reservations on the cultural practice of bed-sharing; and, breastfeeding assistance (a supportive practice) by providing free breast pumps to women unable to have access through other means.

During FFY22, eight CPHDs are focusing their efforts on NPM 5. Their activities cover 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; and a Healthy Mothers Healthy Babies cribs partnership. The emphasis on partnerships allows for a much wider reach on education and messaging. FICMMR Teams injury-preventions activities include: collaboration with hospitals; education to licensed childcare providers; midwife education; and collaborations with schools, WIC, and healthcare providers. Nine CPHDs have chosen to implement NPM 5 activities for FFY23.

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

MCHBG and Oral Health (OH) Program staff collaborated in FFY21 on NPM 13b activities and promoting Healthy Montana Mouths, the oral health literacy campaign. Four CPHDs, located in areas with limited access to oral health care and/or a high percentage of residents below the federal poverty level chose NPM 13b. The CPHD staff participated in monthly MT OH Partners meetings to discuss efforts for incorporating oral health services in primary care settings, which included leveraging their partnerships with other organizations to increase reach and capacity for oral health education. While COVID-19 continued to significantly impact the ability of agencies to address oral health, all worked to create additional strategies which could be implemented in the circumstances, these included: promoting education in social media outlets and with primary care medical providers; supporting workforce development; and increasing access in non-traditional settings and through teledentistry.

During FFY22, six CPHDs who chose NPM 13.2 are using a wide variety of partnerships and activities to promote preventive dental care in children. Partners include: 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 fully equipped mobile clinic; working with hometown dentists who are volunteering to provide cavity-preventing treatments in schools; and workforce development using a certified online curriculum. In FFY23, the FCHB will contract with two CHPDs who have chosen to continue their focus on NPM 13.2.

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

As detailed in the *A&R*, MT has a very high rate of teen suicide, and high incidences of bullying. Research has shown that youth who report bullying, being bullied (or both) are at increased and long-term risk of suicide-related behaviors; depression; anxiety; and, negative physical and mental health. For FFY21, eleven CPHDs choose suicide prevention for their injury-prevention activities, and two choose 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 suicide awareness and prevention training

for students and staff.

For FFY22, two CPHDs have chosen NPM 9, and eight are addressing suicide prevention for their injury-prevention activity. COVID-19 has caused some challenges with CPHDs being physically present in schools, so bullying-prevention activities were planned to accommodate these restrictions, including poster contests (winners printed and distributed, with QR codes to resources); social media campaigns; and questionnaires to help with design of locally-targeted educational materials. CDC bullying-prevention materials were used for an in-person presentation to students. The evidence-based suicide-prevention programs in use by CPHDs are: Applied Suicide Intervention Skills Training (ASIST); Sources of Strength; Signs of Suicide (SOS); Question Persuade Refer (QPR); and The PAX Good Behavior Game.

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 21 and 22, CSHS continues to offer a variety of population health and direct service programs while collaborating with CYSHCN programs across DPHHS:

- *HALI Project MT Parent Partner 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.
- *Montana Pediatric Medical Passport:* Works to improve care coordination and communication of medical complexity; and delivery of medical care in urgent and emergency situations.
- *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 is engaged in developing a strategic plan with Health Resources & Services Administration (HRSA) technical assistance, to grow professional capacity and define the direction of programming. CSHS is working towards implementing the HRSA framework to advance NPM 11 by prioritizing family engagement, provider engagement coordinated care, and systems building. These priorities are framed and guided by a family-centered approach; diversity, equity, and inclusion; and evidence-based practices. They are the basis of the strategic plan and will continue to guide the section during FFYs 22 and 23.

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 priorities for their maternal and child residents. In FFY 2021, 50% of the CPHDs chose SPM 1. As an indicator of their percentage of the total population, they received only 13.5% of the CPHD's total MCHBG allocation. The number working on SPM 1 for FFY22 is 24, and for upcoming FFY23 is 25. 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):*

In FFY21, 11 CPHDs focused on SPM 2 activities, with four supporting the CONNECT Electronic Referral System, a secure, web-based platform designed to be inclusive of any type of service provider. Referrals can be sent from a client's home community to anywhere in the state, with referrals back to their home community for follow-up and support services. Other FFY21 topic specific areas of activity included: tobacco cessation; breastfeeding; behavioral health; prenatal care; infant safe sleep; oral health, immunizations; and, childcare. Seven CPHDs requested to redirect their activities towards COVID-19 efforts, which assisted in addressing social determinants of health, and family support.

FFY22 marks the seventh year of operation for SPM 2 in Montana. 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 to meet the needs of CPHDs seeking to: 1) assist their clients in the process of obtaining social services; and 2) to provide health education across a broad range of maternal and child health topics. The number working on SPM 2 for both FFYs 22 and 23 is nine.

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.

III.A.2. How Federal Title V Funds Complement State-Supported MCH Efforts

Montana's delivery of Title V MCHBG services to meet the needs of the maternal and child health population, relies heavily on the programs offered by Family and Community Health Bureau (FCHB), specifically, those offered by the Children With Special Health Care Needs (CSHS) and Maternal Child Health Coordination (MCHC) Sections. It is important to understand, that public health services in Montana are decentralized, whereby, the 56 County Public Health Departments (CPHD) are delegated that responsibility.

The Budget and Expenditure Forms in the Annual Report show a quantifiable MCHBG return on investment of the CSHS, MCHC, and CPHD services. For example, the FFY 21 local matching funds exceeded the minimum required amount, and it is projected that the match will continue to be exceeded in FFY 23. These forms, however, do not capture the real impact that the Title V MCHBG programs have on the health of the maternal and child population.

The CSHS Financial Assistance Program (FAP) supported families to who rely on Medicaid enrolled Durable Medical Equipment providers for their Children & Youth with Special Health Care Needs. The gap-filling program helped to ensure their specific needs were met. Families apply to the FAP for assistance in purchasing items on a limited basis, to safeguard that they did not run out of critical supplies.

A family with a child with a rare progressive health condition, that included being born with no eyes and requiring being fed by a g-tube, was supported by the FAP. The FAP purchased the child's specialized medical items and the child's favorite toy: a musical shake toy that needed regular replacement due to the child chewing on the toy. The family was very appreciative, and through this connection to the program the family was referred to the Family to Family Health Information Center, and the University of Montana Rural Institute for Inclusive Communities. This provided other opportunities for the family to share their medical journey story with clinical and service providers.

The CPHDs offer programs that are designed to: meet the needs of their communities; maintain their efforts to build a viable public health infrastructure; and deliver core maternal and child health services by maximizing their Title V MCHBG dollars. This is done, in part, by blending their local, state, and federal; funding. The MCH Success Story is another example illustrating how five families benefited from a CPHD's partnerships which addressed their specific needs. These partnerships ranged from public to faith-based and community-based organizations, including: a hospital; school; and Healthy Mothers Healthy Babies. This ensured that five families' specific health and social service needs were met. The domain-specific narratives also provide insight into the personal impact that CPHDs services and activities continue to offer to their residents.

At the state level, the Title V MCHBG funding is blended with the FCHB's other 17 federal and 10 state funding streams, to ensure that the state's maternal and child population's needs are served by the FCHB's programs.

III.A.3. MCH Success Story

Cascade County, the fifth most populous county in Montana, is a regional hub, whose medical services include the Benefis Health System, which serves about 230,000 residents in a vast, 14-county region. The Cascade City-County Public Health Department (CCCPHD) in the county seat, Great Falls, embraces its role of providing maternal and child health services to the county's residents; and those temporarily staying in Great Falls for any reason. Cascade County also has one of the largest populations of American Indians (AIs) in the State who are not living on a reservation. CCCPHD served 559 AIs in FFY 2021. CCCPHD highlighted the following successes, made possible with the support of Title V MCHBG funding.

- A family, in transit between Three Forks and Plentywood, was transported to Benefis when the mom went into early labor. The baby, born at 33 weeks, spent a couple of months in the NICU. At discharge, the Great-Grandma was trying to find her family needed resources, which included a car seat. Their car has also broken down, so they had no transportation. Great-Grandma found the health department's information online and came in to see if she could get a carseat for the baby. The health department was gratified to be able to provide the needed carseat.
- A Native American family was referred to the health department by the DPPHS Child and Family Services Division. As the family began to establish a trusting relationship with CCCPHD staff, they started sharing bits of their culture: cultural foods; the significance of their ceremonies; and the mom began sharing about her painful history in foster care and how it impacts her parenting. Mom expressed a goal to get a job and CCCPHD connected her to resources. She was hired by the Great Falls Public Schools Indian Education Program and shared she is excited to be sharing Native American culture with the students.
- A Great Falls hotel was home to a family who were anticipating stable housing prior to the birth of their infant. Two weeks before mom was scheduled to be induced, the family learned that their housing had fallen through; therefore, they needed infant supplies. CCCPHD staff worked with the family and community partners for the necessary infant supplies, these included: The Emilie Center (faith-based community service organization); Echoz Pregnancy Resource Center; and Healthy Mothers Healthy Babies. The family received a *Pack n' Play* portable crib. The baby girl was born healthy, and the family is doing well.
- A mom, whose goal was to become a Certified Nursing Assistant (CNA), determined that the CNA course was too expensive for her to do on her own. The CCCPHD researched options and subsequently referred her to a Benefis Health System program which will hire people as a Nursing Assistant (NA) and give them the experience and knowledge to test for their CNA. Mom applied for a NA position and a job interview was scheduled.
- A mom who was struggling with depression, including thoughts of suicide, was referred by CCCPHD staff to a counselor, and then to a doctor who prescribed antidepressants. She began taking the antidepressants regularly and has reported a huge difference in her mental health.

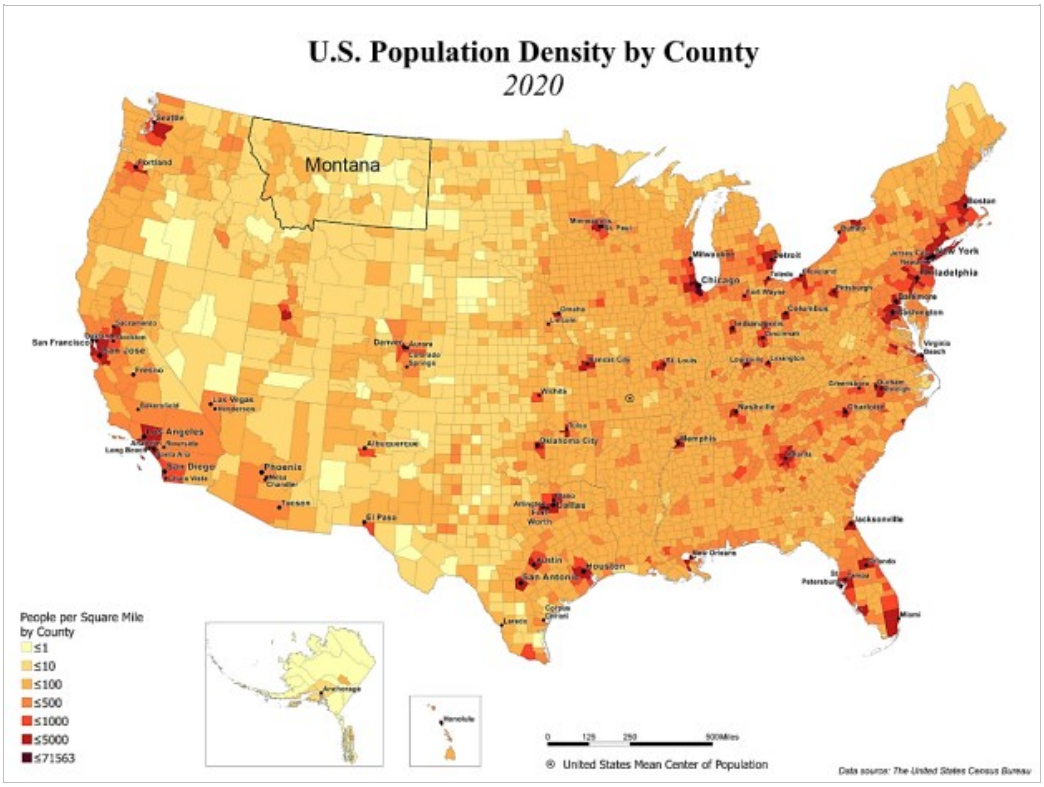
III.B. Overview of the State

Geography, Demographics, Economy, Income

The context for delivery of health care services in Montana is first formed by understanding its vast size, and secondly by its small population. These factors are inverse to the realities of providing health care in most of the nation. The population's racial composition is another characteristic that very few states share, with American Indians being the principal minority. This overview starts with basic information on these elements and then provides additional details on factors impacting Title V services.

Montana is the fourth largest state in size, at 145,546 square miles. As of July 2021, Montana's population was 1,104,271 – which averages to a population density of 7.59 people per square mile. Figure 1. shows U.S. population density by county in 2020, with Montana outlined:

Figure 1.



Thirty-three percent of Montana's population lives in rural or frontier areas, characterized, in part, by limited access to health care in local communities. The remainder are concentrated in only ten of the fifty-six counties (U.S. Census 2020). Agriculture, tourism, logging, and natural resource extraction are major industries. Economic growth is increasing in the high-tech sector; manufacturing; pulse crops such as chickpeas and lentils; and small business startups. The healthcare industry is Montana's largest economic sector by employment. The growth in health care has been steady over the past decade and is expected to experience rapid job growth as Montana's aging population requires more healthcare services. In the first two quarters in 2020, the state was deemed to be in a recession due to the effects of COVID-19. However, by March of 2022 the unemployment rate fell to a low of 2.3%.

Montana's racial make-up is predominately white, with a 2020 census estimate at 84.5% of the population. American Indians make up the largest minority, at approximately 6.2% (see Table 1). The ethnic Hispanic or Latino population is 4.2%, compared to 18.7% nationwide.

Table 1: Annual Estimates of Resident Population by Race for Montana, 2020		
Race	**Population Count**	**Population Percent**
White	916,524	84.5%
American Indian and Alaska Native	67,612	6.2%
Asian	8,300	0.8%
Black or African American	5,484	0.5%
Native Hawaiian and Other Pacific Islander	941	0.1%
Other Race	14,089	1.3%
Two or More Races	71,275	6.6%

American Indian Reservations

Montana's seven American Indian reservations and the Little Shell Chippewa, a federally recognized landless tribe, are unique in their demographics and cultures. The seven reservations are as follows: Blackfeet, Crow, Flathead (Confederated Salish, Pend d'Oreille and Kootenai), Fort Belknap (Gros Ventre and Assiniboine), Fort Peck (Assiniboine and Sioux), Northern Cheyenne, and Rocky Boy's (Chippewa and Cree). For more information, see http://tribalnations.mt.gov.

State law recognizes a unique government-to-government relationship between the state government and the eight tribal governments. According to the 2020 U.S. Census estimate, American Indians equal 6.2% of Montana's population, or approximately 67,222 in number, of which 59.5% live on tribal lands. Information on culturally competent delivery of maternal and child services is detailed in the Needs Assessment Summary.

The Little Shell Chippewa Tribe, which received federal recognition in December 2019, is without a reservation or land base. With approximately 5,400 members, there are population concentrations in numerous cities and towns across Montana and in other states. Many changes are expected during the next decade as federal recognition is implemented. The legislation includes an accommodation for the purchase of 200 acres. The site currently hosts a tribal health clinic, which opened in April 2022. In the future, the site will include buildings for tribal government, and college-level and vocational instruction.

Table 2 compares some of the MCHBG demographic profile information for the geographic area of each reservation. The median age for the whole state in 2020 was 40.1 years.

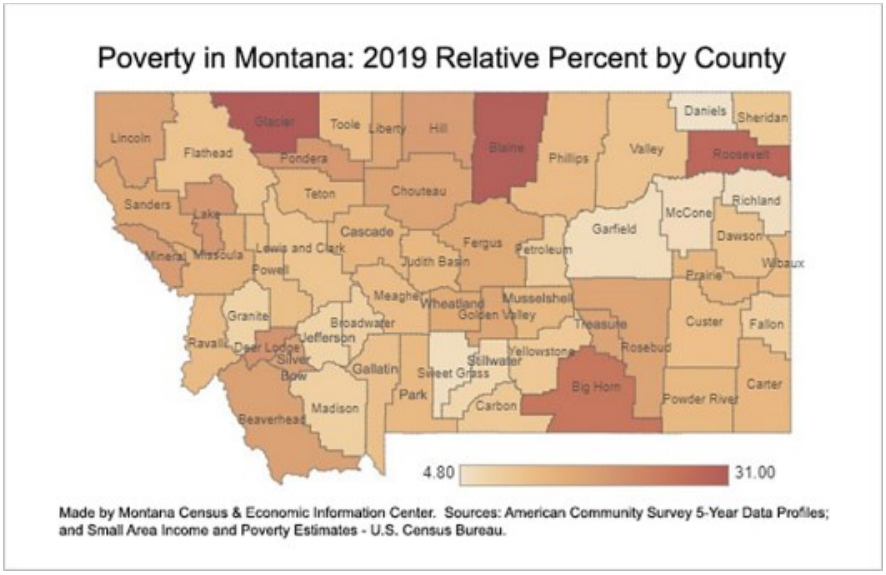
Table 2: Annual Estimates of Montana's American Indian Reservations and Off-Reservation Trust Lands							
U.S. Census: American Community Survey 2019 Estimates							
Montana's American Indian Reservations - Geographic Area Demographics							
Race and Maternal & Child Health Block Grant Population Categories							
Category	**Blackfeet**	**Crow**	**Flathead**	**Fort Belknap**	**Fort Peck**	**Northern Cheyenne**	**Rocky Boy's**
Total Population	10,629	7,623	29,926	3,204	10,376	4,827	2,304
Median Age*	30.4	29.5	40.9	26.5	29	25.8	24.2
Count A.I./A.N.	8,865	5,978	7,988	3,002	6,818	4,392	2,202
Percent A.I./A.N.	**83.4%**	**78.4%**	**26.7%**	**93.7%**	**65.7%**	**91.0%**	**95.6%**
Count White	1,482	1,424	19,265	118	2,992	297	18
Percent White	13.9%	18.7%	64.4%	3.7%	28.8%	6.2%	0.8%
Age Under 5 Years	974	585	1,940	347	1,003	586	288
Age 5-19 Years	2,712	2,253	6,172	951	2,834	1,415	768
Females Age 18-64 Years**	2,985	2,206	8,438	858	2,844	1,354	591
A.I./A.N. = American Indian / Alaska Native							
* Median Age in U.S. is 37.9, and in MT 39.8							
**Range available from data on ACS Geographic Area Table							

The 2020 American Community Survey (ACS) 5-year estimated average median household income in Montana was $56,539 compared to the U.S. total average of $64,994. Under the same survey, Montana's per capita income was $32,463, compared to the U.S. average of $35,384.

According to the Office of Public Instruction, the high school graduation rate in the 2020-2021 school year was 86.13%, compared to 85.9 the previous year. Montana's Office of Public Instruction reports the overall dropout rate in the 2020-2021 school year, for grades 9-12, was 3.75%. However, the rate for the American Indian population over the same timeframe was 5.87%. The ACS 5-year average (2016-2020) for ages 25-plus for Montana with a bachelor's degree or higher was 33.1%, compared to the U.S. rate in 2021 of 37.9%.

In 2020 , 15.2% of MT's children under age 18 were living below the federal poverty level. The same year, 17% of children under the age of 5 were living below 100% of the federal poverty level. Poverty rates vary greatly by county, from a high of 31% in Glacier to a low of 4.8% in Daniels. This is shown in detail on the following map (Figure 2.).

Figure 2.



Health Services Infrastructure

All of Montana's counties are designated as medically underserved in some way. According to the 2020 Montana BRFSS Annual Report, the prevalence of no personal health care provider among Montanans 18 and older was 27.3%, compared to the U.S. percentage of 22.4%. There are currently no medical schools in the state. However, there are plans for: a non-profit school in Great Falls, anchored by the Touro College and University System; and a satellite campus of the for-profit Rocky Vista University College of Osteopathic Medicine in Billings. Montana's Graduate Medical Education Council is currently sponsoring the following residency programs in the state:

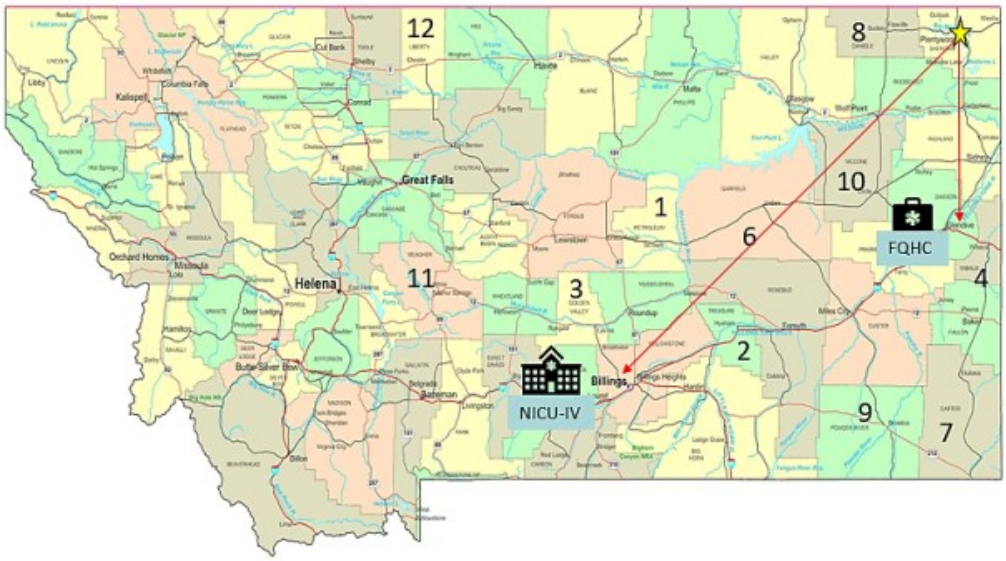
Residency Programs in Montana

Residency Program	Location	Established	Number of Residents
Montana Family Medicine Residency	Billings	1995	24 residents / 8 per class
Family Medicine Residency of Western Montana	Missoula & Kalispell	2013	30 residents / 10 per class
Billings Clinic Internal Medicine Residency	Billings	2014	24 residents / 8 per class
University of Washington Psychiatry Residency Program, Montana Track at Billings Clinic	Billings	2019	12 residents / 3 per class

Of Montana's 56 counties, there are twelve with less than 2,000 residents and about 50% of the counties have less than 5,000 residents. A county's population is one variable for determining its Health Professional Shortage Area (HPSA) designation score for access to primary care, mental health, and dental health services. Of Montana's 56 counties, the number of HPSAs for these three disciplines are: 45 for Primary Care; 50 for Mental Health; and 38 for Dental Health, which means residents in these counties have limited access to healthcare.

Healthcare specialties may be in more populous areas of the state, or out-of-state travel may be required to access appropriate care. Consider a child living in Plentywood Montana (the star on the following map). If they have an asthma attack and require specialized medical attention, they are 353 road miles and 220 aeronautical miles from the closest providers in Billings and the location of the closest level IV NICU. The closest FQHC is in Glendive, which is 137 miles away. Even in more populated settings, it is not guaranteed there will be a specialist within a reasonable vicinity to care for a

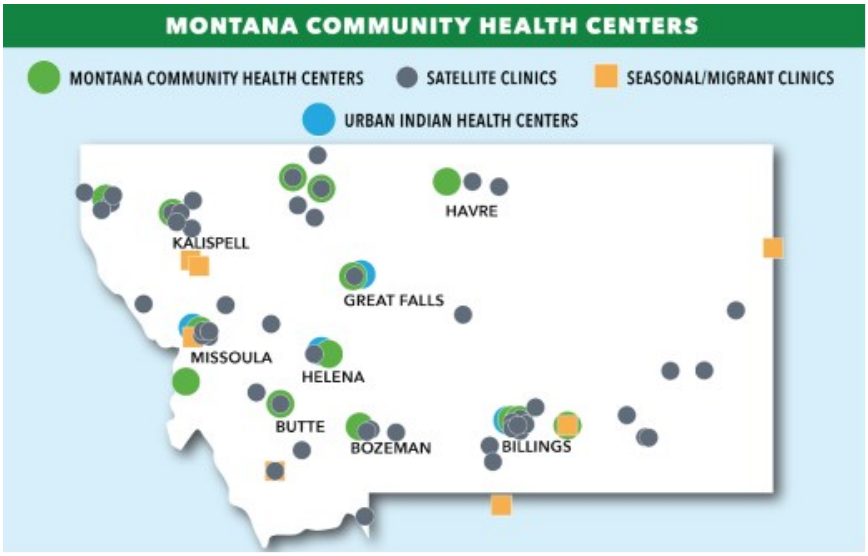
particular need. The numbers represent counties with less than 2,000 residents; from 496 in Petroleum (#1) to 1,959 in Liberty (#12).



Families in rural areas have many healthcare challenges, including: distance to the closest medical care of any kind; specialist and healthcare facility locations; location of supplemental services; and, access to critical care. They also have secondary considerations such as: are there any school-based services; the level of community and support services; the system of care for their CYSHCN; Availability of telehealth services; is internet and cell phone coverage adequate; and, how will built environment, which looks quite different in rural towns, impact their family?

Montanans have several options for accessing affordable healthcare services, which include Federally Qualified Health Centers and their Satellite Clinics; Seasonal and Migrant Clinics; Indian Health Services; and Tribal Health Departments. However, the map on the next page shows the maldistribution of these services, and lack of options in the eastern third of the state:

Montana Law does not mandate school nurses. The most recent data, from 2018, indicated the school nurse to student ratio of 1 nurse to 1,517 students. Many CPHD nurses also provide services in their local schools, which helps to bridge gaps in care, especially in counties with geographic HPSA designations. These same nurses, also provide services such as immunizations and family planning to their community members. County Health Departments' are also gap fillers for providing referrals to social services.



Detailed characteristics of Montana's maternal and child population groups, with health status, needs, and emerging issues and factors impacting service delivery are described in the 2020 Statewide 5-Year MCH Needs Assessment Summary and 2022 Needs Assessment Update. Seven priority areas were identified, listed here by population domain:

- Perinatal & Infant: *Infant Mortality*
- Children: *Oral Health*
- Adolescent: *Bullying*
- Women & Maternal: *Annual Preventive Healthcare Visit*
- Children with Special Health Care Needs: *Medical Home*
- Cross-Cutting & Systems Building: *Access to Public Health Services*
- Cross-Cutting & Systems Building: *Family Support Services and Health Education*

State Health Agency Title V Service Delivery

Montana's Title V program is housed in the Department of Public Health & Human Services (DPHHS), the largest state agency in Montana. DPHHS seeks to promote and protect the health, well-being, and self-sufficiency of all Montanans by offering programs to address Montanans' needs for social services, medical, physical, and behavioral/mental health care. Details on all services and programs can be found at: https://dphhs.mt.gov/.

Montana is considered a "decentralized" system when it comes to public health (https://www.cdc.gov/publichealthgateway/sitesgovernance/index.html), and most services are provided at the local level through the County Public Health Departments (CPHDs). DPHHS has contracts with all 56 CPHDs, and much of its funding is passed through to support their work. Montana's Title V MCHBG Program provides leadership and direction to state, local, and non-governmental programs, and partners for issues affecting the health of the maternal and child population. For example, by connecting state and national performance measure strategies with local efforts.

In addition to the priority maternal and child health needs, several overarching issues pose unique challenges to health care delivery: the aging population; geographic disparities; and access to health care. Some CPHDs are the sole source of certain maternal and child health care services, such as immunizations, for the surrounding population. Montana's Title V MCHBG funds directly support CPHDs in 49 counties in FFY 2021 and are critical to meeting the public health needs of the maternal and child population across the state.

Statutory authority for maternal and child health services is found in the Montana Code Annotated (MCA) Title 50, Health and

Safety. General powers and duties of the state include administration of federal health programs delegated to the states; rule development for programs protecting the health of mothers and children (including programs for nutrition, family planning services, improved pregnancy outcomes, Title X, and Title V); acceptance and expenditure of federal funds available for public health services; and use of local health department personnel to assist in the administration of laws relating to public health. Montana's Initiative for the Abatement of Mortality in Infants (MIAMI) is authorized in MCA 50-19-401, and Fetal, Infant, Child and Maternal Mortality Review (FICMMR) is authorized in MCA 50-19-301.

Financing of Health Services

Montana's Title V MCHBG allocation to CPHDs is based on: the total numbers of women of childbearing age (15 to 44 years); infants and children ages 0 through 18; and the number of those individuals living in poverty. The funds are allocated as required by Section 501 to 510 [42 U.S.C. 701 to 710]; and ARM 37.57.1001 governing the MCHBG. In FFY 2021, Montana received a total of $2,281,008.

Historically, based on the funding formula, the CPHDs have received 45% of the state's total. In FFY 2021, the counties received $1,055,830 in Title V MCHBG funding to provide services to their county's maternal and child population. Other expenditure categories were as follows: the CSHS section expended $753,164 providing services to *Children & Youth with Special Health Care Needs (CYSHCN);* $228,100 was spent on state-level administrative costs; and $243,914 was spent on state-level MCH programs.

DPHHS administers the Montana Medicaid Program (MMP) through several divisions including but not limited to: Human and Community Services Division for eligibility determination, Health Resources Division, Developmental Services Division including Children's Mental Health, and the Addictive and Mental Disorders Division, authorized under 53-6-101, Montana Code Annotated (MCA), and Article XII, Section XII of the Montana Constitution. The MMP complies with its state plan and waiver authorities, thus meeting the unique healthcare needs of Montanans. With multiple divisions focused on Medicaid services, DPHHS partners with various providers and stakeholders to address social determinants of health on many levels.

In 2015, MT's biennial legislative body passed Senate Bill (SB) 405, Montana Health and Economic Livelihood Plan, which expanded Medicaid effective January 1, 2016. House Bill (HB) 658, the Medicaid Reform and Integrity Act, passed by the 2019 Legislature, continued SB 405 through June 2025. HB 658 included a work requirement, an 80-hour monthly work or community engagement requirement for the enrollee, which was planned to be effective January 2020. The state submitted an 1115 waiver to CMS in August 2019; which was denied in 2021.
Montana Medicaid includes the following coverage groups that all have different eligibility requirements: Infants and Children including Newborn Coverage, Healthy Montana Kids Plus, Healthy Montana Kids (CHIP), Subsidized Adoptions, Subsidized Guardianship, and Foster Care; Pregnant Women; Low Income Adults with an SDMI; Aged, Blind/Disabled and/or receiving Supplemental Security Income; Breast and Cervical Cancer Treatment; Medically Needy or Categorically Needy; Low Income Montanans Including Medicaid and Medicaid Expansion and Montana Medicaid for Workers with Disabilities.

As of April 2022, 60,060 adult women were enrolled in Montana Medicaid Expansion, and 37,280 adult women were enrolled in all other (traditional) Medicaid programs. Additionally, 1,647 women were enrolled in Pregnant Women Medicaid. The number of pregnant women covered by other types of Medicaid cannot be pulled accurately because Medicaid is not aware of most other pregnancies until receiving the global pregnancy bill after the baby is delivered.

As of April 2022, there were 28,617 children enrolled in the Healthy Montana Kids (HMK) (CHIP) and the HMK Plus CHIP Expansion population, and there were 107,493 children ages 0-20 enrolled in all other Medicaid programs.

In addition to public insurance options, private insurance also covers much of the population. The ACA Federally Facilitated Marketplace enrollment for 2021 was 44,711. Table 3. outlines sources of health insurance for Montana, as reported by the Montana Healthcare Foundation:

Table 3: 2019 Estimates of Resident Population by Insurance Coverage Type for Montana		
Insurance Coverage Type	**Population Count**	**Population Percent**
Employer-Based	416,046	39.49%
Direct-Purchase	86,037	8.17%
Medicare	70,352	6.68%
Medicaid	161,659	15.34%
TRICARE / Military	11,879	1.13%
VA Care	4,918	0.47%
Two or More Types of Health Insurance	215,614	20.46%
No Health Insurance Coverage	87,141	8.27%
Total	1,053,646	100.00%

III.C. Needs Assessment
FY 2023 Application/FY 2021 Annual Report Update

Ongoing Assessment Activities – Data Collection and Analysis:

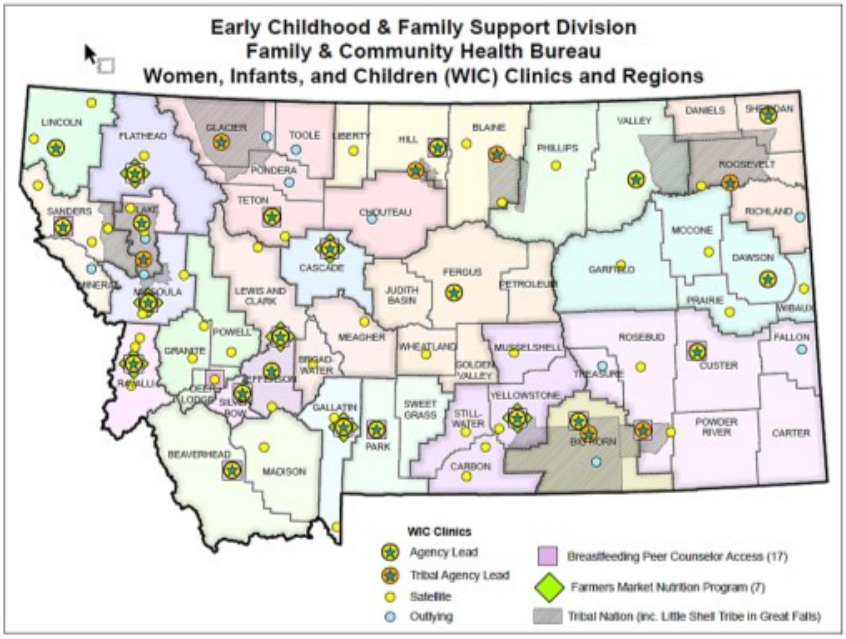
The Title V MCHBG is housed in the Maternal and Child Health Coordination (MCHC) Section which also includes the HRSA funded Maternal Health Innovation Grant, known as the Montana Obstetrics and Maternal Support (MOMS) Program. The MCHC, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and Children's Special Health Services (CSHS) are sections in the Family & Community Health Bureau (FCHB). MOMS, WIC, and CSHS engaged in needs assessment activities during this reporting period.

WIC Needs Assessment Highlights

Introduction

WIC released the results of their 2021 Needs Assessment in January 2022, which was conducted from summer 2020 to summer 2021 by the WIC program in conjunction with Yarrow, LLC, a contracted public health consulting organization. Data for this assessment were sourced from both primary and secondary data sets at the national, state, and local levels. The direction and scope of the Needs Assessment were shaped by: the WIC Nutrition Services Standards; the Montana WIC Program Director/Section Supervisor; and key Montana WIC staff. The WIC Needs Assessment was conducted to better understand the needs and resources of the WIC program; its participants and services; and to be used as a guide to WIC's comprehensive statewide nutrition services plan. A copy of the full report is available at: https://dphhs.mt.gov/assets/ecfsd/WIC/WICNeedsAssessment.pdf

As of 2021, Montana had 29 local agencies and 84 clinics, noted on the following map. Satellite clinics are operated by WIC staff who travel out to a location to provide services in a smaller community at regular intervals, depending on size and need.



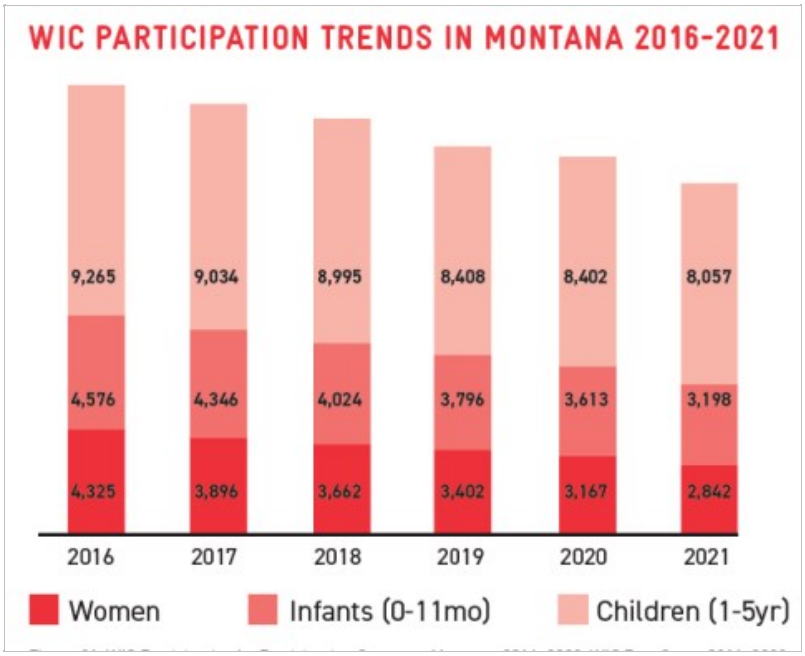
Needs Assessment Findings

Findings from the WIC Needs Assessment Survey 2021 suggest that the major barriers to care for the WIC population, as perceived by WIC staff, are the time required of participants to take off work or school or other commitments in order to attend appointments, transportation barriers, and that WIC participants may not find enough value or interest in the nutrition education services provided. Additional findings include:

Program Participation

When looking at participation trends in the Montana WIC Program from 2016 to 2021, overall participation in the Montana WIC program decreased by 22%. The largest drop in participation was seen among women (pregnant, breastfeeding, and postpartum), with a 32.9% decrease from 2016 to 2021. Total children participants exhibited the smallest participation

decrease: 13% from 2016 to 2021 (figure 1).



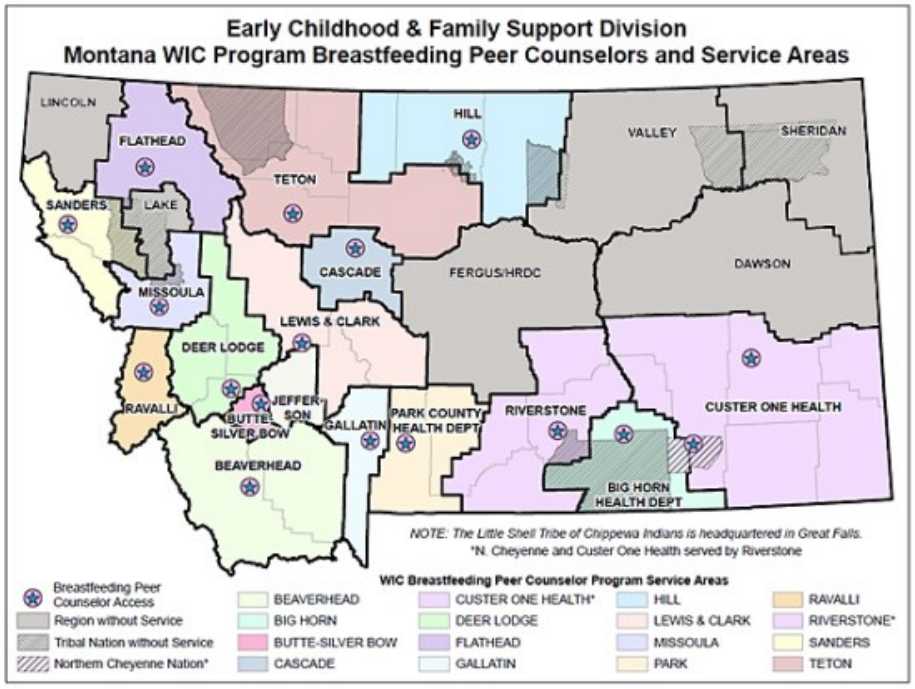
Participant Depression Screening

In 2017, the Montana WIC Program began training staff and implementing the Patient Health Questionnaire (PHQ)-2, which asks two questions to screen for whether a person has experienced a depressed mood over the past two weeks, which may warrant further assessment and follow-up care. By 2018, all women being certified in any category were asked the PHQ-2 questions at the time of certification, including at mid-certification for breastfeeding women. Over the three-year period from 2018 to 2020, more than a quarter of women screened positive for potential depression at least once.

Breastfeeding Peer Counselor Programs

Peer counseling programs have found great success in many areas, including breastfeeding. 78.2% of WIC participants have access to Breastfeeding Peer Counselor Programs (BPCP). BPCP significantly increases the rate of breastfeeding among MT WIC participants. Additionally, MT WIC staff clearly indicated in the MT WIC Needs Assessment Survey 2021 that Breastfeeding Peer Counseling was an area of WIC programming that needed improvement.

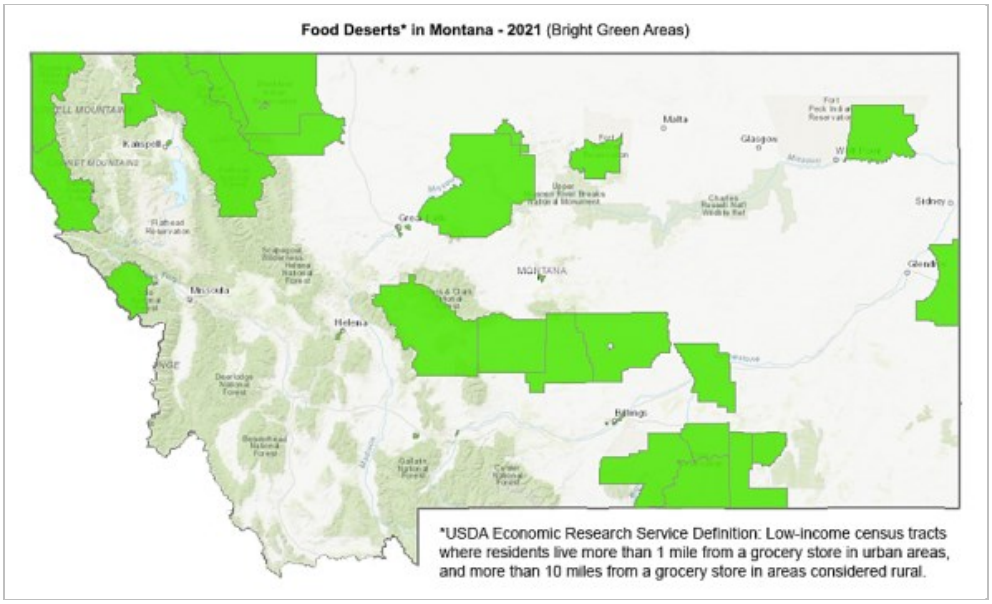
With the known benefits of breastfeeding for mother and baby, expansion of BCPC across Montana was identified as a priority area. The WIC NA identified a need for BCPC targeted expansion to agencies identified as small, located in Northeast Montana, and Tribal or agencies serving Tribal communities. Currently, very few small agencies, no agencies in Northeastern Montana, and just two Tribal communities have access to BPCPs. WIC Staff are focusing on efforts to expand BPCP to more local agencies. Additionally, heightened emphasis will be placed on ensuring all necessary staff are appropriately trained as certified lactation counselors (CLCs). The following map shows the location of the Montana WIC Program's Breastfeeding Peer Counselors and Service Areas.



Food Security

Underutilization of services like WIC is a contributing factor to food insecurity alongside larger, more systemic issues in Montana such as food deserts, insufficient living wages, and high medical and childcare costs. Close to one in five participants self-identify as “food insecure” or “sometimes food insecure” when first entering the Montana WIC Program.

WIC staff used the USDA’s Economic Research Service’s (ERS) interactive mapping tool, to identify food deserts across Montana. The areas of green in the following map show places in the state where people meet the ERS definition of low-income Census tracts and live more than 1 mile from a grocery store in urban areas or more than 10 miles from a grocery store in areas considered to be rural. Six of the eight Montana counties without Montana Food Bank Network services or partners lie in areas that were determined to be food deserts.



Referrals

Referrals are an important aspect of WIC Program recruitment and services. The Montana WIC Program both receives and sends referrals from and to a variety of organizations to better meet the wide range of participants’ needs. As part of the

wider network of social services available to residents in Montana, the Montana WIC Program must maintain relationships with a variety of organization across the state.

The State of Montana has recognized the importance of interagency referrals and the need to increase efficient referrals across the State. To this end, the State supported the development of an electronic referral system named CONNECT in 2009, with a significant refurbishment and roll out in 2019. WIC began utilizing CONNECT in 2020 and is in the process of increasing the utilization of the system across all local agencies.

WIC Participant Survey 2021

Every year during the summer, from July to September, the Montana WIC State Office conducts a survey of Montana WIC Participants. This is to ensure that the State Office is adequately meeting the needs of families and addressing any issues or concerns. The information from the survey is used to inform quality improvement efforts and strategic planning. It is also shared with other programs in the FCHB which could benefit from the insights it provides, including the Title V MCHBG.

This survey was provided to participants in 2021 via text with a link to a Qualtrics survey to be collected electronically. It was also available through a link on the Montana WIC Shopper Application, and in paper form available from local WIC agencies. The following highlights help provide useful insights into a population which is also served by many Title V MCHBG programs, and undermines many negative stereotypes:

- Only 9% of participants do not have at least a High School diploma or GED;
- Only 11% have more than two children;
- Only 1% are younger than 18;
- 61% find the breastfeeding information WIC provides to be somewhat or very important;
- 89% find learning about or connection to community resources (referrals) to be somewhat or very important

Children's Special Health Services: New & Upcoming Needs Assessments

The Children's Special Health Services Section (CSHS) is preparing to launch three separate needs assessments, beginning in June 2022.

Cleft Clinic & Specialty Care Needs Assessment

This needs assessment is designed to obtain parent, patient, and provider input on the condition of specialty care in Montana and includes three steps. The assessment phase will lead into the development of a comprehensive plan with goals, strategies, and action steps for implementation of identified improvements.

The first step will entail a historical review of CSHS's provision and coordination of specialty pediatric care. This will provide historical context and background information. This, in turn, will provide a deeper understanding of the current situation.

The second step will be to gather information on the current state of pediatric specialty clinic services and outreach. Current providers will be surveyed to determine: 1) current services and alignment with CYSHCN; 2) Strengths, Weaknesses, Opportunities, and Threats (SWOT) of cleft, metabolic, and Cystic Fibrosis clinics; and 3) coordination of care for patients between clinics.

Additional activities in step 2 include:

- As necessary based on survey, conduct interviews with current providers and others as directed by CSHS to understand current specialty clinic services and outreach;
- Develop focus group/key informant questions for current families and consumers of specialty care clinics to determine 1) experience; 2) access and, 3) coordination of care for patients in between clinic visit; 4) other needs or concerns;
- Conduct focus groups/interviews with current families and consumers to determine 1) experience; 2) access and, 3) coordination of care for patients in between clinic visit; 4) other needs or concerns;
- Gather statewide clinic locations, services, outreach efforts and contact info: Examples include: endocrinology, gastroenterology, nephrology, neurology, neurosurgery, orthopedic, orthopedic spine, pulmonary, rheumatology, urology, developmental behavioral health, cystic fibrosis, hemophilia, muscular dystrophy;
- Gather clinic data points, i.e.: number of attendees; discharge services; return rate; types of providers; costs; and patient outcomes;
- Gap analysis between best practices and current state of specialty care against CYSHCN Standards of Care.

A third step in the assessment process focuses on finances; with a review of the financing and operational structure of clinics. This includes: a comparison to two to four similar states; and review of Medicaid financing options. Additionally, analysis will cover: optimal clinic structure for the best and more comprehensive care; sustainable funding options; care coordination between visits; and recommendations for sustaining specialty care from a MCHBG perspective.

Behavioral Health Access Line Assessment

Prior to receiving the Montana Access to Pediatric Psychiatry Network (MAPP-Net) funding, a MAPP-Net Utilization Needs Assessment was conducted, and it indicated that providers would support and utilize a consultation line. However, the actual utilization data indicates an underutilization of the MAPP-Net Consolation Access Line. To determine why and how to improve usage, CSHS has contracted with the University of Montana Rural Institute for Inclusive Communities (UMRI) Research Services Team to oversee a Behavioral Health Access Line Assessment.

The Behavioral Health Access Line Assessment is composed of three key informant interview cohorts: 1) the 52 providers who indicated in the initial Utilization Needs Assessment their support and use of an Access Line but have underutilized or never used it; 2) providers, not among the 52, who have utilized the Access Line; and 3) providers enrolled in the MAPP-Net Program but have not utilized Access Line.

UM RII will conduct Zoom or telephone interviews with all key informant cohorts, which have been identified by the MAPP-Net Program Specialist and CSHS Title V/Section Supervisor. UM Rural III will analyze the key informant interview results. CSHS intends to use the results to identify both the reasons for the lack of calls to the consultation line and what changes could be considered to increase the MAPP-Net Consultation Line utilization; and to understand the gap between the support and actual utilization for program improvement next steps.

Diversity, Equity, and Inclusion Evaluation for MAPP-Net

In a separate evaluation of the MAPP-Net Program, CSHS is working to gather and report data about the mental and behavioral health needs of three groups of youth in Montana: LGBTQ, Native American, and Homeless. This analysis, with a timeline of June – December 2022, will identify existing resources in Montana for mental and behavioral health services specific to the three populations.

Activities:

1. Review of literature related to the specific groups of interest;
2. Key informant interviews;
3. Resource mapping.

Deliverables:

1. Needs assessment supplemental report. This will be appended to the *October 2019 Montana Access to Pediatric Psychiatry Network: Statewide Needs Assessment Final Report* along with other subsequent needs data gathered since October 2019;
2. List of Montana-based and other relevant resources to improve behavioral health services for the three groups;
3. Care guides that address issues specific to each group.

MOMS Program Needs Assessment Contributions

The MOMS Program began working with the University of Montana Rural Institute for Inclusive Communities (UMRII) on a maternal health system needs assessment in March 2021. This needs assessment gathers information on Montana's maternal health system and services to identify areas of strength and need. The assessment focuses on the health system capacity, delivery of services, and the experiences of the patient population. The needs assessment utilizes the World Health Organization (WHO) Strengthening Health Systems to Improve Health Outcomes framework, which outlines the essential elements and activities that make up a strong health system.

To date the UM/MOMS maternal health system needs assessment activities have focused primarily on the healthcare delivery system, emphasizing obstetric care. As appropriate, the results have been used by the MCHBG Program Coordinator and CPHDs. The next phases of the UM/MOMS needs assessment tasks will help inform 2025 to 2030 MCH Needs Assessment and selection of priority areas and national/state performance measure to address the population domains. Discussions have begun to operationalize a partnership with UM and the Title V program's specific priority areas for Title V. In FFY 2023, UM will be focused on data collection for: service delivery (primary care and patient experiences), healthcare workforce (clinical and non-clinical settings), and health information systems (data systems, health system performance, and health status).

A copy of the MOMS Severe Maternal Morbidity in Montana Report, released in September 2021, is available at: https://www.mtmoms.org/wp-content/uploads/2021/10/SevereMaternalMorbidityMontanaReport_final-1.pdf

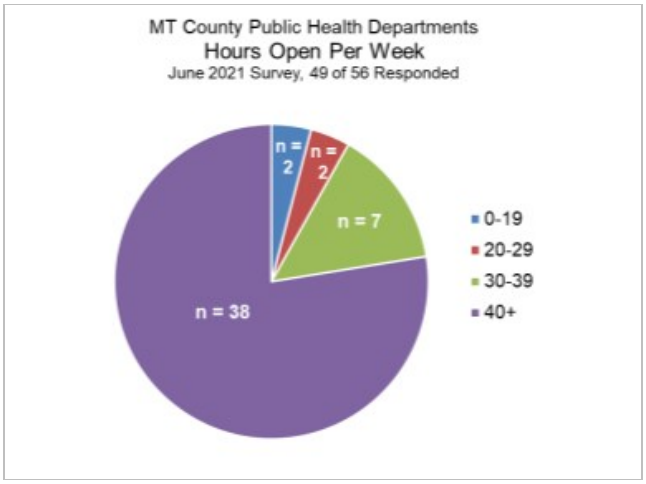
The MOMS Maternal Health in Montana Full Report, released in May 2022, is available at: https://www.mtmoms.org/wp-content/uploads/2022/07/MOMS_MaternalHealthMT_Final-5.25.2022-1.pdf

County Public Health Department's Pre-Contract Survey Highlights

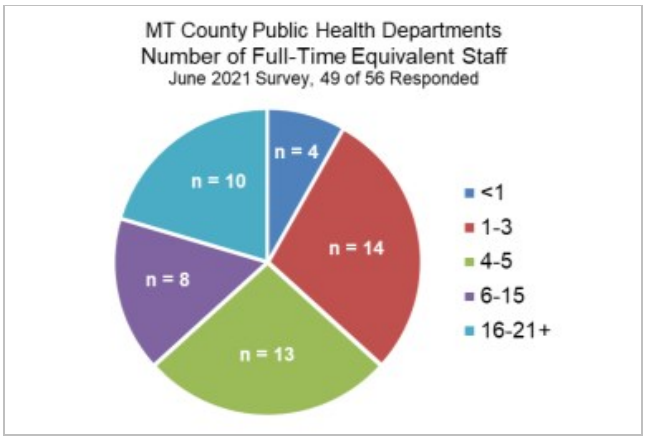
Each June, CPHDs complete a Pre-Contract Survey (PCS) and submit data on: contact information and staff responsibilities; administrative details; services provided; FICMMR and MCHBG information and processes; and feedback on FCHB support. The survey results provide a picture of CPHD resources across the state. The PCS also captures the

choice of performance measure for the upcoming federal fiscal year, along with the CPHD's evidence-based or informed activities and evaluation plans.

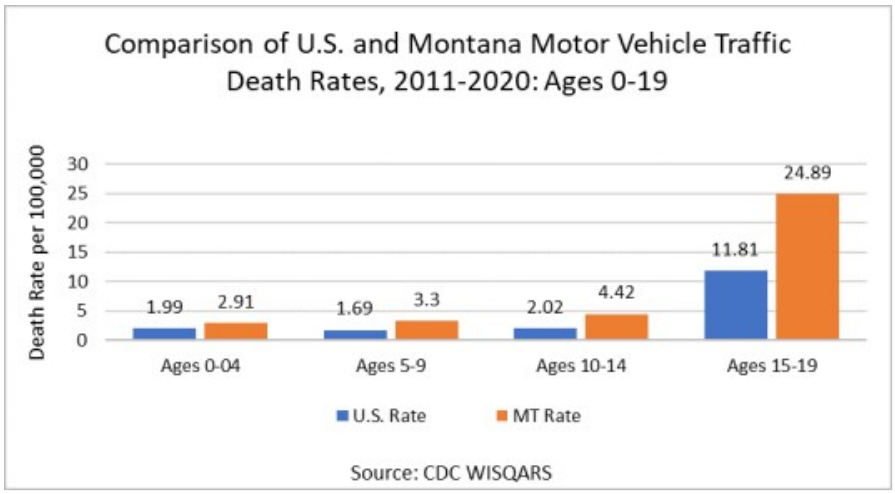
The following graph shows the hours open per week. Eleven CPHDs, or 22%, are open less than 40 hours per week, and two are open less than 20 hours per week. This speaks to the capacity of frontier-level population counties to provide access to public health services.



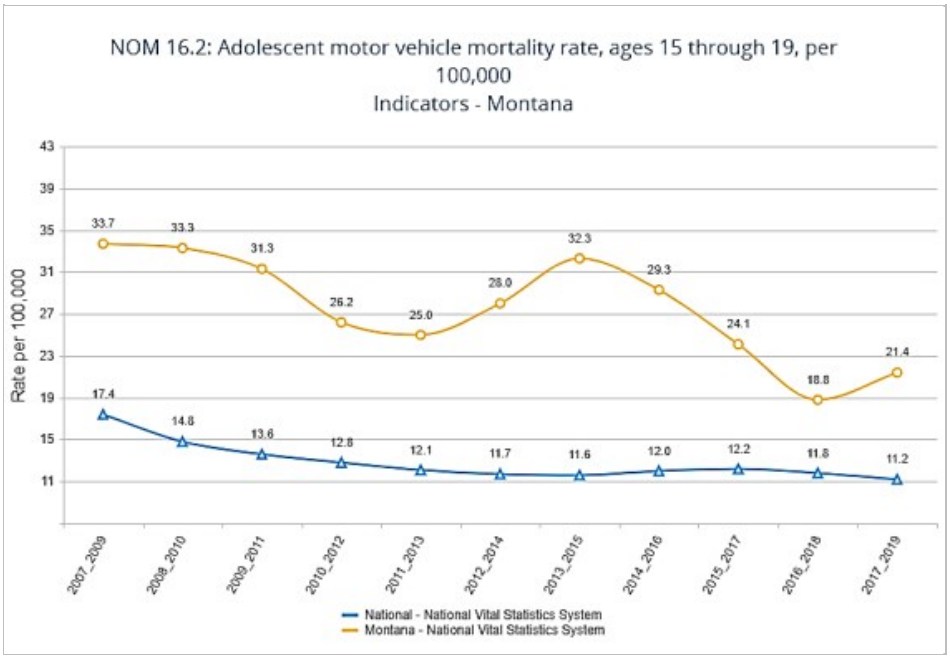
This following graph shows the number of full-time equivalent staff, illustrating the capacity challenge in terms of available personnel.



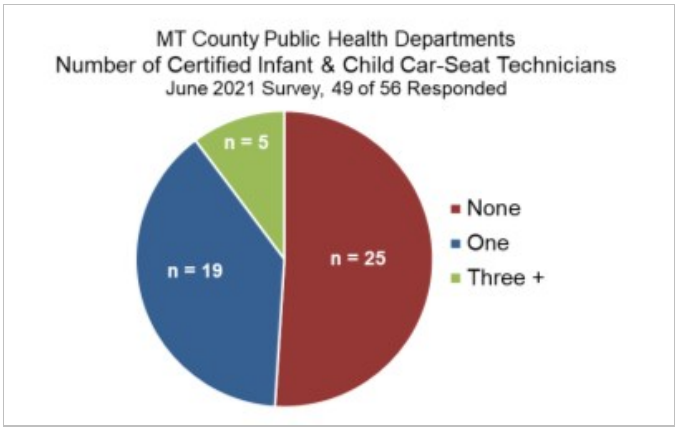
While motor vehicle traffic deaths in Montana have been trending downward over the last 20 years, they still remain significantly higher than the in the U.S. overall. The following graph shows a comparison by child age groups from 2011 to 2020.



The next graph is from the Title V Information System. It shows National Outcome Measure 16.2, for the adolescent motor vehicle mortality rate: for ages 15 – 19; per 100K; from 2007 to 2019. Montana's trend line is on top in the yellow, compared to the U.S. rate in blue.



In FFY 2021, 15 CPHDs had motor vehicle-related injury-prevention activities: 11 for car-seat safety; and 4 for distracted driving and seatbelt usage. The following chart shows the number of certified car-seat technicians at CPHDs across the state, which is another indicator of limited capacity. Twenty-five of the responding counties had no certified car-seat technicians affiliated with their CPHD.



Changes in Health Status and Needs Statistic Update

Pregnant Women, Mothers and Infants

A snapshot of the health status of MT's pregnant women, mothers, and infants may be seen from the following common health indicators.

The health status data of 1) pregnant women, 2) mothers and infants, and 3) women of child-bearing age serves as an indicator of how well programs are addressing respective needs of each group. The Montana Office of Vital Statistics (OVS) supplied the following data: In 2020 there were 10,870 resident births, of which 1,072 (9.9%) were to American Indian (AI) mothers; 831 (7.6%) births were infants weighing less than 2,500 grams; 1,059 (9.7%) were infants less than 37 weeks gestation; 8,169 (75.2%) infant's mothers received prenatal care beginning in the first trimester; 1,278 (11.7%) of infant's mothers smoked during pregnancy; and 2,975 (27.4%) of infants were born via cesarean section . Of those infants born in 2020, 92.2% were ever breastfed (PRAMS).

As noted above, births to American Indian mothers comprise 9.9% of Montana's resident births; however, race is correlated for the following MCH outcomes:

- The number of infants born to women who received prenatal care beginning in the first trimester was 569 AI (47.3%) and 7,399 White (79.5%).
- The number of mothers who smoked during pregnancy was 321 AI (26.7%) and 931 White (10%);
- The infant mortality rate for 2016 through 2020 was 11.9 per 1,000 live births for AI and 4.3 per 1,000 for White.

A preliminary review of the 2016-2020 CDR data, indicates that sleep-related circumstances strongly correlate to infant deaths (<18 months age). Of the 87 sleep-related deaths of infants, 56 were White, 26 were American Indian or Alaskan Native, 5 Hispanic/Latino (any race), and 5 were Multi-Racial. AI citizens make up 6.7% of the total population, but constitute 30% of all sleep-related infant deaths.

Children and Adolescents

In 2020, there were 218,318 children ages 1-17 years in MT, and of this total, 26,576 (12.2%) are AI (OVS). MT's childhood mortality rate for this age group was greater than the U.S. rate: 32.5 deaths per 100,000 children compared to 21, respectively.

Young people involved in fatal crashes continue to be a serious problem in MT. From 2016-2020, MT's motor vehicle traffic (MVT) crude mortality rate for children aged 0-17 years was greater than the U.S. rate with 6.2 deaths per 100,000 children in MT compared to 3.0 deaths per 100,000 children nationwide (Source: WISQARS, unintentional MV-T deaths, Age 0-17, crude rates MT vs US.)

The 2019-2020 National Survey of Children's Health (NSCH) reported the following statistics for MT:

- 18.0% of children aged 0-17 years lived in households where someone smoked;
- 53.7% of children aged 0-17 years without special health care needs had a medical home;
- 79.0% of children aged 12-17 years had one or more preventive medical care visits;
- 65.9% of children aged 0-17 years were adequately insured;
- 9.1% of children aged 1-17 years had oral health problems in the past 12 months;
- 80.4% of children aged 1-17 years had one or more preventive dental visits.

MT's rate of birth to adolescents, aged 15-17 years, was 4.8 per 1,000 in 2020, and MT's 2018-2020 suicide rate per 100,000 teens, aged 15-17, was 22.6 (OVS). The suicide rate is almost three times that of the U.S. rate of 8.6 per 100,000

teens.

Changes in Title V Program Capacity or MCH Systems of Care

Title X Family Planning Grant Awardee Change

On March 30, 2022, DPHHS was notified that the FCHB's Title X/Family Planning Program was not awarded the Title X Grant beginning on April 1, 2022. DPHHS had been the sole awardee for the past 50 years. The grant was instead awarded to Bridgercare, a non-profit reproductive and sexual healthcare clinic, founded in 1972, located in Bozeman, Montana.

DPHHS received a no-cost extension of current grant funding until September 30, 2022 and is working closely with Bridgercare to transition Title X Family Planning Clinics from their existing contracts with DPHHS, to being subrecipients of Bridgercare. The phased transition plan ensures there will be no break in services. As of October 1, 2022, all Title X Family Planning Clinics will be subrecipients of Bridgercare, and DPHHS will begin final closeout and reporting activities.

Montana Maternal Mortality Review and Prevention Program

Montana recently received a CDC grant award for Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM), which is housed in the Maternal and Child Health Coordination Section (MCHC). The Nurse Abstractor/Grant Manager is supervised by the Title V Director/MCHC Supervisor, who also supervises staff administering federal grants focused on maternal health: Montana Obstetrics and Maternal Support (MOMS); Fetal, Infant, Child, and Maternal Mortality Review/Prevention (FICMMR); and the Title V/Maternal and Child Health Block Grant programs.

This funding directly supports the work of the Montana Maternal Mortality Review & Prevention (MMRP) committee; to identify, review, and characterize maternal deaths; and identify prevention opportunities. Goals include: 1) facilitate an understanding of the drivers of maternal mortality and complications of pregnancy and better understand the associated disparities; 2) determine what interventions at patient, provider, facility, system, and community levels will have the most effect; and, 3) inform the implementation of initiatives in the right places for families and communities who need them most.

The MMRP Program hired a Nurse Abstractor/Grant Manager, whose duties include but are not limited to: data abstraction from the local FICMMR teams serving the 56 local health departments and seven reservations; supporting the Montana Maternal Mortality Review Committee (MMRC); data entry into the CDC MMRIA; fulfill CDC reporting requirements; and providing technical assistance and reports to the state FICMMR Coordinator, FICMMR teams, MOMS Maternal Health Leadership Council (MHLC) and Montana Perinatal Quality Collaborative (MPQC) related to implementing prevention recommendations. Due to a family move, the Nurse Abstractor/Grant Manager's last day was July 1, 2022, and the position is being advertised.

Changes in Organizational Structure and Leadership

Montana's Title V Program is housed within the Early Childhood & Family Support Division (ECFSD) of the Department of Public Health & Human Services (DPHHS). Jamie Palagi has been the Division Administrator since its inception in January 2020. Ms. Palagi resigned effective June 17, 2022. A new Division Administrator, Tracy Moseman, is set to begin work on August 13, 2022. Ms. Moseman has been the Faith and Community Based Services Coordinator, in the DPHHS Director's office. In this role, she has brought community partners together to offer innovative solutions for accessing services. Ms. Moseman holds a bachelor's degree in Sociology-Criminal Justice, and a master's degree in Public Administration. Her previous roles over the course of 21 years of public service include: leading health and safety initiatives in public schools through various positions at the Office of Public Instruction; improving community and school-based prevention services; and supporting public safety and offender success during her tenure at the Montana Department of Corrections.

Following the loss of the Title X federal award, two Title X Family Planning program staff and the Family Planning & Adolescent Health Section Supervisor have left their positions for new opportunities. The two remaining Adolescent Health program staff will temporarily report to the FCH Bureau Chief. Due to the recent change in funding to the Family Planning & Adolescent Health Section, the FCHB will undergo strategic visioning and planning to determine the future organizational structure of the bureau. This will begin in August 2022.

Emerging Public Health Issues

DPHHS and the Montana Department of Justice, in conjunction with local law enforcement, have identified an alarming number of fatal opioid overdoses across the state. Seizures of fentanyl by law enforcement have increased dramatically in Montana; more fentanyl was seized in the first 3 months of 2022 than in the previous four years combined.

Further, there was a 112% increase in fentanyl-related cases from 2020 to 2021. In 2020, there were 41-fentanyl related deaths, and in 2021 that number rose to 87. The number of opioid overdose-related 911 responses increased by approximately 35% in 2021 compared to 2020.
In 2021, there were 836 opioid overdose-related 911 responses by ground transporting EMS agencies.

Click on the links below to view the previous years' needs assessment narrative content:

2022 Application/2020 Annual Report – Needs Assessment Update

2021 Application/2019 Annual Report – Needs Assessment Summary

III.D. Financial Narrative

	2019		2020	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$2,323,181	$2,300,122	$2,323,181	$2,281,823
State Funds	$3,110,423	$3,058,820	$3,182,030	$3,197,388
Local Funds	$11,340,925	$11,381,026	$12,336,754	$5,666,253
Other Funds	$0	$0	$0	$0
Program Funds	$9,008,955	$7,085,446	$8,486,816	$6,598,569
SubTotal	$25,783,484	$23,825,414	$26,328,781	$17,744,033
Other Federal Funds	$22,903,139	$25,270,884	$23,766,761	$27,095,321
Total	$48,686,623	$49,096,298	$50,095,542	$44,839,354

	2021		2022	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$2,300,122	$2,281,008	$2,323,181	
State Funds	$3,013,111	$2,731,810	$3,170,955	
Local Funds	$11,133,625	$3,441,756	$5,644,793	
Other Funds	$0	$0	$0	
Program Funds	$6,574,458	$5,304,745	$6,548,111	
SubTotal	$23,021,316	$13,759,319	$17,687,040	
Other Federal Funds	$24,660,140	$28,037,700	$25,867,305	
Total	$47,681,456	$41,797,019	$43,554,345	

	2023	
	Budgeted	Expended
Federal Allocation	$2,323,181	
State Funds	$3,343,517	
Local Funds	$3,441,756	
Other Funds	$0	
Program Funds	$3,391,241	
SubTotal	$12,499,695	
Other Federal Funds	$24,009,736	
Total	$36,509,431	

III.D.1. Expenditures

Montana's Department of Public Health and Human Services depends heavily on federal funding, which is contracted to public, private, and as explained in the FFY 21 Title V/MCHBG Annual Report, MT's 56 County Public Health Departments (CPHDs). Many of the CPHDs, especially the smaller populated counties and counties with few social resources, are viewed by their community members as their initial and/or only source for enabling and public health services. The SPM 1 and 2 narratives provide greater detail and personal testimonies about the CPHD's critical role in the county.

Montana's methodology ensured that the 30%-30%-10% requirements were met for the Preventive and Primary Care for Children; CYSHCN, and administrative expenditures. The Title V MCHBG's methodology uses the ratios of the total maternal and child health population as a factor for determining state-level budget amounts for the demographic categories. As reported on Forms 2, 3a and 3b, in FFY 2021 Montana expended $2,281,009, which reflected the 49 CPHDs expending $1,056,030 (46%). The expenditures met the federal requirements:

- Preventive & Primary Care for Children $804,087 35.25%
- Children with Special Health Care Needs $753,164 32.02%
- Administrative Costs $228,100 10.00%

Form 2 reported that the 1989 Maintenance of Effort amount of $485,480 was maintained. Montana exceeded the required $3 match in non-federal funds for every $4 in Title V funds by reporting $11,478,311, which is reflected in:

- $3,441,756 from the 49 CPHDs that received Title V MCHBG funding to address their selected National/State Performance Measure (N/SPM). The CPHDs are contractually required to annually report their match amount and source.
- $2,731,810 from state general funds focused on the maternal and child health (MCH) population
- $5,304,745 program income reported by WIC, CYSHCN, and Family Planning/Title X

As illustrated below and reported on Form 2, the MCH Programs in the Family and Community Health Bureau (FCHB) benefited from state funds, which are tied to legislative rules and as such may be restrictive in their expenditure, i.e., only expended on state staff or contracted service and federal funds.

FCHB Section	State Funds	Federal Funds	Total
CSHS	$1,430,299	$855,186	$2,285,485
MCHC	$174,999	$3,111,637	$3,286,636
Family Planning/ Title X	$499,996	$3,521,072	$4,021,068
WIC	$7,948	$14,900,823	$14,908,771
MT Healthy Families/Home Visiting	$590,210	$4,639,895	$5,230,105
Epidemiology	$28,355	$279,589	$307,944
Adolescent Health:		$729,498	$729,498
Total	$2,731,810	$28,037,700	$30,769,509

As reported on Form 2a, CYSHCN benefited from the $753,164 FFY 2021 Title V MCHBG allocation, which addressed the 2020-2025 Needs Assessment recommendation to continue activities supporting *NPM 11: Establishing a Medical Home.* CSHS maintained these contractual partnerships with: the HALI Project--MT Parent Partners; Circle of Parents; the University of Montana's Rural Institute for Inclusive Communities (UMRI) Transition's project; Transition Improvement Group and the University of Utah Medical Home Portal.

CSHS staff monitored these contracts monthly or quarterly to ensure funds were expended in approved categories and contract deliverables were fulfilled. CSHS staff also provided technical assistance as needed to families, healthcare providers and social service agencies. Qualifying families were assisted with out-of-pocket expenses for their child with special health care needs by the Financial Assistance Program (FAP). Eligible families could apply for a maximum of $2,000 by completing the required application and providing the necessary documentation to indicate that the expense was unallowable by Medicaid, CHIP, and/or private insurance, and it supported the child's care plan.

The 49 CPHDs that chose to receive their FY 21 allocation, indicated their N/SPM selection, and provided details on two activities and evaluations to meet their stated N/SPM goals, which were reflected in their FFY 2021 CPHD Operational Plan. As needed, the Title V MCHBG and Fetal, Infant, Child, & Maternal Mortality Review (FICMMR) Program Specialists provided technical assistance, which included connecting to the FCHB subject matter expert, to CPHDs as follows based on N/SPM selection (several worked on two Performance Measures):

- NPM 1 = 3
- NPM 5 = 6
- NPM 9 = 2
- NPM 13.2 = 4
- SPM 1 = 26
- SPM 2 = 11

The Title V MCHBG and FICMMR Program Specialists, both in the Maternal and Child Health Coordination (MCHC) Section, completed data quality reviews of each CPHD's required reports: Quarterly; Annual Compliance & Activities; and Annual Financial & Data. Their approval is necessary prior to the release of payments, to ensure that the CPHDs met their contract deliverables. These CPHDs reports informed the NPM/SPM narratives summarizing their activities and outcomes, and provided the data to complete Forms 2, 3a & 3b, and 5a & 5b.

The 49 CPHDs FFY 21 Annual Financial and Data Reports indicated:

Total unduplicated numbers totaled 35,674 and included:
- Pregnant Women: 1,496
- Infants: 3,953
- Children 1 through 21: 20,502
- CYSHCN: 1,354
- Others MCH: 8,369

Clients self-identified racial demographics:
- White 23,504
- American Indian 3,007
- More Than One Race 740
- Other/Unknown 8,423

For FFY 21, the CPHDs reported 34,438 group encounters (duplicated numbers)

In FFY 21, the CPHDs Title V/MCHBG funds were expended on the Pyramid of Services and Population Domains as follows:

Pyramid of Services
- Enabling Services: $611,589
- Public Health Services & Systems: $369,155
- Direct Care Services (1 CPHD) $350
- Administrative Costs: $71,451

Population Domains
- Pregnant Women: $ 86,869
- Infants: $124.133
- Children 1 through 21: $354,848
- CYSHCN: $150,905
- Women ages 16 to 44 $154,376
- Group Encounters $181,612

The CPHDs reported spending the following of their MCHBG Non-Federal County Match Funds:

Pyramid of Services
- Enabling Services: $1,904,487
- Public Health Services & Systems: $1,290,303
- Direct Care Services: $263
- Administrate Costs: $246,701

Population Domains

- Pregnant Women $182,857
- Infants $462,989
- Children 1 through 21 $1,250,153
- CYSHCN $92,619
- Women ages 16 to 44 $496,160
- Group Encounters $957,976

The FFY 2021 Annual Report Domain Narratives offer more in-depth descriptions of the activities in the State Action Plan for the following Performance Measures:

- Women & Maternal Health: NPM 1: Well-Women Visit
- Perinatal & Infant Health: NPM 5: Safe Sleep
- Child Health: NPM 13.2: Oral Health for Children
- Adolescent Health: NPM 9: Bullying
- CYSHCN: NPM 11: Medical Home
- Cross-Cutting/Systems Building:
  - SPM 1: Access to Care and Public Health Services
  - SPM 2: Family Support and Health Education.

III.D.2. Budget

Montana's Title V MCHBG Program (MCHBG), housed in the Family and Community Health Bureau (FCHB), includes federal- and state-funded programs. The estimated 822,508 women, infants, children, adolescents, and Children Youth with Special Health Care Needs (CYSHCN) living in Montana will benefit from the $2,323,181 being requested for the FFY23 MCHBG budget.

The Supervisors of the Maternal and Child Health Coordination (MCHC), and Children's Special Health Services (CSHS) Sections, will provide administrative oversight of MT's MCHBG budget. MT's methodology ensures that the 30%-30%-10% requirements for: Preventive and Primary Care for Children; CYSHCN; and Administration will be met. As reported on Form 2, the FFY23 MCHBG allocation is estimated to be $2,323,181 and is anticipated to fund:

- Preventive and Primary Care for Children: $832,857 (35.85%)
- Children with Special Health Care Needs: $765,410 (32.95%)
- Title V Administrative Costs: $232,318 (10%)

The 1989 Maintenance of Effort amount of $485,480 will continue. Also, Montana will exceed the required $1,742,386 needed to meet the $3 match in non-federal funds for every $4 in MCHBG funding. The 49 participating County Public Health Departments (CPHDs) will be allocated $1 million in FFY23. They have developed goals, evidence-based or informed activities, and evaluation metrics for their selected National or State Performance Measure (N/SPM), and Fetal, Infant, Child, & Maternal Mortality Review (FICMMR) injury-prevention activity. As has historically been the case, the CPHDs are anticipated to exceed the required $3 to $4 match amount. Form 2 reports a $2.3 million decrease in program income, attributable to the Title X funding not being awarded to FCHB. The expected match is estimated to be at least $7,481,758:

- $747,000 required from the 49 CPHD (actual match amount provided by CPHDs historically well exceeds the required amount)
- $3,343,517 state maternal and child health (MCH) focused funds allocated to the FCHB; and,
- $3,391,241 in program income as reported by these Family and Community Health Bureau (FCHB) Programs: WIC and CYSHCN.

Certain state funds are tied to legislative rules, and as such are restricted in their expenditure, i.e., the funds can only support state staff or be expended on contracted services. In FFY 23 $3,343,517 (state) and $24,009,736 (federal) will support FCHB programs housed in: CSHS, MCHC; Healthy Montana Families (HMF); and WIC; which are all supported by the Epidemiology Section. The MCH population's priority health needs are being addressed through FCHB and DPHHS partnerships, which in FFY 23 will include:

CYSHCN: In addition to the 30% MCHBG allocation, all children with and without special health care needs will be served by state- and federally-funded programs, totaling $2,036,844 (state) and $679.883 (Federal). The CSHS section will continue their contractual oversight and partnerships to ensure that CYSHCN have access to a medical home (NPM 11) and make progress towards advancing the National Standards for Systems of Care for CYSHCN. The staff will continue to foster partnerships and programs which will support:

- Cleft/Craniofacial Clinics: An interdisciplinary care team will provide services to children and adults in four locations. A needs assessment is being conducted to inform how services will be rendered beyond SFY2023.
- MT Statewide Genetics Program: Genetic testing and counseling services, provider consultations, and education on genetic conditions through a contract with Shodair Children's Hospital.
- Metabolic Services: Shodair Children's Hospital is contracted to offer metabolic clinics and long term follow up services for families identified by the Newborn Bloodspot Screening (NBS) program.
- CSHS and the DPHHS Public Health Laboratory collaborate on ensuring an infant and their family receive the infant's additional services based on their NBS test results.
- Resource navigation projects, such as a resource tool for families who are considering moving to MT.
- MAPP-Net: Primary care providers and behavioral health specialists will be connected to education and consultation services to meet the mental health needs of the children and youth they serve in their communities.
- NBHSI: All infants are provided with newborn hearing screening services and resources, following the 1-3-6 Early Hearing Detection and Intervention guidelines established by the Joint Committee on Infant Hearing.
- The Newborn Screening Committee, which is charged with reviewing the panel of required screenings and

recommending any additions or removals.

The Title V CYSHCN Director/ CSHS Supervisor is completing a Request for Proposal (RFP) to expand and improve services for families of CYSCHN though family-centered peer support services that improve access to the Medical Home and support CYSHCN families in navigating the system of care. The RFP will allow for applicants to address different levels of peer support to include population, group, and individual peer support. Additionally, the RFP will allow versatility in the approach to peer support and may identify new partners and collaborations within the state.

The CSHS Title V funding will continue to support:

- The Transitions Project of the University of MT Rural Institute (UMRI), which works with families, providers and agencies to provide: education; training and tools about transition topics; and care coordination.
- The CSHS Financial Assistance Program (FAP) aids qualifying families of a CYSHCN or foster care child and helps with assistance towards services outside the scope of Medicaid, CHIP, or private insurance.
- A contract with the Family to Family Health Information Center within UMRI, for the staffing of the AMCHP/HRSA family delegate position.

Funding will also continue to support these CSHS state department staff:

- Nurse Consultant;
- Program Assistant;
- CSHS Title V Program Specialist;
- Two Program Specialists supporting: the MT Access to Pediatric Psychiatry Network (MAPP-Net); and Newborn Hearing Screening and Intervention Program (NBHSI). These are supported through their respective HRSA grant funds, not Title V funds; and
- Title V CYSHCN Director/CSHS Supervisor.

The MCHC Section will also be supported with $200,000 in state, and $2,930,311 in federal funding. The Title V Director / MCHC Section Supervisor will oversee five Program Specialists (PS), and a Nurse Consultant/Grant Administrator, who will be responsible for these programs in FFY 23:

- The *MCHBG PS* serves as the primary contact for the 49 participating CPHDs. This includes providing technical assistance and resources on their selected N/SPMs. It also entails: providing training and answering questions or concerns related to their Task Orders (contracts), Quarterly Reports, Annual Compliance & Activities Reports, and Annual Financial & Data (F&D) Reports. The annual reports reflect: the CPHDs' progress toward achieving their local goals; unduplicated numbers of MCH clients served; and expenditures.

  The MCHBG PS is the subject matter expert for SPM 1 (averaging 25 CPHDs), and SPM 2 (averaging 8 CPHDs); and refers the CPHDs to FCHB/MCHC staff who are positioned to address specific inquiries regarding NPMs 1, 5, 9, and 13.2. The MCHBG PS will remain as the Project Manager of the federal MCHBG Annual Application & Report, to provide expert oversight and ensure the timely completion. In FFY 23, the MCHBG PS plans to continue CPHDs site visits, which were halted in FFY20 due to the COVID pandemic and resumed in FFY22.

- The *Fetal, Infant, Child, & Maternal Mortality Review (FICMMR) Prevention PS* will ensure that the contractually-required CPHDs' yearly FICMMR injury-prevention activity has an evidence-based or informed foundation, and their Quarterly Reports and Annual Compliance & Activities Reports reflect their stated activity and evaluation plan. The FICMMR PS will also serve as the subject matter expert to the eight CPHDs that opted for NPM 5 for FFY 23, and continue to serve as a resource to the Maternal Mortality Review Program Nurse Consultant/Grant Administrator.

  The MCHBG and FICMMR PSs will provide their contractually-required Annual MCHBG and Quarterly FICMMR Trainings. Additionally, each will continue to offer new CPHD staff trainings on an as-needed basis.

- *Oral Health Program*: The FCHB was recently awarded the HRSA/Bureau Health Workforce (BHW) the *Grants to States to Support the Oral Health Workforce Activities,* which will continue to support NPM 13.2 (children's domain) from September 1, 2022, to August 31, 2026. The funding supports the Oral Health PS, who will continue these oral health partnerships: the University School of Washington/College of Dentistry; MT State University/College of Nursing; MT Office of Rural Health/Area Health Education Center; and Yarrow, LLC. MCHBG funds will support completing the Kindergarten and Head Start Basic Screening Surveillance in the 2022-2023 school year and, providing technical assistance (TA) to the two CPHDs that are addressing NPM 13.2 in FFY 23.

- *MT Obstetric and Maternal Support (MOMS) Program*: MOMS is entering its fourth year focusing on decreasing the

state's maternal mortality and severe maternal morbidity rates, by implementing and evaluating maternal health innovations. MOMS will continue to: offer funding to all CPHDs via mini-grants; TA to the two CPHDs that selected NPM 1; and encouraging interventions which support NPM 1, and align with MCHBG and MOMS goals.

MOMS is funding the *UMRI MOMS Maternal Health Care Experiences Survey*, which will provide information regarding: barriers; access and care experiences; and will gather information about patient experiences related to prenatal, delivery, and postpartum care in Montana. The survey is using tools from The Birth Place Lab, in the Division of Midwifery at the University of British Columbia. The information gleaned from this survey will: inform quality improvement activities for MOMS; be used to inform CPHDs on NPM 1 activities; and incorporated into the 2026-2030 MCHBG Needs Assessment.

The MOMS PS will continue working with the Billings Clinic on their demonstration project, which is expanding to include: screening for perinatal mood and anxiety disorders (PMADS), and suicidality risk in the Empaths telehealth perinatal addiction treatment health system; providing simulation trainings to healthcare providers through SIM-MT and the train-the-trainer Simulation Leadership Academy (SLA); continue project ECHO clinics twice per month; and host second annual training courses for indigenous and recovery doulas with associated study and evaluation.

- *Primary Care Office (PCO) and State Loan Repayment Program (SLRP)*: The PCO PS supports all the N/SPMs which, at their core, require a healthcare provider. The PCO PS ensures accurate data is used to determine a county's Health Professional Shortage Area (HPSA) designation. The HPSA score is critical for determining if a healthcare provider is eligible for federal or state loan repayment assistance to practice in the HPSA. In FFY 23, it is expected that the PCO's partnership with WIM, LLC will expand to include data collection for the Maternity Care Health Professional Target Areas (MCTAs). The MCTAs impact on maternal mortality and morbidity outcomes will likely influence the MOMS and MT Maternal Mortality Review and Prevention (MMRP) programs' goals and activities.
- *MT Maternal Mortality Review and Prevention (MMRP)*: In 2021, MT's Centers for Disease Control and Prevention *Enhancing Reviews and Surveillance to Eliminate Maternal Mortality* (ERASE MM) Initiative application was approved. After the necessary infrastructure was established, placing the Nurse Consultant/Grant Director in the MCHC Section, the position was staffed from mid-February 2022 through July 1, 2022. During this time, the MT Maternal Mortality Review Committee (MMRC) met and began the review process for three Calendar Year 2020 maternal deaths. While a new staff person for the position is being recruited, the MOMS PS is ensuring communication with the MMRC members and the CDC.

The health of the maternal and child populations is also supported by these FCHB housed programs:

- *Family Planning/Title X*: The Bozeman-based non-profit, Bridgercare, was awarded Title X federal funding for FFY 23. The FCHB's Bureau Chief will finalize transitioning planning with Bridgercare in FFY 23. Prior to resigning their positions, three Family Planning/Title X staff assisted with transitioning current Title X contractors to Bridgercare.

  The Section's two Adolescent Health Program Specialists now report to the FCHB Bureau Chief. In FFY 23, their partnerships continue with: community-based organizations; schools; CPHDs; Tribal Public Health Departments; and colleges. These will be supported with $704,009 in federal funds from the Title V/Sexual Risk Avoidance Education (SRAE) Grant, and Rape Prevention and Education Grant. The SRAE PS will support the three CPHDs that selected NPM 9, and the CPHD's with adolescent-focused injury-prevention activities, i.e. suicide prevention.

- *Healthy MT Families (HMF) Home Visiting*: HMF services support maternal, infant, child, and CYSHCN populations by funding four evidence-based home visiting models. The FFY 23 state ($692,980) and federal MIECHV ($4,600,895) funding supports the HMF Supervisor and three PSs. The HMF staff will oversee 18 home visiting programs, spread across 16 counties (3 of which are housed in tribal agencies). These offer the evidence-based home visiting services of: Parents as Teachers; Nurse-Family Partnership; SafeCare; and/or Family Spirit.

- *Supplemental Nutrition for Women, Infants, and Children (WIC)*: Families will continue to have access to WIC's: nutritional education; food packages; breastfeeding consultations; and fresh fruits and vegetables from Farmer's Markets. WICs federal funding is $1,472,7236 and state funds are $9K.

- *Pregnancy Risk Assessment Survey (PRAMS);* and *State System Development Initiative* (SSDI): The MCH Epidemiologist will continue administering the PRAMS ($160,020) and SSDI ($100,000) grant workplans, which support all the MCH Programs.

III.E. Five-Year State Action Plan

III.E.1. Five-Year State Action Plan Table

State: Montana

Please click the links below to download a PDF of the Entry View or Legal Size Paper View of the State Action Plan Table.

State Action Plan Table - Entry View

State Action Plan Table - Legal Size Paper View

III.E.2. State Action Plan Narrative Overview

III.E.2.a. State Title V Program Purpose and Design

The Department of Public Health and Human Services (DPHHS) works towards four goals:

- All Montana children are healthy, safe, and in permanent, loving homes;
- All Montanans have the tools and support to be as self-sufficient as possible;
- All Montanans are injury-free, healthy, and have access to quality healthcare;
- All Montanans can contribute to the above through community service.

Montana's Title V Maternal & Child Health Block Grant (MCHBG) is in the Family and Community Health Bureau (FCHB), in the Early Childhood and Family Support Division (ECFSD). Established in 2020, the ECFSD, was formed on the foundation that its seven Bureaus/Offices would serve as conveners, collaborators and partners, within and outside the division, to address the ECFSD's vision: *Children, youth, and families are healthy and thriving.* An example, which garnered public input, occurred at the April 2022 Montana Early Childhood Advisory Council meeting. The ECFSD Administrator convened the meeting and collaborated with the Title V and Children & Youth with Special Health Care Needs (CYSHCNs) Directors, to educate the 27 members on MT's MCHBG program. These members represent all of MT's 56 counties, each of whom have a County Public Health Department (CPHD).

The CPHD is a crucial county resource. As outlined in the Montana Code Annotated (MCA), Title 50: Health & Safety. Section 50-1-202: Public health services in Montana are provided via a decentralized system of care. Additionally, the General Powers and Duties Section summarizes the public health duties each county must fulfill to ensure the basic health needs of all county citizens are addressed. The 56 CPHDs provide public health services to varying extents, due to capacity and resources. These are based on any number of factors: population; county government support; ability to attract and retain providers (i.e., when the closest shopping center is 100 miles away); and staff to implement programs which are federally-funded.

Standards for distribution of MCHBG funding to CPHDs are covered in MCA Rule: 37.57.1001, which includes: "In distributing MCH block grant funds, the department will give priority to the counties, regions, and communities with the least resources, the largest proportion of underserved families, and the most serious maternal and child health problems, and will determine who should have priority by utilizing objective health indicators." In Montana, geographic disparities in rural areas account for a significant percentage of underserved families. In contrast to the relatively small population, the state's large geographic area is a primary challenge for providing services to its maternal and child residents.

As the primary provider of MCHBG services, the CPHDs input on recent statewide needs assessments was a driver for developing and continuing the two "Cross-Cutting/Systems Building" State Performance Measures (SPM). Identified by the 2015-2020 Needs Assessment (NA) and continued in the 2020-2025 NA these are:

- SPM 1: Access to Public Health Services; and
- SPM 2: Family Support and Health Education.

SPMs 1 and 2 continue to address the challenges with accessing health care services and resources due to: Montana's vast geographic size; maldistribution of providers; and health disparities among rural and American Indian populations. They also exemplify MCA Title 50: Health & Safety by supporting the CPHDs ability to meet the public health needs of their residents.

In addition to selecting SPMs 1 and 2, the 2020 NA process informed the selection of these 2021-2025 National Performance Measures (NPM) per domain: 1: Well-Women Visit; 5: Infant Safe Sleep; 9: Bullying Prevention; 11: Medical Home; and 13.b: Children's Oral Health.

The CYSHCN Director, and Children's Special Health Services Section (CSHS) staff members, are focused on continuing and improving their population health strategies to address the National Standards for Systems of Care for CYSHCN. These efforts, which will be enhanced with specific technical assistance, are anticipated to commence in the fall. They include ensuring that the NPM 11 State Action Plan incorporates:

- Intentional relationship building and collaboration with Medicaid programs;
- Building CYSHCN workforce capacity through HRSA technical assistance and training opportunities;
- Improving program integrity through increased performance metrics, quality assurance and quality improvement standards across all programs;
- Leading collaborative opportunities between CYSHCN stakeholders, such as the National Care Coordination Academy; and
- Focusing on data and equity as foundations of CSYHCN programming.

The CSHS Section's programs are designed to benefit all of Montana's children and youth with special health care needs. As illustrated in the Overview of the State narrative, CSHS staff are a valuable resource for the CPHDs as they navigate the system of care for a child/family in need of a pediatric specialist.

To ensure that CYSHCNs and their families have access to a medical home, the CYSHCN Section oversees the NPM 11 State Action Plan. Addressing NPM 11 requires partnerships with these community-based organizations spread across Montana: Shodair Children's Hospital; University of MT Rural Institute's Transitions Project, and Family-to-Family Health Information Center; Circle of Parents; MT School for the Deaf & Blind; and HALI Project.

New CPHD partners for providing services and family support may be identified by a new CSHS Request for Proposal (RFP) to expand and improve services for families of CYSHCN through family-centered peer support services. These new partners would add to the ECFSD program partners which were identified through the 2020-2025 Needs Assessment and illustrated below:

Needs Assessment Opportunity	New ECFSD Program Partners
Food insecurity and nutrition	MT No Kid Hungry Project
Educate parents on developmental milestones	Child & Adult Care Food Program
	Tribal & Non-Tribal Head Start Collaboration Director
	Part C Service Providers
	Child Care Resource & Referral Agencies
	Child Care Licensing Program
	Children's Trust Fund
Explore & expand telehealth reach	Part C Service Providers
Ongoing support for Head Start and childcare programs	Child & Adult Care Food Program
	Tribal & Non-Tribal Head Start Collaboration Director
	Child Care Resource & Referral Agencies
	Child Care Licensing Program
Educate about generational trauma	Children's Trust Fund
	Tribal & Non-Tribal Head Start Collaboration Director
Need for family support to connect families to available resources	Child & Adult Care Food Program
	Tribal & Non-Tribal Head Start Collaboration Director
	Part C Service Providers
	Family Support Advisory Council Part C (IDEA)
	Child Care Resource & Referral Agencies
	Child Care Licensing Program
	Children's Trust Fund
Invest in online training	MT State University Early Childhood Project

Historically, 41% to 45% of annual MCHBG funding is allocated to the CPHDs. As a condition of receiving MCHBG funding, the CPHDs submit an annual Operational Plan for their National or State Performance Measure (N/SPM) and details for an injury-prevention activity, as required by the Fetal, Infant, Child, & Maternal Mortality Review Program (FICMMR) MCA 50-19-401-406. Their N/SPM and injury-prevention activities are determined based on the needs of their community and informed by their community health assessments.

The CPHDs receive trainings on evidence-based/informed or best practice activities and MCHBG reporting processes. To optimize the CPHDs staff time, many of whom manage multiple DPHHS public health programs, the MCHBG Program Specialist (PS) and State FICMMR Coordinator ensure the timing of their trainings don't conflict with other DPHHS or ECFSD trainings. These state staff have witnessed an increase in the number of new CPHD staff, which means offering MCHBG and FICMMR introductory trainings on a more frequent basis. The increase is attributed to continued CPHD staff turnover rate impacted by stress from COVID response, and an aging and shrinking public health workforce.

The CPHDs' N/SPM and injury-prevention activities, determined by their community health needs assessments, have measurable goals, activities, and evaluation plans which are approved by the MCHBG PS and FICMMR Coordinator. These staff also hold the CPHDs accountable for meeting their goals by providing feedback on the CPHDs Pre-Contract Surveys

and Quarterly Reports. Quality improvement efforts often include questions for specifics, and ideas for the CPHD to consider for implementation. Their overall outcomes are summarized in the CPHD Annual MCHBG Compliance & Activities Report.

The CPHDs avail themselves of the wealth of information and expertise embedded in the FCHB which includes the Maternal and Child Health Coordination (MCHC) and CSHS Sections, supervised by the Title V and CYSHCN Directors. The FCHB's sections have subject matter experts that cover all the N/SPMs as follows:

- Adolescent Health - NPM 9, SPMs 1 & 2
- CYSHCN – NPM 11 and SPM 2
- Epidemiology—All N/SPMs
- FICMMR – NPMs 5 & 9; SPMs 1 & 2
- Healthy MT Families Home Visiting - NPMs 1, 5, 11, & 13.b, SPMs 1 & 2
- Maternal Mortality Review and Prevention Program: NPM 1, SPMs 1 & 2
- Montana Obstetric & Maternal Support Program - NPM 1, SPMs 1 & 2
- Oral Health Program - NPM 13.b, SPMs 1 & 2
- Primary Care Office - SPM 1
- WIC/Nutrition Services- NPM 5, SPMs 1 & 2

The CPHDs are encouraged to develop and maintain partnerships within and outside their communities. FCHB staff have access to numerous ECFSD programs which are additional resources for the CPHDs, and to other programs and organizations whose mission is to address the maternal and child population's specific health, and social determinants of health needs.

The ECFSD Leadership is committed to supporting the success of Montana's Title V MCHBG 2023 Application, which supports the ECFSD Vision and Mission:

Vision: Children, youth and families are healthy and thriving.

Mission: The Early Childhood and Family Support Division provides coordinated services and resources to promote the well-being and support the health and development of children, individuals, families, and communities.

III.E.2.b. State MCH Capacity to Advance Effective Public Health Systems

III.E.2.b.i. MCH Workforce Development

In January 2020, the Department of Public Health and Human Services (DPHHS) established the Early Childhood and Family Support Division (ECFSD). The ECFSD includes the programs housed in the Family and Community Health (FCHB) and Early Childhood Services (ECSB) Bureaus, the Prevention and Early Intervention Unit, and No Kid Hungry. The Division Administrator (DA) oversees the FCHB, ECSB, Fiscal and Operations Bureau (FOB), Prevention and Early Intervention Unit, the Business Systems/Operations Unit, and No Kid Hungry.

The ECFSD mission to better coordinate existing services for children and families remains strong. The ECFSD structure continues to evolve as DPHHS and Division programmatic needs are identified. On August 9, 2021, DPHHS leadership announced that the agency had completed an overall organizational health assessment that will guide the agency's restructuring plan. The new DPHHS structure is included as a Supporting Document (https://dphhs.mt.gov/News/2021/08/DPHHSAnnouncesagencyrestructuring.) Since then, the following key personnel changes have been announced: hiring a new Medicaid Director; resignation of DPHHS Director Adam Meier, effective August 2022; and promotion of DPHHS Chief of Staff, Charlie Brereton, to the Director's position.

In its second year, the ECFSD experienced continued turnover and is assessing the most effective organizational structure for moving forward, especially related to fiscal and operations support for the programmatic bureaus. All Divisions within DPHHS have support through centralized human resources, budget management, fair hearings, and public information. The ECFSD Division Adminstrator Jamie Palagi resigned her position in June 2022. A new Division Administrator, Tracey Moseman, is set to beging work on August 13, 2022. The Title X grant, administered by DPHHS for over 50 years, was awarded to a non-profit through a competitive funding process.

The DPHHS Human Resources (HR) Office assists with the recruitment and hiring processes and provides onboarding training for all new hires. In addition to the HR training, an employee engagement committee within ECFSD developed an *ECFSD New Employee Manual*, which expands on the DPHHS HR training. Some programs have developed their own onboarding materials to support new employee training specific to program competencies, these include: Chilren's Special Health Services (CSHS), Oral Health, Maternal Review and Prevention, and the Primay Care Office.

Annually, all employees are required to complete refresher trainings from DPHHS HR, and the Technology Services Division, on topics such as: The Health Insurance Portability and Accountability Act (HIPAA); safety in the workplace; and internet safety. Additionally, DPHHS HR offers monthly supervisory-focused online trainings, with topics selected from a DPHHS formal survey. Topics have included "How Managers Can Use the Employee Assistance Program (EAP)", What You Need to Know About the Human Rights Bureau and Discrimination Laws," and "COVID 19 Management." ECFSD staff are encouraged to take these trainings.

The Title V MCHBG State Action Plans (SAP) are overseen by the Title V Director/Maternal and Child Health Coordination (MCHC) Section Supervisor and CSHCN Director/ Children's Special Health Services (CSHS) Section Supervisor.The MCHC Section remains steady with five program specialists (PS) and the inclusion of a Nurse Consultant/Grant Administrator who oversees the Maternal Mortality Review and Prevention Program (MMRP).

MCHC PS are responsible for the SAP as follows: NPM 1: Montana Obstetrics & Maternal Support (MOMS) Program Specialist; NPM 5: Fetal, Infant Child & Maternal Mortality Review (FICMMR) Program Specialist; NPM 13: Oral Health Program Specialist; and the MCHBG Program Specialist has specific responsibility the County Public Health Department (CPHD) contracts, SPMs 1 and 2, plus overall responsibility for the SAP.

The ECFSD Leadership Team elected to have the Adolescent Health Program Specialist (AHPS) report directly to the Title X Director and subsequently now to the FCHB Bureau Chief. The AHPS continues to: support the NPM 9 state action plan; and works directly with CPHD's that have selected an adolescent-focused FICMMR prevention activity.

Within the last six months, both the Oral Health Program Specialist and MMRP staff members have opted to pursue career advancements. Both positions are being recruited.

The CSHS Section, now a five-person team, experienced changes in the past year and turn-over in the following positions: MAPP-Net Program Specialist, Program Assistant, and Title V CYSHCN Program Specialist. Staff in these position had been in them for less than one year. All positions have been successfully filled. CSHS attempted to recruit a VISTA for the 2022 calendar year however were unsuccessful in attempts in both January and July, based on low applicant turn-out and graduate school opportunities. CSHS will reassess internal strategy and VISTA recruitment strategies, as the state department has seen a drastic reduction in the amount of VISTA applications in 2022 compared to 2020 and 2021.

The ECFSD Leadership Team created the ECFSD Workforce Development Policy and Procedure (WDPP). The WDPP

outlines expectations for all the ECFSD positions and encourages individualized professional development. The WDPP will be updated to reflect the new HR performance management system, TALENT, which, has been implemented across the State of Montana. DPHHS employee's have begun to document two time-based, measurable, goals that align with agency goals. This system will allow the State to track performance across all state departments, and ensure alignment with key agency objectives.

The CSHS and MCHC staffs' job descriptions, at a minimum, reflect the necessary skills, knowledge, abilities, and experience needed for their positions on day one. New employees to state government are required to have a probationary performance evaluation, which includes SMART goals (Specific, Measurable, Attainable, Realistic, Timely) to be completed within the six-month probationary period. This evaluation, when combined with the staff member's annual performance review and their reflective supervision meetings, are opportunities to identify their professional development needs. Staff have also identifed their won TALENT goals, which are reviewed with their supervisor on a quarterly basis.

In September 2021, DPHHS employee's were required to return to in-office work. An external contractor was hired to conduct an analysis of the risk/benefits of remote work across the State of Montana. Staff input received through interactive meetings and online survey's will be used to inform the results, which should be released by Autumn of 2022. Requests to telework are not accepted until the results of the survey have been released, telework is approved by leadership, and the Department of Administration has put policies into place.

Staff are encouraged to avail themselves of training from the State Professional Development Center (PDC), housed in the Department of Administration. The PDC offers training on topics such as: Excel for Beginners to Advanced; planning and organizing; writing clearly and concisely; and, in response to COVID-19, Telework Made Easy. Other opportunities include: participating in Public Health and Safety Division training opportunities; attending federal grantee online trainings, i.e., Health Resources & Services Administration (HRSA) and Centers for Disease Control (CDC); and participating in section and bureau specific trainings, such as the one attended by the MCHC Section on specialized GIS Mapping. ECFSD managers participated in Collaborative Safety Science training together as a team.

ECFSD staff were queried on their immediate and emerging training needs, and in response, bi-monthly *Lunch & Learns* were established. The *Lunch & Learns* have featured updates from these ECFSD standing committees: Diversity, Equity, Inclusion; and Employee Engagement. ECFSD subject and program matter experts have also been featured in areas such as: budget creation; and, Federal/State-funded services such as the Children's Trust Fund and No Kid Hungry; there are also program specific presentations.

The CSHS staff have also participated in trainings offered through a partnership with a state university, specific to: Diversity, Equity and Inclusion; and Budget Management. Additionally, CSHS staff have applied to be part of the AMCHP CYSHCN New Director and emerging professional leadership academies. CSHS staff is currently in the process of applying for technical assistance specific to CYSHCN Standards of Care. All CSHS staff will participate in this training and identify specific elements within the standards of care for additional study. As part of the effort to improve the section's competency and practice around health and racial equity, the CSHS team spends 15 to 30 minutes at every staff meeting reviewing readings on health disparities and equity topics.

The Title V MCHBG and CSHCN Directors have expanded their working relationship to include their respective MCHBG Program Specialists. Monthly meetings include topics such as: collaboration on NPMs; cross-training on programs; financial/budget discussions and block grant application logistics. CSHS is taking on a more active role in supporting the Title V MCHBG Application & Report, and working with local public health entities. Title V MCHBG and CSHCN Directors hosted a team-building meeting with activities for all MCH and CSHS staff, with the goal of building relationships to support program collaboration.

ECFSD staff are involved in planning the 9th Annual *Great Beginnings, Great Families Conference* (GBGF), which will be held in August 2022. The conference aims to the connect programs, providers, and partners involved in the state's early childhood, and maternal, child and adolescent health (MCAH) systems. It also serves as a training and workforce development opportunity for state and local staff. Pre-meetings will be held by ECFSD programs including: CSHS, Part C and Healthy MT Famlies.

III.E.2.b.ii. Family Partnership

The Family & Community Health Bureau's (FCHB's) Children's Special Health Services Section (CSHS) and Maternal and Child Health Section (MCHS) are primarily responsible for ensuring that Title V MCHBG input is solicited from Montana's families and consumers. Family and consumer feedback and involvement are sought directly from surveys or participation at meetings. When feasible, their input is included in the State Action Plan objectives, goals, and activities.

Family and consumer insights are also received from contractors working with the maternal and child population. CSHS contracts with family-led organizations to provide services and solicits their input on programs and initiatives.

CSHS's vision is to increase family and youth voice in program decisions. CSHS initiated several strategies to increase family voice in programs in FFY21, which have been implemented in FFY22. These strategies include:

- Implementation of a Memorandum of Understanding (MOU) between CSHS and the Family-to-Family Health Information Center (F2FHIC)
- Implementation of a contract with F2FHIC for the AMCHP Family Delegate position, held by Tarra Thomas. This position will be embedded within the F2FHIC. Two substantive changes this contract will implement include compensation for the Family Delegate position and a clear scope of responsibilities related to CSHS programs.
- Working on special projects in collaboration with F2FHIC to advance the voice of families and address critical needs. Two examples that began in FFY21, and concluded in FFY 22, include: a grand-round family panel; a resource tool for how to put together a grand-round family panel; and a *Moving to MT* resource guide.

Examples of parent engagement across MCHS/CSHS programming:

- Family and consumer input were received from the Universal Newborn Hearing Screening and Intervention (UNHSI) Coordinator, who is working with two family-based organizations: the Montana School for the Deaf and Blind (MSDB) and MT Hands and Voices (H&V). They are contracted to increase family involvement and outreach to the families with Deaf/Hard of Hearing (D/HH) children.

    - The MSDB contract requires them to offer a Deaf Mentor Program for D/HH children. The Deaf Mentors are trained through the SKI-HI Institute at Utah State University. During 2021, Deaf Mentor services were provided via Zoom. Throughout the pandemic, services were successfully provided to 16 families. Deaf Mentors also offered 14 online ASL sign classes.

    - Due to the COVID-19 pandemic, in-person activities were suspended by the MT Hands & Voices Chapter. A virtual parent advocacy training was held in February. CSHS is working on a Request for Proposal for this and the next federal fiscal year, to continue the work of engaging with Deaf/HH families through activities such as: outreach events; support groups; playground days; science camps; ASL story times, and gymnastic days.

    - The UNHSI Coordinator also leads the 18-member UNHSI Learning Community (LC), composed of: five parents; a D/HH adult; audiologists; Early Interventionists; an epidemiologist; data manager; nurse consultant; and hospital screening staff. The LC focused on developing family-focused outreach and education materials and identifying strategies to reduce *Loss to Follow-Up* for newborn hearing screenings. Program staff provide outreach to various levels across the healthcare system and directly to families. Training opportunities are provided to program staff, family support specialists, and parents. In 2020, six members of the LC attended the national EHDI conference.

- In FFY 2022, a Governor-appointed Newborn Screening Committee, created by legislation in the 2021 legislative session and supported by a partnership between CSHS and the Public Health & Safety Division's (PHSD) Metabolic Newborn Screening (NBS) Program, will begin convening on a bi-annual basis. They will review the panel of required screenings and recommend any additions or removals. The committee will include two individuals affected, or two family members of individuals affected, by conditions screened through the Metabolic NBS Program. The Committee also includes the director of the Family-to-Family Health Information Center. The committee met in April 2022 and is scheduled to next meet on August 31, 2022. The focus of the first two meetings is to onboard the members and decide on by-laws, screening criteria and nomination process. The meetings are public and advertised on the DPHHS calendar.

- Parent Partner is an individual direct service peer program. The family-led HALI Project is contracted to facilitate the MT Parent Partner Program (MPPP) in communities across Montana. Parent Partners, who are parents of CYSHCN, work in clinics to support and provide referrals to families - and inform them of CSHS family, clinic, and community resources.

In FFY21, 133 families across MT received MPPP services in 792 total encounters. The number of families served, and respective encounters, have decreased in FFY21 due to COVID19 impacts and transitions of MPPP staff who deliver the services. The contract was re-organized for FFY22 to increase the amount of funding directed towards peer services with the goal of increasing services across the state.

Circle of Parents is a group peer program. Circle of Parents is a national model of peer groups that are led by parents and other caregivers, and has a very strong emphasis on Parent Leadership. Circle of Parent groups are in a variety of urban and rural counties across the state and the program is led by two Parent Leaders.

A Request for Proposal (RFP) for family peer services will be released in the summer of 2022. The RFP will select offerors to provide individual, group or state-wide resource navigation peer services to CYSHCN families. Family-led organizations will be prioritized in the process. The goal of the RFP is to increase the delivery of family peer services in the state of Montana.

- The CSHS Stakeholders' Group includes eight family members and one consumer. The most recent meeting was in December 2021 and was conducted virtually. The next meeting scheduled will occur in-person, in August 2022. CSHS is soliciting feedback on the meeting agenda and format from critical partners, like the Family to Family Information Center and the Title V parent delegate.

- CSHS contracts to fund work with the University of Montana's Rural Institute for Inclusive Communities (UMRI), which is a key source of family and stakeholder input. The UMRI leads the Consumer Advisory Council (CAC), a group of 15 consumers and family members in transition, and representatives who serve the population. The CAC works with CSHS staff to revise the Healthcare Transitions Guide as needed. UMRI and CAC staff raise awareness and provide educational information at venues such as conferences, vendor fairs, and monthly learning webinars. Attendee's feedback is shared with CSHS, integrated into quality improvement efforts, and aids in selecting future topics.

- For the CSHS Financial Assistance Program, a committee was formed in FFY21. This includes CSHS staff and parent leaders (two staff from Family to Family Information Center and a Title V Family Delegate), to review applications to the program. This committee meets on a regular basis to discuss and review financial assistance applications, and determine how funding should be allocated to applications.

  The above committee is also currently working on a project to support resource navigation for families of CYSHCN who are moving to Montana. The project will result in an electronic resource, with various levels of information. CYSHCN families relocating to Montana do not currently have a centralized, reliable resource to learn about what services, resources, and challenges will meet them upon entering the state. The project will create a comprehensive, targeted, electronic resource for this need. The electronic resource will be grouped into key categories, such as health services and education services. The information in this resource has been gathered through a series of surveys and stakeholder meetings. The work was concluded in January 2022, and presented to families and clinicians through a webinar hosted by the Family to Family Health Information Center.

- In September 2019, the Title V Director/MCHS Supervisor was re-appointed to serve as one of 29 members on the MT Council on Developmental Disabilities. The Title V Director continued to serve as a member throughout FFY21. The members are primarily: people with developmental disabilities and family members; representatives from state agencies; state legislators; and, groups that work on behalf of people with disabilities. The Council meets quarterly, at which time the members are apprised of and offered the opportunity to provide their input on the Title V Annual Report and Application.

Client and consumer satisfaction surveys are conducted regularly with the maternal and child population served by DPHHS programs. The results are included for programming decisions in an ongoing basis. Current examples include:

- Local County Health Public Departments (CPHD) accepting Title V funds conduct a client survey and use the results to help with their program planning and selection of a national or state performance measure. The CPHD survey summary is a required annual deliverable.
- Through FFY21, the Title X Family and Reproductive Planning programs required their clinical providers to solicit feedback from clients/participants.
- WIC conducts an annual client/participant survey.
- CSHS is planning to implement a client/participant survey for those who utilize the cleft-craniofacial clinics.

III.E.2.b.iii. MCH Data Capacity

III.E.2.b.iii.a. MCH Epidemiology Workforce

Within the Early Childhood and Family Support Division (ECFSD), there are five Maternal and Child Health Epidemiologist (MCHE) positions and one Data Support Specialist. Three of these positions have vacancies. The MCHE Section is staffed by:

1. Senior MCH Epidemiologist Supervisor, Dr. Miriam Naiman-Sessions
2. Pregnancy Risk Assessment Monitoring System (PRAMS) Coordinator/Epidemiologist, Vacant
3. Maternal Epidemiologist, Vacant
4. Early Childhood Epidemiologist, Vacant
5. Children & Youth with Special Healthcare Needs (CYSHCN) Epidemiologist, Walker Hopkins, MS
6. Data Support Specialist, Maren Weber

Dr. Naiman-Sessions has a PhD and MS in Sociology, with an emphasis in the social and structural determinants of health inequities, and over 10 years of experience working in the field of MCH. She has been employed as the Senior MCHE since the position was created in 2018. As the Senior MCHE Supervisor, her designated roles/responsibilities include:

- PRAMS Principal Investigator and Grant Director
- State Systems Development Initiative (SSDI) Grant Director
- Supervision of the MCH Epidemiology Section
- Coverage for MCHE vacancies
- ECFSD projects as assigned

Mr. Hopkins joined the MCHE Section in April 2021, bringing previous work experience using his MS in Statistics. His duties include projects pertaining to the CYSHCN population. For example, Mr. Hopkins is currently conducting a predicative analysis of newborns lost to newborn screening follow-up, and a descriptive analysis of children with cleft palate and other craniofacial anomalies.

The PRAMS Data Support Specialist, Maren Weber, was hired in November 2021. Her contributions include: overseeing mail operations; managing project inventory; data entry; and phone phase monitoring. This position is funded by PRAMS.

Montana has experienced fluctuations in MCHE capacity since its creation. The MCHE Section was formed in October 2018, when the Public Health & Safety Division established state leads for its three main epidemiology subject matter areas: communicable disease, chronic disease, and maternal and child health. In 2017 Montana had 4.0 FTE MCHE positions: PRAMS; Maternal, Infant and Early Childhood and Home Visiting (MIECHV), SSDI, and an MCH generalist (which served as an epidemiologist for all non-MIECHV MCH programs).

In 2018, the MCHE Section was established, and MCHE capacity grew from 4.0 FTE to 7.0 FTE following the creation of three new positions: a Senior MCHE Supervisor (i.e., the state lead for MCHE), an adolescent health epidemiologist, and an oral health/nutrition epidemiologist. These epidemiologists were directly supported with federal funding from their respective programs. The MCHE generalist was restructured to be a subject matter expert position for the Children and Youth with Health Care Needs (CYSHCN) and Fetal, Infant, Child, and Maternal Mortality Review (FICMMR) programs. The section maintained this capacity until DPHHS underwent a restructuring in 2020. In 2020, three epidemiologist positions were repurposed to non-epidemiologist roles (Adolescent Health, WIC/Oral Health, SSDI). A MCHE position for maternal health was created in 2022, to support the ERASE grant awarded to Montana, however, Montana has had difficulty recruiting candidates for this position.

Montana is currently struggling to recruit and retain trained MCHEs. The maternal health epidemiologist position has yet to be filled, and during this recruitment process another two MCHE vacancies occurred (Early Childhood/MIECHV, PRAMS). The increasing nationwide demand for epidemiologists coupled with both an increasing cost of living and limited salary increases in Montana have made recruitment for MCHEs challenging. The MCHE positions have been circulated with in and out-of-state graduate programs and through MCHE listservs and epidemiologist job boards (i.e., CSTE, AMCHP).

However, despite these efforts Montana has had very few applicants who meet the minimum qualifications for its MCHE positions (i.e., a master's degree and a minimum of three years relevant experience). An added challenge is Montana's requirement that staff work in-office, while many other employers offer telework or remote work options. To address the continued reduction in the MCHE workforce and DPHHS MCHE capacity, DPHHS has continued contracting with external partners to oversee grant-required activities previously overseen by state MCH epidemiology staff (e.g., data collection, needs assessments, and evaluations).

III.E.2.b.iii.b. State Systems Development Initiative (SSDI)

Montana is a State Systems Development Initiative (SSDI) grant recipient. The Senior Maternal & Child Health Epidemiology (MCHE) Supervisor serves as the SSDI Grant Director and supports the Title V Maternal & Child Health Block Grant (MCHBG) through record linkages for use in MCHBG reporting, as well as other Title V activities.

Montana is currently using SSDI funds in-part to support its maternal and infant health surveillance system (i.e., PRAMS) by directly funding the PRAMS Epidemiologist and by adding MCHBG-requested questions to the survey. The Senior MCHE is paid via indirect expense, and supports the MCHBG through program consultation, data system development coordination, and annual reporting support (i.e., narrative sections on MCHE capacity, SSDI, and data). The goals and objectives of the SSDI workplan are included below, detailing activities supporting these goals and objectives for the reporting period:

Goal 1: Build and expand state MCH data capacity to support MCHBG program activities and contribute to data-driven decision making in MCH programs, including assessment, planning, implementation, and evaluation.

Objective 1: Coordinate the development and implementation of the statewide MCHBG Needs Assessment.

Montana completed the 2020-2025 MCHBG Need Assessment during the spring of 2020. Ongoing SSDI funded needs assessment activities include the implementation of a state-added PRAMS question to measure access to care and public health services, and ongoing consultation and coordination of Early Childhood & Family Support Division (ECFSD) needs assessment activities, including ongoing MCHBG needs assessment activities.

Objective 2: Provide technical assistance and consultation to local and state partners on assessment, planning, implementation, evaluation on maternal and child health topics.

The Senior MCHE frequently provides consultation to ECFSD programs, and the MCHBG more specifically. This includes consultation for ongoing MCHBG needs assessment activities such as PRAMS data collection, and assessment of Children's Special Health Services (CSHS) specialty clinics.

Objective 3: Develop technical assistance materials for local and state partners on key maternal and child health topics identified in the 2018 State Health Improvement Plan (SHIP) and the 2020 MCHBG Needs Assessment.

The Senior MCHE has developed a list of potential dashboards to develop for public release, which includes a MCHBG data dashboard.

Objective 4: Conduct data analyses for the MCHBG application/annual report.

The Senior MCHE provides data analyses for the MCHBG 2023 Application & 2021 Annual Report.

Objective 5: Provide epidemiological support to the Children Special Health Services program.

The Senior MCHE provides consultation for the cleft, cranio-facial needs assessment and the development of new data systems to support CYSHCN data collection and reporting.

Objective 6: Enhance quality assurance activities, enabling local programs to make data-driven decisions concerning quality improvement efforts.

No activities were completed for this objective during the reporting period.

Goal 2: Advance the development and utilization of linked information systems between key MCH datasets in the state.

Objective 1: Collaborate with state partners to overcome barriers to linking remaining data sources to the MCH Dataset.

In May 2022, the Senior MCHE presented an overview of current data integration efforts and challenges to the ECFSD administrator. This presentation included a proposal for software that would reduce MCHE burden for data integration while improving data integration sustainability. No action has been taken following this presentation following a turnover in ECFSD administration and other barriers to IT solution procurement.

Objective 2: Coordinate with partnering Department of Public Health & Human Services (DPHHS) divisions to arrange data sharing agreements, facilitating the linkage of additional maternal, child, and adolescent health data sources with the MCH Dataset.

Within the ECFSD, a data sharing agreement template and tracking system has been created. Data Use Agreements (DUAs) are now in place for many of the SSDI minimum/core datasets, specifically those that align with Montana's Association of State & Territorial Health Officials (ASTHO)-funded PRAMS clinical data linkage community of learning project, which includes: linking PRAMS to Medicaid Part C; newborn screening; Maternal, Infant, and Early Childhood Home Visiting (MIECHV); Children's Special Health Services (CSHS); and Child Protective Services (CPS) data to develop a more comprehensive Children & Youth with Special Health Care Needs (CYSHCN) surveillance system.

Objective 3: Facilitate the data governance and data use processes across MCH programs to expand the use of the MCH dataset.

Within the ECFSD, the Business Systems and Operations section oversees data governance and consistency.

Goal 3: Support program evaluation activities around the National Performance Measures (NPMs) that contribute to building the evidence base for the MCHBG.

Objective 1: Develop and apply evaluation plans for programs and activities supporting the MCHBG national performance measures.

Montana is currently implementing an evaluation of the Power Up! Speak Out! (PUSO) bullying prevention curricula, which is being implemented with Rape Prevention & Education (RPE) funding in middle schools across the state. The PUSO Evaluation Plan was developed in partnership with CDC and the Harvard T.H. Chan School of Public Health as part of the 2019 MCH Evaluation Practicum. Data collection tools and systems were developed prior to program implementation and are currently in use.

Objective 2: Develop and apply evaluation plans for programs and activities supporting the MCHBG State Performance Measures (SPMs).

The Senior MCHE and MCHBG program staff have had multiple meetings to discuss the development of objective measures of SPM1 and SPM2 which would facilitate needs assessment and evaluation activities related to SPMs. The MCHE is currently drafting these measures for review and potential inclusion in the MCHBG Data Dashboard.

Objective 3: Provide technical assistance on program evaluation and quality improvement efforts to state and local partners.

No activities were completed for this objective during the reporting period.

Objective 4: Produce reports on program evaluation findings.

No activities were completed for this objective during the reporting period.

Objective 5: Improve the functionality of Montana's Indicator-Based Information System (IBIS), an interactive public health data resource.

Montana has replaced IBIS with another querying system. The MCHE Section has since developed a Tableau-based PRAMS Indicators Dashboard and is developing a MCHBG Dashboard.

III.E.2.b.iii.c. Other MCH Data Capacity Efforts

In addition to the epidemiology support described in the previous two sections, other MCH data capacity efforts are managed through the Early Childhood and Family Support Division's (ECFSD) Business Systems and Operations (BSO) Section.

The BSO team is led by Chris Santucci who has a Master of Arts degree in Sociology; eight years of leadership experience gained in the military and private sectors; seven years' experience in the technology field, specializing in cybersecurity practices; and is currently enrolled in a Master of Business Administration program. He directly supervises the following BSO team members (areas of focus included):

- Blair Hendricks: WIC M-SPIRIT System Lead
- Nathan Senn: Computer Support Specialist for WIC M-SPIRIT System and Child Care Under the Big Sky (CCUBS), and other Division programs as needed
- Lanny Wilbur: Children and Youth with Special Health Care Needs (CYSHCN) Database Administrator for CSHS HiTrack data system and the Child Health Referral Information System (CHRIS)
- Tom Wolff: MT Maternal and Early Childhood Home Visiting (MTmechv) Database Administrator
- Melody Olson: Child Care Under the Big Sky (CCUBS) Data Steward and Analyst

The BSO manages and offers technical support to most of the maternal and child health programs' data information systems. The systems specific to the Family & Community Health Bureau (FCHB) are as follows:

- WIC M-SPIRIT System;
- Title X Family Planning database Ahlers;
    - NOTE: As of April 2022, MT was not awarded Title X funds. DPHHS was granted a no-cost extension and is maintaining the Title X database during the transition of the Title X program to a private non-profit. Upon final transition in the Fall of 2022, the State data will be archived.
- Maternal, Infant, Early Childhood Home Visiting (MIECHV) case management data system MTmechv;
- Children and Youth with Special Health Care Needs (CYSHCN) Child Health Referral Information System (CHRIS), HiTrack system for hearing assessment and management and newborn screening follow-up;
- Adolescent Health's primary data management system REDCap, an open-sourced Public Health database and collection tool administered by the University of Washington Institution of Translational Health Sciences;
- The Fetal, Infant, Child, and Maternal Mortality Review (FICMMR) Prevention Program records the data for fetal, infant, and child mortality reviews into the National Center for Fatality Review and Prevention, Child Death Review (CDR) System.

BSO staff are currently overseeing several enhancement initiatives for these FCHB-housed data systems. These enhancements, not funded by the State Systems Development Initiative (SSDI), include:

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

- The WIC M-SPIRIT system has been in its current form of operation since 2010 and is part of a multi-state consortium. It is being enhanced into a web-based system called SPIRIT Web. SPIRIT Web will provide real-time, quality data to local, state, and federal partners. Before release to the 85 WIC clinics within the state of Montana (MT), it will be beta tested by a select number. Training will be provided by both the consortium and MT state-level staff. The current anticipated date for release of SPIRIT Web is live by 2023.

  The current EBT contract ends in 2025. Because the project to replace the EBT vendor has a large scope encompassing WIC, SNAP, and TANF, the Human and Community Services Division is leading the procurement with BSO Staff and WIC Staff serving as partners. Requirements have been gathered and entered into the Technology Services Division Project Intake process in preparation for the RFP process.

Title X Family Planning

- As of April 1, 2022, MT DPHHS is no longer the recipient of Title X funds. DPHHS has been granted a no-cost extension to facilitate the smooth transition of the program and all associated data to a private non-profit organization within the State. During this time, DPHHS and the ECFSD are working with the new recipient to transition existing data from the State servers by providing historical reports to subrecipients and actual data to the new awardee.

  Upon conclusion of the no-cost extension in September of 2022, all existing State data related to Title X will be taken

out of production and archived.

Fetal, Infant, Child, and Maternal Mortality Review (FICMMR)

- MT's FICMMR program entered into a Data Use Agreement (DUA) with the National Center for Fatality Review and Prevention in September 2012, for the purposes of allowing local FICMMR Teams' review data to be entered into the Child Death Review (CDR) System. FICMMR Teams continue to enter the data for their fetal, infant, and child death reviews into CDR Version 6.0.

  Work has begun with the MT Office of Vital Records (OVR), the MCH Epidemiologist, the FICMMR Coordinator, and the Title V MCHBG Director to proceed with a business process enhancement project. The goal is to mitigate errors by standardizing key data fields and keep death certificate numbers static across the system. These data fields include:

  - State ID
  - Child's First Name
  - Child's Last Name
  - Child's Date of Death
  - Child's Age
  - Child's Age Category

  After conversations within OVR and DPHHS Technology Services Division (TSD), an OVR database schema has been provided to ECFSD staff to identify the required tables to both satisfy the need, and maintain Least Privilege best practices. Once specific tables are identified, TSD's Vital Statistics Database Administrator will provide BSO staff with read-only access to the identified tables so ECFSD can query directly against a copy of the database for the fields needed to upload into the CDR System, and the National Fatality Review Case Reporting System. Anticipated completion date of this project lies within Calendar Year (CY) 2022.

Healthy MT Families (HMF) Home Visiting Program

- HMF is federally funded by MIECHV, with limited support from state general funds that ensure implementation of the *Montana Initiative for the Abatement of Mortality in Infants Act* (MIAMI). Parents as Teachers, Nurse Family Partnerships (NFP), Family Spirit, and, SafeCare Augmented are the evidence-based home visiting models implemented within 18 agencies (3 tribal agencies) in 16 counties across Montana. The MTmechv Database Administrator created a HMF Administrative Database which collects the administrative and financial data for the four models. The data can be entered by program staff through forms that are included in the database within the Access application.

  The Admin database is used by program staff to track all administrative aspects of the models and implementing agencies, including: budgets; expenses; contracts; and, personnel data. Budget, contract, and expense data have been updated through April 2022. Until staff are able to confidently enter data into the Admin Database, the System Manager conducts bulk uploads monthly. Anticipated date to hand off data entry to HMF staff is by the end of CY 2022.

  In October 2022, HMF will update the NFP forms used by sites to ensure that the NFP data meets the annual HRSA/MIECHV Performance Report requirements. Currently, the MIECHV Database Administrator acquires the NFP HRSA data through a monthly export of text files from NFP. Having all HRSA required data within MTmechv will greatly improve the efficiency of completing the annual HRSA report. Currently, the System Manager has created the 3-, 9-, 15-, and 21-month NFP update forms. Those forms will collect injury and emergency room information on children within the program. The System Manager is waiting for HRSA approval of the data collection plan. Upon which the latest update forms will become available to NFP Home Visiting staff and some backfilling of historical data will occur for CY 2022.

  The HRSA report is on an annual basis and required to maintain funding for HMF Home Visiting. In the past this project was a major undertaking requiring many spreadsheets and inefficient processes. Over the last year and a half, a SQL Server Report Services (SSRS) report has been in development for the automation of the Form 2 section of the HRSA report. Reports can be run from within MTmechv. It is the BSO's goal to have this report completed by mid-summer and ready for the 2022 HRSA report.

  In addition to reporting aggregations, each dataset within the report represents a Performance Measure from the

HRSA report. Each dataset has both drill-down, drill-up capabilities, and groups the data by jurisdiction and home visitor. This report enables the user to easily find missing data and other data quality issues. For the Form 1 section of the HRSA report, R code has been developed to instantly aggregate and report on the many demographic aspects of the home visiting families. In addition, a SSRS report was recently completed and put into use which shows all Form 1 data. This report can be run by both program staff as well as those at home visiting jurisdictions. While this data report is quite wide, it is designed enable the user to easily find missing data through cell coloring and a missing data indicator field.

The MIECHV vendor contract with Sunquest terminates on January 31, 2023. Due to the customized nature of MIECHV, and its continued use being foundational to the Healthy MT Families program, the system has been approved through the State's Software Exemption program allowing for a direct 10-year contract renewal with Sunquest for continued operations. Work has begun on the new contract. Once that has been completed, the new contract and accompanying documentation will be submitted to DPHHS IT Contracts office for review and processing.

Children's Special Health Services (CSHS)

The current Child Health Referral Information System (CHRIS) contract ended on June 30, 2022. CSHS and the BSO are working to address the path forward. In Spring 2022, DPHHS's new Chief Information Officer (CIO) implemented a new Project Intake process. BSO and CSHS will follow that process in determining potential options. ECFSD has the option to engage in a one-year exigency renewal with the current vendor to allow for more time to procure a new system if needed.

- Because of frequent collaboration between the two programs, CSHS has engaged the Public Health & Safety Division (PHSD) Laboratory to identify Lab system requirements for consideration when procuring a new system to replace the CHRIS system.
- The CHRIS system is largely in Maintenance and Operations (M&O), with little enhancements or out-of-routine work being done. ECFSD is working to implement Okta authentication into the CHRIS System. The purpose is to provide an easier user experience when logging in to the system and provide industry-standard security.
- CSHS is exploring the option of consolidating systems and having Audiologists enter data directly into HiTrack for Newborn Screenings.

Also, within the Early Childhood Services Bureau (ECSB) in the ECFSD, there are three additional data systems:

- Child and Adult Care Food Program (CACFP): Currently designed to manage the food programs claiming and approval system. CACFP is exploring a cross-agency agreement with the Office of Public Instruction (OPI) to utilize the CACFP module in OPI's existing system, aligning to the State IT Strategic Plan and enhancing inter-agency collaboration. The request for collaboration with OPI has been vetted through the CIO's new Project Intake process and is now circulating within DPHHS TSD for approvals to move forward.

- Child Care Under The Big Sky (CCUBS): CCUBS is the primary data system used to manage childcare provider licensing, family eligibility for childcare assistance through the Best Beginnings Child Care Scholarship Program, and contracts for professional services and staff support.

  CCUBS is undergoing a large-scale modernization effort, which is focused on optimizing current infrastructure with enhancements designed to: streamline business processes; employ security best practices; and, better serve Montanans by replacing legacy processes and infrastructure with current technology.

- MedCompass: MedCompass is a care-management system currently under development to aid the Part C Early Intervention for Children with Developmental Disabilities program. The system is being developed in coordination with the MT Developmental Disabilities Program (DDP), and the MT Program for Automating and Transforming Healthcare (MPATH) Medicaid modernization project. It consolidates all program data, benefits, and care coordination for individual members into one place.

  MedCompass aims to streamline and enhance Part C's services, claims management, and the member experience while consolidating program processes and payment services into one system that directly connects with the MT Medicaid database. The member experience will be enhanced by providing members and their guardians access to their information and care coordination in one place through the member self-service portal. Current work focuses on creating and validating business reports through the MedCompass interface. Anticipated completion and deployment of these reports will occur in August 2022.

Other data capacity efforts include:

- Data Governance: The BSO Supervisor has been identified internally as the Data Governance Lead for ECFSD. In that effort, the BSO Supervisor, along with the Epidemiologist Supervisor and ECFSD leadership, are in the process of creating a Data Governance policy and procedure document. The Data Governance policy and procedure document will include data sharing policies, data release rules, governance guidance, and technical requirements for ECFSD. Anticipated drafting and implementation date is the end of CY 2022.

- Agency enhancements: DPHHS has several enhancements in process that will aid non-SSDI funded systems and data.
    - Snowflake: Currently, the State has various agencies which utilize Snowflake as a data repository and marketplace for easier data sharing and collaboration between internal stakeholders. This platform includes basic analytics, and facilitates easier transfer, connection, and access control for various data systems within an agency. The DPHHS Enterprise Data Warehouse (which contains MedCompass data and CCUBS data) is in the process of migrating to Snowflake infrastructure. DPHHS is currently analyzing further use cases to understand how the agency will be implementing the platform.

    - Enterprise solution consolidation: To align with state strategic planning, DPHHS's Technology Services Division is consolidating enterprise applications to provide a better service catalogue for all divisions. The consolidation and creation of a routinely updated service catalogue of both professional services and software will allow for easier collaboration of technology between divisions and allow for easier adoption of new technologies into ECFSD systems.

III.E.2.b.iv. MCH Emergency Planning and Preparedness

The Department of Public Health & Human Services (DPHHS) has an Emergency Operations Plan (EOP), which is written and maintained by the DPHHS Public Health Emergency Preparedness (PHEP) Program. The EOP is reviewed annually with a major update every two to three years or upon the appointment of a new department Director. The current EOP was fully updated in 2017. As required by federal funding guidelines for the PHEP program and EOP development, all populations are considered in the plan, including at-risk and medically vulnerable women, infants, and children.

Ann Buss, Title V Director and Maternal & Child Health Section Supervisor, has been part of the Montana Emergency Support Function #8: Public Health and Medical Services committee since 2019. This group meets three times per year. Every Division within DPHHS has set responsibilities for how to respond during an emergency and has the opportunity to participate in the state's emergency preparedness planning, review, and update of the EOP. This activity is implemented through the appropriate workgroup and provides direct input from subject matter experts as requested by PHEP staff.

DPHHS programs contribute to their Bureau/Division's Continuity of Operations Plan (COOP) as required under Executive Order. The following is an excerpt from the MT DPHHS manual, Continuity of Operations:

> "DPHHS maintains continuity plans to ensure the function of the agency and the continuity of its assigned State Essential Functions under all conditions. In an event that interrupts the functional operation of the Department, the Continuity of Operations Plan (COOP) guides recovery priorities to move it back to an operable status. The Montana Department of Administration manages the State Government Continuity Program."

The DPHHS Incident Management Structure (IMS) does not directly include Title V leadership. The Incident Command (IC) team is supported within Public Health & Safety Division (PHSD) and consults with subject matter experts in the MCH field as needed when responding to an emergency based on the populations impacted. Following all emergency response, the PHEP and IC teams complete an After-Action Report (AAR) of the incident. These AARs are used to develop and update plans for future response.

Mackenzie Petersen, CYSHCN Director and Children's Special Health Services Section Supervisor, serves as the FCHB liaison to the PHSD Communications Workgroup which includes crisis & risk communication to assist in the coordination of communications within DPHHS and statewide.

County Public Health Departments (CPHDs) participating in the Title V MCHBG were given the option to redirect some of their MCHBG funding to COVID-19 response for FFYs 2021 and 2022. Those which did so continued reporting on their activities, and provided data on numbers served.

III.E.2.b.v. Health Care Delivery System

III.E.2.b.v.a. Public and Private Partnerships

Montana's Title V Program is in the Maternal Child Health Coordination (MCHC) Section, one of five in the Family & Community Health Bureau (FCHB), in the Early Childhood Family Support Division (ECFSD). Through public and private partnerships and collaborations with FCHB and ECFSD programs and the County Public Health Departments (CPHDs) contributions, the Title V program focuses on improving health care delivery for the maternal and child population.

Maternal & Child Health Coordination Section

The Title V Director, also the MCHC Supervisor, oversees programs supporting Title V: Oral Health (OH); Fetal, Infant, Child and Maternal Mortality Review (FICMMR); Montana Obstetrics and Maternal Support (MOMS); Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM); Primary Care Office (PCO) and, new to the MCHC Section is the Maternal Mortality Review/Prevention Program (MMRPP). These programs rely on key partners such as universities, private hospital and health care systems, physicians, the Montana Healthcare Foundation, Caring Foundation of MT, University of MT Rural Institute, MT State University College of Nursing, and the Montana Primary Care Association.

The OH Program provides support to the CPHDs implementing NPM 13 activities. In-depth activity details are provided in the Children's Health Domain report for FFY21 and the Children's Health Domain Application for FFY23, which also includes FFY 2022 activity information. One strategy is the Hub-Spoke model, whereby a larger populated county, the Hub, supports the smaller-size Spoke counties' oral health activities. Public Private Partnerships specific to oral health include but is not limited to: Blue Cross Blue Shield, Montana Dental Association, county health department led WIC and home visiting programs, and Montana Dental Hygienist Association.

The FICMMR Program ensures that the CPHDs' local FICMMR teams, composed of pertinent local professionals, convene death reviews which focus on determining its preventability. The review results are used for planning, implementing, and evaluating their county injury prevention activity. The Coordinator conducts a quality assurance review of the team's findings, prior to its submission to the National Child Death Review database. FICMMR requirements are included in the CPHDs' MCHBG contracts.

The MOMS program aims to deliver training, resources, and support to rural healthcare providers by connecting them to obstetrical/gynecological, perinatal, mental health and substance abuse specialists. The MOMS/Billings Clinic (BC) contract connects rural providers to urban-based experts using Project ECHO (Extension for Community Healthcare Outcomes). ECHO facilitates mentoring, guidance, feedback, and education amongst the healthcare providers.

The MOMS/University of Montana Rural Institute for Inclusive Communities (UMRI) partnership is focused on assessing, evaluating, and offering recommendations to increase the percentage of women receiving an annual well-woman visit. UMRI coordinated their MOMS needs assessment with the MCHBG, PCO, and Children's Special Health Service needs assessments. The results helped inform program managers on how to address access issues which prevent a higher engagement in the annual well-woman visit.

Montana launched the Maternal Mortality Review Prevention Program (MMRPP) with funds from the CDC *Enhancing Reviews and Surveillance to Eliminate Maternal Mortality* (ERASE MM) grant. This funding directly supports the Nurse Consultant who is leading the Montana Maternal Mortality Review Committee's (MMRC) charge to identify, review, and characterize maternal deaths; and identify prevention opportunities. The MOMS and FICMMR Coordinators have assisted the MMRPP Nurse Consultant with establishing MMRC membership and guiding principles.

The PCO works to improve the health status of underserved and vulnerable populations. The PCO's collaborative work with the MT Primary Care Association and MT Office of Rural Health & Area Health Education Center aligns with the MCHBG's emphasis on improving access to care in MT's Health Professional Shortage Areas (HPSAs). The PCO administers loan repayment programs; the J-1 Physician Visa Program for physicians from other countries; and provides resources and support to medical facilities seeking help with recruiting for Primary Care positions.

The Title V/SRAE program uses evidence-based approaches to implement education exclusively on sexual risk avoidance. It is designed to teach youth self-regulation; success-sequencing for poverty prevention; healthy relationships; goal setting; how to resist sexual coercion; facts of dating violence; and, how to minimize youth risk behaviors such as underage drinking and illicit drug use, without normalizing teen sexual activity. The Title V/SRAE Program Specialist collaborates on the NPM 9 - Bullying Prevention State Action Plan.

Family & Community Health Bureau and ECFSD Partnership Programs

Critical to Title V services are these FCHB's sections: Children's Special Health Services Section (CSHS); Healthy Montana Families Home Visiting (HMF); Supplemental Nutrition for Women, Infants & Children (WIC); and Epidemiology.

The CSHS Supervisor oversees the MCHBG specific work focused on NPM 11: Medical Home activities, which are supported by these other CSHS programs: Genetic & Cleft Clinics, Newborn Screening, and the MT Access to Pediatric Psychiatry Network. Through partnerships and collaborations established by these programs, all children are afforded health care services, such as referrals for audiology or metabolic services and newborn screenings.

Home visiting services, offered through HMF's contracts with CPHDs and non-profits, are voluntary and family-centered to pregnant women; new parents; or families or caregivers with infants and young children under five years of age. Home Visitors focuses on improving maternal and child health outcomes such as child development and school readiness; child and maternal health; family economic self-sufficiency; positive parenting practices; and reductions in child maltreatment and family violence. Several CPHDs integrate their *NPM 5: Infant Safe Sleep* and *NPM 13: Oral Health* activities into their home visiting curriculum.

WIC provides healthcare and nutrition services to low-income pregnant women, breastfeeding women, and children under the age of five with a family income below 185% of the federal poverty level. WIC's mission is to partner with other services that are key to childhood and family well-being. ECFSD programs and WIC collaborate by supporting breastfeeding and immunization services and referrals to social service programs.

Title X Family Planning Grant Awardee Change

On March 30, 2022, the FCHB was notified that DPHHS would not be re-awarded the Title X grant funding for the Family Planning program. The grant was instead awarded to Bridgercare, in Bozeman, Montana. Bridgercare is a large non-profit reproductive and sexual healthcare clinic, founded in 1972. The FCHB worked with Bridgercare to provide a seamless transition for Title X Family Planning Clinics to continue to provide services across the state.

County Public Health Departments

As per State law, Public health in MT is decentralized, with much of the work done by CPHDs (https://www.cdc.gov/publichealthgateway/sitesgovernance/index.html). Annually, the FCHB contracts with an average of 50 CPHDs interested in participating in the MCHBG, who submit quarterly and annual reports on their identified National and/or State Performance Measure activity and evaluation plans. MCHBG funding, when combined with their local or other state funding, plays a critical role in the CPHD's capacity for providing needed services to their county residents.

University of Montana Rural Institute for Inclusive Communities

UMRI has been a long-standing partner with CSHS to provide evidence-based transition resources to Montana's youth and families. UMRI works to: maintain and expand the 15-member Consumer Advisory Council; maintain and disseminate a health care transition (HCT) guide; develop evidence-based/informed HCT training and resource materials; conduct distance learning opportunities; maintain a transition website; and, provide technical assistance to other initiatives related to HCT.

ECFSD Programs

ECFSD programs, such as the Child & Adult Care Food Program; Child Care Development Fund; No Kid Hungry and Early Learning/Family Support; are staunch supporters of sharing maternal and child health information, educational resources, and training opportunities with their stakeholders including childcare providers, local nonprofits, and schools. In return, their information is shared with the Title V partners.

III.E.2.b.v.b. Title V MCH – Title XIX Medicaid Inter-Agency Agreement (IAA)

Montana's Medicaid program is embedded in several Department of Public Health and Human Services (DPHHS) divisions and programs. A new Montana (MT) Medicaid Director was hired in May 2022. The MT Medicaid Director oversees three Medicaid Divisions: Health Resources Division (HRD), Senior and Long Term Care Division, and the newly formed Behavioral Health and Developmental Disabilities Division.

The Medicaid Division Administrator in HRD is the Title XIX signatory. The Title V MCHBG (MCHBG) signatory is the Early Childhood Family Support Division (ECFSD) Administrator, where the MCHBG program is located. In the Overview of the State narrative, specific enrollment data for Medicaid, Medicare, private insurance, and other insurance coverage is included in Table 3: *2019 Estimates of Resident Population by Insurance Coverage Type for MT*. This is the most recent data available, due to disruptions to data collection in 2020.

Several Family and Community Health Bureau (FCHB) maternal and child health-focused programs have been working on specific projects with Medicaid in the last year.

The Children's Special Health Services (CSHS) section has made specific efforts to build collaborative partnerships with Medicaid. Efforts include:

- Partnering with Medicaid, and Child and Family Services (CFS) leadership to support training mental health professionals in Parent Child Interactive Therapy (PCIT). CSHS has trained two cohorts of mental health professionals across the state to increase capacity for this service, and ensure access for CFS clients. A Train-the-Trainer cohort begin instruction in September 2022.

- CSHS convened quarterly collaborative meetings with the Children's Mental Health Bureau Chief and the Developmental Disabilities Bureau Chief to: discuss programs; provide updates; and identify partnership opportunities. CSHS has recently expanded the participants to include: the Head Start Director; Part C staff; the Children's Trust Fund Supervisor; CFS Program Managers; and the Prevention Bureau Chief, who is embedded in Medicaid and oversees the Mental Health and Substance Use Prevention Block Grants.

- Monthly meetings are held with the Meadowlark Initiative leadership to discuss efforts around the sustainability of Project ECHO clinics, and the psychiatric consultation access line. This group includes the Medicaid Bureau Chief responsible for primary care and medical home services. Information on state Medicaid policy changes to support Project ECHO clinics has been shared. The Meadowlark Initiative is the term used to describe the collaborative efforts between the MT Healthcare Foundation and HRD staff administering the Health Resources & Services Administration (HRSA) Perinatal Behavioral Health Grant, which was awarded to DPHHS in 2017.

- The Children & Youth with Special Health Care Needs (CYSHCN) Director is co-leading the MT team participating in the National Care Coordination Academy, which includes participants from various Medicaid divisions. The CYSHCN Director has recruited Medicaid staff to present information on children's mental health services and medical homes to an audience which includes providers, the University of MT Rural Institute for Inclusive Communities, and family leaders.

- The MT Access to Pediatric Psychiatry Network (MAPP-Net) advisory committee, and the MAPP-Net Symposium planning committee, include Medicaid staff representation for children's mental health services.

- CSHS participates in the Community Health Worker (CHW) Taskforce. and recruited Medicaid's participation to support identifying a sustainable funding source for CHWs. The goal is to advance equitable systems of care.

- CSHS has participated in conversations with Medicaid Bureau Chiefs regarding sustainable funding sources for family peer support specialists.

The Special Supplemental Nutrition for Women, Infants, and Children (WIC) Program is required to meet with Medicaid at least annually to discuss coverage of medical formulas and nutritionals for mutual participants. MT WIC met with Medicaid in June 2022 to discuss this topic and other program updates. The meeting included CSHS to discuss the eligibility and payer distinctions for formula coverage and reimbursement between Medicaid, WIC and CSHS's financial assistance program. MT WIC clinics regularly make referrals to Medicaid for any family that appears to qualify and states they are not enrolled. Likewise, Medicaid staff may refer families to WIC when appropriate.

Additionally, WIC added specific language to the general program booklet, the participant cardholder, and the "resources"

section of their website to ensure participants are aware of how to contact and apply for Medicaid, especially for minors eligible for Early Periodic Screening Diagnosis and Treatment (EPSDT).

In September 2020, the Oral Health Program (OHP) began collaborating with HRD to determine if the MT Healthcare Program Public Health Clinic (PHC) fee schedule can be updated. The goal is to allow PHCs to bill and receive reimbursement when a public health nurse applies fluoride varnish on MT Healthcare Program members under the standing orders of a supervising physician. This project is temporarily on hold, due to staff turnover. An OHP and HRD collaboration on a potential project, to increase the number of preventative oral health services provided to members under 36 months of age by Medicaid enrolled physicians, physician assistants, and nurse practitioners, was met with similar challenges for updating the PHC fee schedule.

MT Obstetric and Maternal Support (MOMS) Program

Medicaid Behavioral Health and Developmental Disabilities Division (BHDD) and HRD staff continue to meet monthly to share updates on their programs. They also endevour: to look for opportunities for collaboration and coordination; to maximize funds; and to capitalize on resources which support their shared population of perinatal providers and patients. These staff oversee the HRSA funded Perinatal Behavioral Health Initiative (PBHI), and the Substance Abuse and Mental Health Services Administration (SAMHSA) funded Strengthening Families Initiative for Pregnant and Postpartum Women (SFI-PPW). These meetings include regular participation from: the HRD Administrator, the Medicaid Member Health Management Bureau Chief who oversees the PBHI, the SFI-PPW Program Manager and her supervisor, and the MOMS Program Specialist and her supervisor (Title V Director).

The group has initiated discussions to work toward a common definition of care coordination across all DPHHS programs. This is essential for potential Medicaid reimbursement for care coordination for perinatal patients and sustainability for the three programs. They are collaborating on a shared document that includes each program's definition, and/or job descriptions of those who serve in that role.

The MOMS and the PBHI programs have been sponsors of the Perinatal Mental Health Conference. They have offered scholarships for conference registration, and training for Perinatal Mental Health-Certification (PMH-C) through the conference. The next conference is in November 2022.

Additionally, the MOMS and PBHI staff were co-leads of the Center for Medicare and Medicaid Services (CMS) sponsored Postpartum Care Affinity Group (PCAG), and received technical assistance from Mathematica. As one of nine teams from other states, MT learned from quality improvement (QI) advisors and subject matter experts on how to improve postpartum care. The goal of this effort is to improve postpartum care visits among Medicaid and Children's Health Insurance Program beneficiaries.

The Healthy MT Families (HMF) Home Visiting program was one of 11 Maternal Infant Early Childhood Home Visiting (MIECHV) funded states to participate on the National Academy for State Health Policy (NASHP) *State Policy Institute on Public Insurance Financing of Home Visiting*, which convened in January 2021. The Title V and MIECHV Project Directors, HRD Branch Chief, and ECFSD leadership participated in the three training sessions ending in April 2022. MT is one of three states participating in NASHP's in-depth technical assistance opportunity.

The anticipated outcome is for MT to identify and advance innovative strategies on public insurance financing of home visiting services, and how Medicaid could support home visiting sustainability. Out of this technical assistance, an internal workgroup with representation from Medicaid, CFS, Asthma Home Visiting, and MIECHV was formed to discuss the options available in MT.

HMF refers all families to needed services, including referrals to Medicaid. For the 2021 performance year, HMF reported to HRSA the following:

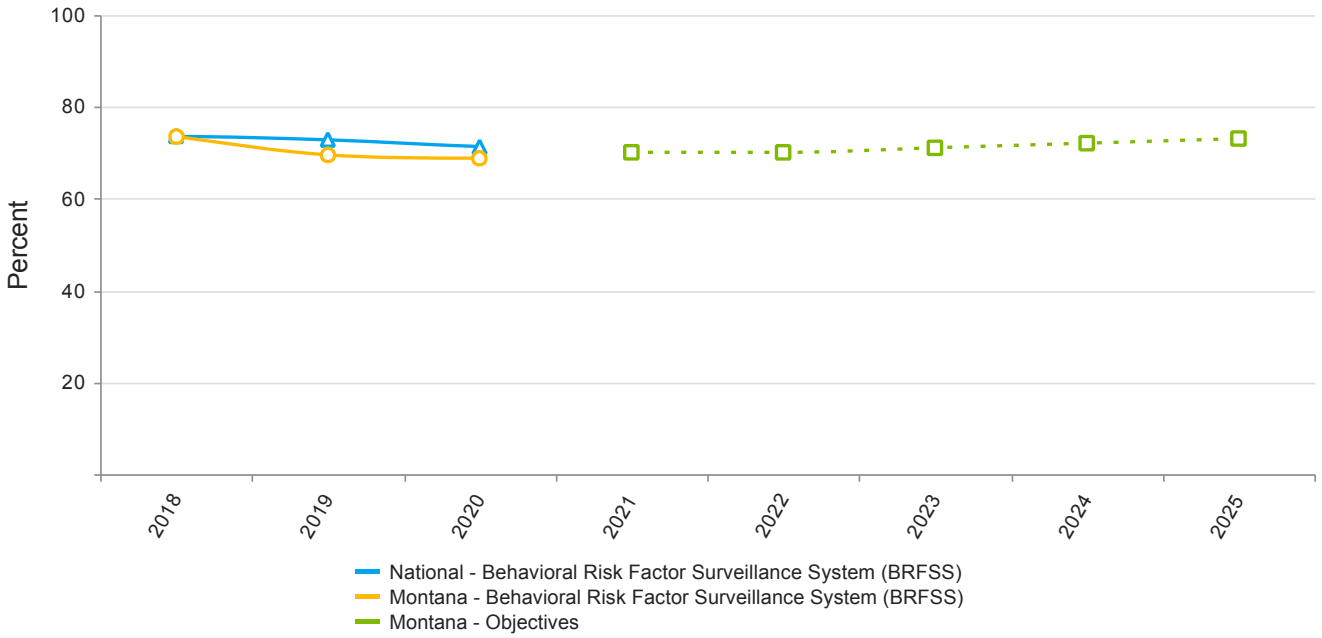
- 72.4% of caregivers in MIECHV funded services had Medicaid as their insurance source;
- 78% of children enrolled in MIECHV funded services had Medicaid as their insurance source.

III.E.2.c State Action Plan Narrative by Domain

Women/Maternal Health

National Performance Measures

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year
Indicators and Annual Objectives



Federally Available Data			
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)			
	2019	**2020**	**2021**
Annual Objective			70
Annual Indicator	73.3	69.3	68.6
Numerator	123,845	119,515	120,255
Denominator	168,903	172,352	175,425
Data Source	BRFSS	BRFSS	BRFSS
Data Source Year	2018	2019	2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	70.0	71.0	72.0	73.0

Evidence-Based or –Informed Strategy Measures

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.

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			80
Annual Indicator			100
Numerator			4
Denominator			4
Data Source			FCHB
Data Source Year			FFY 2021
Provisional or Final ?			Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	82.0	83.0	84.0	85.0

State Action Plan Table

State Action Plan Table (Montana) - Women/Maternal Health - Entry 1	
Priority Need	
Women's Preventive Healthcare	
NPM	
NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year	
Objectives	
To increase the percentage of women, ages 18 through 44, who receive a comprehensive annual preventive "well-women" medical visit.	
Strategies	
Support County Public Health Departments who choose NPM 1 as their priority need, providing technical assistance and resources.	
In June 2022, the MOMS program awarded mini-grants to interested CPHDs. These are specifically designed for programs focusing on maternal health, wellness, and care. The purpose of the MOMS mini-grant program, with guidance from DPHHS and the Maternal Health Leadership Council, is to distribute MOMS funds to local innovative hospitals, clinics, health departments, and nonprofits working to achieve MOMS objectives. Specifically focusing on the health and wellness of new and expecting mothers, this grant program facilitates the inclusion of innovative maternal health activities in local communities around Montana.	
MOMS and Medicaid are participating in the Post-Partum Affinity Group, which is focusing on increasing postpartum depression screening.	
ESMs	**Status**
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.	Active

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

NOM 5 - Percent of preterm births (<37 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy

NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

Women/Maternal Health - Annual Report

NPM 1 - Well-Women Visit: Percent of women, ages 18 through 44, with a preventive medical visit in the past year.

Three County Public Health Departments (CPHDs) chose NPM 1 as their priority for FFY21: Silver Bow, Deer Lodge, and Beaverhead. These three CPHDs share boundaries and often collaborate on programs. Silver Bow also often acts as a regional hub for many of the smaller population-size counties in the area. Combined FFY21 MCHBG funding for the three NPM 1 CPHDs was $51,521, of which Silver Bow received 68%.

The first activity Silver Bow had in their MCHBG operation plan was as follows:

- Develop and sustain community partnerships to address unmet reproductive health care needs and eliminate health disparities among women ages 18-44 from the following communities: sexual and gender minorities, women of color, tribal members, women who have disabilities and/or mental health diagnoses, women who are experiencing homelessness, women who use substances, women of faith communities, and women who have experienced sexual violence.

  The Evaluation Plan and Goal stated: By 9/30/2021, increase the number of community partnerships by 20% to coordinate reproductive healthcare and reduce health disparities. Baseline data was pulled from the CONNECT web-based referral system.

  At the beginning of the grant cycle, Silver Bow established their baseline number of community partnerships related to NPM 1 was four: SCL Health Medical Group; Southwest Montana Community Health Center; Butte Family Planning Clinic; and, Amber Edwards, NP. By the end of FFY21 they had added six additional partner agencies, for a 150% increase.

Silver Bow's second activity and evaluation plan focused on public education:

- Create and publicize social marketing public awareness messages that promote preventative health care and preconception health for women of reproductive age. (brochures, blogs, videos, social media, website content, etc.).

  Evaluation Plan and Goal: By 9/30/2021, at least 12 unique social marketing strategies will be created and distributed.

  Work on this activity started with recruiting a Health Marketing Specialist position, which they were unable to fill until the end of March 2021. During the performance period, seven unique marketing messages were created and distributed. Also, a brochure was created titled "What is a Preventative Visit." A copy is included in the Supporting Documents section of this application.

Deer Lodge CPHD's initial plans included outreach on well-woman visits to 100% of the female high school seniors in the county and providing education at community events and via social media. Ultimately, they were able to reach 90%. They started by collaborating with the Anaconda School District school nurse and planned a presentation on how to access health services following high school. This was followed by an optional "lunch and learn" session to allow additional time for those interested. As indicated, appointments were set up at the family planning clinic or referrals made to the attendees' primary care provider.

Deer Lodge also applied for, and was awarded, a grant which allowed them to start an independent Title X Family Planning Clinic. Telehealth services are available, along with increased appointment times for well-woman visits. The launch date was April 1, 2021. As an indicator of reach, 1,192 females ages 20-44 in the county have access to these expanded services.

Beaverhead CPHD requested flexibility on their planned NPM 1 activities due to COVID-19. With the assistance of a student nurse, they were able to create and implement the following:

- A media campaign utilizing radio public service announcements and social media messages to educate women in Beaverhead and Madison Counties about the importance of HPV vaccination and cervical cancer screening.

The Montana Obstetrics and Maternal Support (MOMS) Program is housed within the MCHC section, and the MOMS Program Specialist reports directly to Montana's Title V MCHBG Director. MOMS is a 5-year funded HRSA Maternal Health Innovation Program. Its logic model's long-term outcome is to increase the percent of women receiving an annual well-woman visit; therefore, they are planning a partner program on NPM 1. MOMS did not directly engage in activities to address this objective in FFY21, but plans to address the measure in FFY22 through FFY24.

Through their contract with the University of MT Rural Institute (UMRI), MOMS continued to review and evaluate the 5-year strategic plan for maternal health initiatives. In year 1, the MOMS contractor, Billings Clinic led a statewide needs

assessment effort; however, COVID-19 hampered the Clinic's efforts to host regional listen and learn meetings and complete key informant interviews. Launching in the summer of 2021, UMRI was engaged in completing a more intensive needs assessment, structured according to the World Health Organization's (WHO) strengthening health systems framework. The UMRI evaluation staff coordinated their MOMS needs assessment with the update of the FCHB's Primary Care Office 2021 Needs Assessment, which assessed access to care and provider distribution.

Additionally, the MOMS needs assessment continued to support and inform ongoing needs assessment updates for the Title V MCHBG 2021-2025 Needs Assessment. The results are informing program managers on how to better address access issues, which are preventing a higher engagement in the annual well-woman visit. Additionally, MOMS administered the CDC's Levels of Care Assessment Tool (LOCATe) during the summer of FFY21. The needs assessment and LOCATe is helping to inform activities like expanding telemedicine services across Montana to increase the percent of well-woman visits.

The MOMS program has established the Project Extension for Community Healthcare Outcomes (ECHO) which focuses on maternal health education. ECHO is a model for peer collaboration and medical education that empowers clinicians in remote settings to deliver better care. It promotes knowledge sharing, expands treatment capacity, and offers guidance to otherwise isolated rural providers. There are ECHO clinics for the future planned to focus on the importance of the annual well-woman visit, aimed at improving the frequency and quality of those visits. ECHO clinics are offered twice a month to health care professionals across the state and regularly have an average of 40-50 multidisciplinary attendees. MOMS Project ECHO also offers continuing education credits for nurses and physicians.

MOMS is launching a public education campaign to improve maternal health outcomes. An experienced and qualified professional media firm, Windfall, is on contract with the FCHB and is working with the MOMS Program Specialist and members of the MOMS Leadership Council to develop a campaign promoting best practices in maternal health. The culturally appropriate campaign includes messaging on the following topics: 1) promoting annual well-woman visits; 2) initiating 1st-trimester prenatal care; 3) maintaining prenatal care; 4) seeking insurance coverage, and 5) receiving postpartum screening and care. The campaign utilizes television, radio, newspapers, billboards, internet digital advertising, and social media.

The campaign plan was informed by strategic research on effective messaging and message channels to promote behaviors that lead to improvement in the selected maternal health outcomes. Windfall and state staff consulted with the MOMS Maternal Health Leadership Council on the implementation of the campaign. MOMS and Title V MCHBG staff coordinated with their respective state, county, and community level partners for its distribution.

For FFY 2022, the FCHB contracted with and is supporting these CPHDs which have chosen to focus on NPM 1: Beaverhead, Petroleum, Richland, and Silver Bow. They are implementing and evaluating community-level activities. The FCHB is providing these counties with training, resources, and support on evidence-informed activities, goal setting, and evaluation.

Women/Maternal Health - Application Year

NPM 1 - Well-Women Visit: Percent of women, ages 18 through 44, with a preventive medical visit in the past year.

The four County Public Health Departments who chose NPM 1 for FFY22 are a good representation of the state's differing regions and population sizes. The smallest in population is Petroleum, with only 154 residents in their maternal and child population. Petroleum's county government contracts with Central Montana Family Planning to provide maternal and child public health services, which is a good fit for implementing activities associated with NPM 1. The activities include a quality improvement project for reminders and scheduling of well-women visits for their clients, and an outreach mailing to all women aged 18-44 in the county.

Beaverhead CPHD, in the southwest corner of the state with a MCH population of approximately 3,482, provides WIC and family planning services for the county. These services allow for staff to provide education to their clients on the importance of well-women visits. Beaverhead is implementing a quality improvement project for their recall and reminder system for Human Papilloma Virus (HPV) vaccines and cervical cancer screenings. They will establish a baseline by tracking the number of women who received these services because of the reminders. Additionally, they are offering county-specific education on cervical cancer and HPV, which includes information on local resources.

Richland CPHD, with a MCH population of approximately 4,764, is on the eastern side of the state, next to North Dakota. They have requested to redirect their MCHBG activity funding toward COVID-19 response for FFY22. If the situation eases, they will return to their planned activities in support of NPM 1 which included: meeting with local stakeholder partners to determine a baseline on the status of well-women visits in the county and identifying activities to encourage women in seeking this service.

Silver Bow County's 13,167 in MCH population, located throughout the south-central part of the state, qualifies their CPHD to be considered large by Montana standards. The following information on their FFY22 SPM 1 activities is taken from their operational plan:

Performance Measure Activity #1: Through a combination of provider education and community-based education we will develop and sustain partnerships to address unmet reproductive health care needs and eliminate health disparities among women ages 18-44.
Evaluation Plan and Goal for Activity #1: Improve access to unmet reproductive health care needs by providing at least 12 provider or community-based education sessions.
Performance Measure Activity #2: Create and implement a digital marketing campaign to promote preventive health care and preconception health for women of reproductive age.
Evaluation Plan and Goal for Activity #2: Utilize location-based advertising to deliver targeted messages, measure engagement, and provide return on investment tracking to the ad campaign. Measurement includes the number of digital ads delivered, the number of impressions per month and the number of clicks through to our website.

In FFY23, the FCHB will contract with three CPHDs who have chosen to focus on NPM 1: Beaverhead, Richland, and Silver Bow. They will implement and evaluate at least two community-level activities during the fiscal year. The FCHB will provide these counties with training, resources, and support on evidence-informed or best-practice activities, goal setting, and evaluation.

During FFY22, Montana Obstetrics and Maternal Support (MOMS) staff is addressing NPM 1 most significantly through a partnership with Medicaid to increase the number and quality of postpartum visits. This partnership resulted in the MOMS and the Medicaid Perinatal Behavioral Health Initiative Program Coordinators submitting a joint application to receive technical assistance by participating as co-leads on the *CMS Medicaid and CHIP, Maternal and Infant Health Quality Improvement: Improving Postpartum Care Affinity Group.* Montana's application was accepted, and the Program Coordinators were designated as co-leads and charged with forming a workgroup of four to eight stakeholders from other DPHHS maternal health programs and partner stakeholder organizations. The workgroup is participating in monthly individual technical assistance (TA) calls with CMS and their consultant Mathematica. They also meet monthly for TA and peer sharing with the other states in the affinity group.

This QI affinity group supports the broader Improving Postpartum Care Learning Collaborative, sponsored by the Center for

Medicaid and CHIP Services (CMCS). The *Improving Postpartum Care Affinity Group* seeks to drive measurable improvement on the postpartum care visit rate, and quality of care for Medicaid and CHIP beneficiaries, as demonstrated through improved performance on: the Prenatal and Postpartum Care: Postpartum Care (PPC-AD) measure in the Adult Core Set; improved postpartum care visits for individuals with chronic medical conditions such as diabetes and hypertension; and, reduction or elimination of disparities in postpartum care visits.

Montana Medicaid supported the OneHealth clinic in Hardin with a mini-grant to participate fully with their care coordinator. They are implementing plan-do-study-act (PDSA) cycles for a variety of test interventions to improve the rate of attendance by women at the postpartum visit. MOMS program staff provided support on bi-weekly calls with Medicaid and the OneHealth care coordinator for updates on data tracking, strategizing new interventions, and sharing resources to support the work.

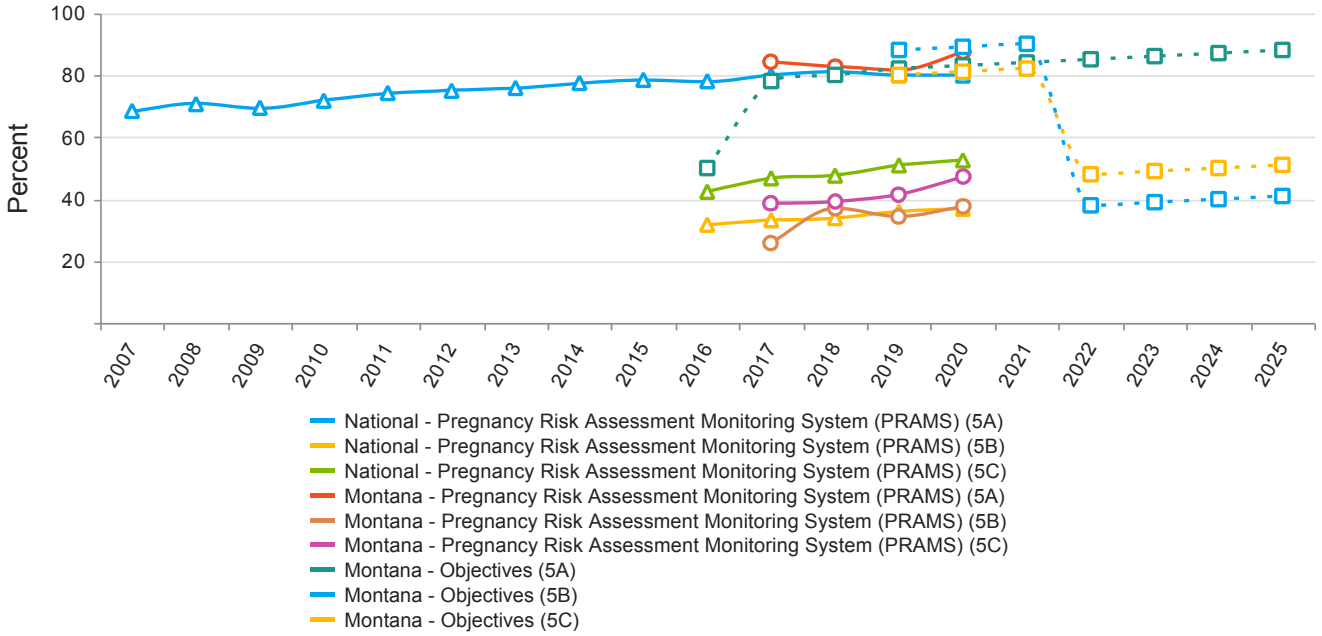
Interventions that OneHealth is testing include: conversations with women at their 30-week gestation prenatal appointment about the importance of the postpartum care (PPC) visit with handouts and videos sent as a follow-up using the 4th Trimester Project and March of Dimes resources; utilizing peer support specialists to educate patients on the importance of PPC; educational campaign with flyers and videos for partner providers and patients; follow-up outreach and feedback from other providers such as WIC and Indian Health Service; and meetings with care coordinators at the birthing facilities where their patients deliver. OneHealth did see increases in the rate of attendance by their patients to their postpartum visits but it varied with the capacity of their care coordinators to do the outreach.

The MOMS Program contracts with the University of Montana Rural Institute for Inclusive Communities (UMRI) for data collection and analysis, evaluation, and research services. Their staff launched several research studies during the reporting period to gather more information on maternal health, focusing on the experiences of pregnant people and providers within the health system. The provider survey: *Understanding and Improving Barriers to Treatment and Care of Postpartum Depression* aims to identify provider bias related to the treatment and care of pregnant women with substance use disorder. The study, *Facilitators and Barriers to Seeking Postpartum Care* aims to identify risk and protective factors associated with seeking care for postpartum depression symptoms among Montana women who use substances. UMRI is also utilizing a Maternity Experiences Survey to gather information on patient experiences interacting with the healthcare system before, during, and after pregnancy to identify unmet needs. The information from these surveys will be used for the Year 4 MOMS Strategic Planning scheduled for June 2022 that will include staff representing Billings Clinic, UMRI, MOMS Program Coordinator, and the Title V/MCHC Supervisor. Additionally, the results will be considered for the ongoing Title V needs assessment data collection.

Perinatal/Infant Health

National Performance Measures

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 Indicators and Annual Objectives



NPM 5A - Percent of infants placed to sleep on their backs

Federally Available Data			
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)			
	2019	**2020**	**2021**
Annual Objective	82	83	84
Annual Indicator	84.3	81.7	87.4
Numerator	9,362	8,632	8,706
Denominator	11,104	10,565	9,958
Data Source	PRAMS	PRAMS	PRAMS
Data Source Year	2017	2019	2020

State Provided Data					
	2017	2018	2019	2020	2021
Annual Objective	78	80	82	83	84
Annual Indicator	77.8	77.8			
Numerator					
Denominator					
Data Source	2015 Health Survey of Montana's Mothers and Babies	2015 Health Survey of Montana's Mothers and Babies			
Data Source Year	2015	2015			
Provisional or Final ?	Final	Provisional			

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	85.0	86.0	87.0	88.0

NPM 5B - Percent of infants placed to sleep on a separate approved sleep surface

Federally Available Data			
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)			
	2019	**2020**	**2021**
Annual Objective	88	89	90
Annual Indicator	25.9	34.2	37.8
Numerator	2,795	3,557	3,578
Denominator	10,810	10,387	9,472
Data Source	PRAMS	PRAMS	PRAMS
Data Source Year	2017	2019	2020

State Provided Data					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective			88	89	90
Annual Indicator	86.5	86.5			
Numerator					
Denominator					
Data Source	2015 Health Survey of Montana's Mothers and Babies	2015 Health Survey of Montana's Mothers and Babies			
Data Source Year	2015	2015			
Provisional or Final ?	Final	Final			

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	38.0	39.0	40.0	41.0

NPM 5C - Percent of infants placed to sleep without soft objects or loose bedding

Federally Available Data			
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)			
	2019	**2020**	**2021**
Annual Objective	80	81	82
Annual Indicator	38.5	41.6	47.2
Numerator	4,169	4,335	4,472
Denominator	10,815	10,409	9,480
Data Source	PRAMS	PRAMS	PRAMS
Data Source Year	2017	2019	2020

State Provided Data					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective			80	81	82
Annual Indicator	78.6	78.6			
Numerator					
Denominator					
Data Source	2015 Health Survey of Montana's Mothers and Babies	2015 Health Survey of Montana's Mothers and Babies			
Data Source Year	2015	2015			
Provisional or Final ?	Final	Final			

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	48.0	49.0	50.0	51.0

Evidence-Based or –Informed Strategy Measures

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.

Measure Status:				Active	
State Provided Data					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective			80	83	92
Annual Indicator			100	91.7	100
Numerator			15	11	7
Denominator			15	12	7
Data Source			FCHB	FCHB	FCHB
Data Source Year			FFY 2019	FFY 2020	FFY 2021
Provisional or Final ?			Final	Final	Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	92.0	93.0	93.0	94.0

State Action Plan Table

State Action Plan Table (Montana) - Perinatal/Infant Health - Entry 1	
Priority Need	
Infant Safe Sleep	
NPM	
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	
Objectives	
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.	
Strategies	
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.	
ESMs	**Status**
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.	Active
NOMs	
NOM 9.1 - Infant mortality rate per 1,000 live births	
NOM 9.3 - Post neonatal mortality rate per 1,000 live births	
NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births	

NPM 5 - Safe Sleep: 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.

Fetal, Infant, Child & Maternal Mortality Review Teams:

Healthy Mothers Healthy Babies-Montana (HMHB-MT) is a long-time partner of the Montana Department of Public Health & Human Services (DPHHS), Maternal Child Health, and WIC programs. Their mission is to improve the health, safety, and well-being of Montana families by creating strong beginnings and supporting mothers and babies up to three years of age. HMHB-MT continued to meet a critical need in the state by supplying complimentary, certified cribs to families in need. The cribs are portable, *Pack n' Plays* that families received along with an educational packet of safe sleep best practices and other supporting materials.

HMHB-MT provided *Pack n' Plays* crib kits to 35 County Public Health Departments (CPHDs), other organizations, and nine different tribal entities from October 1, 2020 through September 30, 2021. Yellowstone, Gallatin, Missoula and Cascade County Health Departments were distributed the most, repeatedly securing the crib kits. A number of community organizations also received cribs: Hope Family Ministry, Watson Children's Shelter, AWARE-Mental Health Services, Thrive, Florence Crittendon (a home for single pregnant women). Additional CPHDs obtaining cribs included Dawson, Mineral, Park, Teton, Teton. A total of 165 *Pack n' Plays* were distributed to families in need during this time period.

Several CPHDs chose safe sleep education as their FICMMR evidence-based/informed or best practice, injury-prevention initiative. Highlight examples of FFY 21 activities include:

- Lake County Public Health Department (MCH population = 11,758) asked their volunteer community FICMMR team members for additional help in raising safe sleep education levels in the county. The team was asked to recruit individuals to become Safe Sleep Ambassadors. This is not a standard task of team members whose primary responsibility is meeting to comprehensively review fetal, infant, child, and maternal deaths; and provide prevention recommendations or initiatives on deaths deemed preventable. The educational vehicle that team leadership chose for their new goal was the *Safe Sleep Ambassador* online training program from the national *Cribs for Kids* organization. To increase credibility, team members were asked to first take the training themselves, then approach their agency leadership to get buy-in for all agency employees to enroll in the training.

  The initial goal was 20 people certified, as evidenced by submitting *Safe Sleep Ambassador* certificates of completion. Through September 2021, a total of 22 people participated and were certified. Eleven of those individuals were health care workers who have direct patient contact benefiting both clinic and hospital patients and their families. A good mix of agencies participated: healthcare provider offices, Child Protective Services, CPHD staff, Early Childhood Services, and Tribal Child Protective Services. Both local hospitals participated as well.

- Two counties provided safe sleep education. The Lincoln CPHD conducted six daycare audits in their county and, while at each faciltity, held safe sleep discussions. Mineral CPHD achieved their goal in providing safe sleep education to 75% (or 20) families of their clients in the *Parents as Teachers* home visiting program, and in WIC.

- Missoula CPHD partnered with both hospitals to provide consistent messaging on safe sleep education (*Cribs for Kids*) to increase awareness of safe sleep practices. The CPHD generated a list of appropriate agencies to approach and provide an opportunity to become certified in the *Cribs for Kids Safe Sleep Ambassador o*nline program. While the initial goal was educating 8 agencies, COVID-19 impacted access. Missoula continued to stay in touch with all agencies and the efforts paid off later in the year. A total of 69 staff obtained the certification from three agencies: The local Child Development Center, Health Families America and Early Head Start.

- The Sanders CPHD (MCH population = 3,508) established a unique partnership with the local Elks Lodge, who had received a literacy grant. The Elks Lodge agreed to apply some of the funds toward a new collaborative. Together along with WIC, they hosted an educational baby shower for local women who were breastfeeding, pregnant, or postpartum. Twenty-nine women participated at the shower, an exceptional showing in this remote, frontier-level population county. While only four women agreed to take an ananymous safe sleep pre-test at the event, the pre-test information results helped kick off the safe sleep presentation to all attendees. Incorporated into the presentation Q & A, several women commented on the unusual *Pack n' Play* crib display that was set up with a doll lying face down wearing a t-shirt that said, "If you can read this, turn me over," this helped engage additional audience members in the discussion. Also, two *Pack n' Plays* were raffled off at the shower.

  As a separate activity, Sanders CPHD also administered pre and post safe sleep tests to ten families identified as

at-risk for co-sleeping with their infants. Six of the women took the pre-test stating they co-slept with their infants. The health department provided additional safe sleep education along with portable, complimentary *Pack n' Play* cribs. A month later, the six women came in for their WIC appointment and took the post-test. All infants were reported sleeping in the *Pack n' Plays* and no longer sleeping in a bed with their parents. Two other women felt the tests were helpful and stated they also received the education from the hospital upon discharge. One woman now uses the crib, but admitted occasional, but reduced, bed sharing, final post-test result wasn't reported.

- Yellowstone County has the highest population in the state (MCH population = 66,405). The CPHD, known as RiverStone Health, set a goal to connect with 10 organizations that had significant exposure to infants (sleep on premises, under care of) and provide safe sleep training to the agency's clients and customers. The first half of the year, COVID-19 halted the plan as many of these organizations temporarily shut down during the pandemic or didn't want outside presenters coming into their building. Throughout the year, however, Riverstone Health stayed in touch with these agencies and when conditions were safer doors began to open. Riverstone Health delivered safe sleep educational presentations to 77 people across five agencies:

    - Young Families Early Head Start (15 people)
    - Rimrock Early Childhood Center (12 people)
    - Child & Family Services (50 staff)
    - The Bridger Medical Clinic (5 staff)
    - The Worden Medical Clinic (5 staff)

    Additionally, RiverStone Health became a part of a newly formed alliance organized as a pilot to better serve and treat pregnant mothers with Substance Use Disorders (SUD). They provided maternal child health education, including safe sleep best practices. *Healthy Spark* (Support-Prevention-Awareness-Resilience-Knowledge) brought together St. Vincent Healthcare, Rimrock Foundation, and RiverStone Health to develop a supportive pilot program to:
    - increase healthy deliveries
    - promote ongoing stability
    - reduce harm to women and their babies

    RiverStone Health manages health care surrounding pregnancy outside of the clinical setting, and Maternal Child Health (MCH) supportive resources to reduce harm from social and behavioral determinants of health. The full spectrum of MCH preventative services included:
    - infant safe sleep best practices
    - *Pack n' Play* cribs
    - depression screening
    - *Purple Crying* shaken baby prevention training
    - smoking cessation
    - infant car seats and other resource referrals provided

- Below are examples FFY21 FICMMR infant safe sleep efforts, from Mineral (MCH population = 1,337) and Lincoln (MCH population = 5,867) CPHDs:
    - Provided young mother a *Pack n' Play* who was living in a motel room
    - National Institute for Children's Health Quality (NICHQ) photos and education blurbs were shared through the CPHD's Facebook, and posts from Healthy Mother's Healthy Babies Facebook page
    - During cold months, showed families how to bundle babies for night sleep to maintain temperature
    - Provided safe sleep literature to all four medical clinics in the county (Lincoln)

- Valley CPHD (MCH population = 2,814) did not have infant safe sleep as their official FICMMR injury-prevention initiative, but they provided best-practice information as part of other efforts:
    - during the COVID-19 pandemic, while direct interactions were down with soon-to-be moms, they mailed safe sleep literature to 33 families with newborns.
    - staff also worked with six daycare providers providing safe sleep education using HMHB – MT materials

County Public Health Department NPM 5 Activities

Six CPHDs worked on NPM 5 activities for FFY 21: Gallatin, Lake, Lewis & Clark, Ravalli, Roosevelt, and Yellowstone. While Roosevelt and Yellowstone chose to redirect their MCHBG funding towards COVID-19 response, they continued focusing on NPM 5 as time and resources allowed. Even with this challenge, nine of eleven goals were met (the total for all six CPHDs).

Educational outreach was the overriding theme for the CPHD activities, with many different avenues of approach:

- Collaboration with other local programs and agencies included:
    - Child Protective Services – providing training to staff;
    - Home Visiting – education to all enrolled families, and periodic tracking of results;
    - Local hospitals and WIC – provided *Pack n' Plays* to any families in need, along with safe sleep materials and follow-up assessments;
    - Materials in welcome packets to all postpartum mothers, then follow-up calls to see if there was a need for more adequate equipment or supplies, with assessments offered for anyone interested;
    - Presentations to High School and Community College students in Life Skills or science classes;
    - Focus groups led by a Native American nurse on a local reservation, to begin a dialog on the culturally predominate practice of bed-sharing;
    - Unsafe sleep risk factors education to all Family Health Service clients of the department, with evidence-based materials provided, then follow-up assessments; and,
    - Support for exclusive breastfeeding (which is a preventive measure) by providing free breast pumps, both reusable and single user, to women unable to have access through other means.

A report from Gallatin CPHD (MCH population = 46,760) captured the essence of how all the CPHDs made a slow transition from activities completely dominated by COVID-19 restrictions towards a hybrid with regular procedures:

> *"As we have started to transition to more in-home visits and being able to see the actual rooms and sleep set ups that families have, it has been easier to facilitate discussions with families on safe sleep. Many families seem to answer "yes" they are utilizing safe sleep models, however when doing the in-home assessments we are able to see that more education is needed on what safe sleep means and are able to help families understand how to fully implement safe sleep practices. Additionally, we have been encouraging better tracking from the home visitors. As always we continue to provide infant safe sleep assessments and education, however some of those conversations and education pieces seem to have more effect in an in-person home setting.*
>
> *We continue to focus on women's maternal health and perinatal/infant health through our home visiting program and our prenatal and parenting classes that are available to all community members. These classes include Breastfeeding Basics, Labor and Delivery, Enjoying Your Newborn, and a Working and Breastfeeding class. We have been able to adapt our classes to virtual learning during this pandemic. The hope is to be able to transition back to in-person classes in the future.*
>
> *We continue our collaboration with Bozeman Health Hospital in an effort to get all appropriate home visiting referrals at the birth of the child. Due to the hospital restrictions we are not able to go in person to get referrals and meet with families of newborns at the hospital. Our home visiting program has worked hard to quickly adjust our home visiting model to help keep everyone safe but also provide much needed support and resources to families during this COVID crisis.*
>
> *We continue to provide support for families in a variety of ways to maximize our effectiveness in these unprecedented times. Phone visits, texting, virtual and in-home visits are all ways in which we can connect with families and still maintain safety precautions. Case management for families navigating limited resources has also been at an all-time high. As the Gallatin City-County Health Department moves in toward new systems for contact tracing and vaccine distribution, home visiting staff is slowly pulling back on COVID response activities and we are starting to be able to transition more back into our designated roles."*

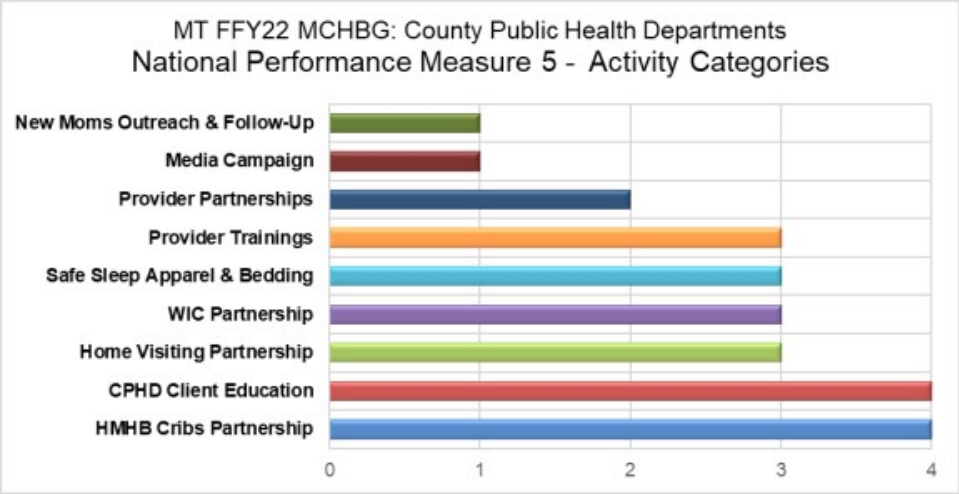
In FFY 2022, the FCHB is contracting with, and supporting, these CPHDs which choose to focus on NPM 5: Flathead, Gallatin, Glacier, Lake, Lewis & Clark, Ravalli, Roosevelt, and Yellowstone. These counties are implementing and evaluating at least two community-level activities during the fiscal year. The FCHB is providing these counties with training, resources, and support on evidence-informed activities, goal setting and evaluation.

Perinatal/Infant Health - Application Year

NPM 5 - Safe Sleep: 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.

County Public Health Department NPM 5 Activities

During FFY 2022, eight County Public Health Departments (CPHDs) are focusing their efforts on NPM 5. Their official MCHBG activities cover eight general categories, as detailed in the following graph:



The emphasis placed on partnership allows for a much wider reach on infant safe sleep education and messaging. Several CPHDs have Home Visiting and WIC programs co-located in their facilities, and staff collaboration on implementation and tracking receives assistance from these relationships. Also, Montana Healthy Mothers Healthy Babies (HMHB) has portable cribs available free of charge for CPHDs to order for families in need. HMHB requires that CPHDs must demonstrate crib set-up to families, and review educational materials with them.

Another type of partnership involves both licensed medical professionals and childcare providers. These partners sponsor training for their staff, and distribution of materials to their clients. This outreach results in their greater awareness of the importance of infant safe sleep practices, and confidence in education efforts.

The follow excerpt from a Flathead CPHD report provides insights into how these activities flow together:

> *"Flathead County filled the vacant MCH nurse position in October. For MCHBG performance activity #1 for safe sleep, our MCH nurse conducted staff presentations and informational sessions with both Home Visiting and WIC programs for education on safe sleep resources, packets, and the portable crib safe sleep program from Healthy Mothers Healthy Babies.*
>
> *The nurse and MCH manager began to make lists of program clients from target populations of third trimester of pregnancy through 6 months postpartum from both WIC and Home Visiting caseloads. The MCH manager developed a safe sleep letter and survey to include in the safe sleep resource packets and assembled 25 resource packets to begin distributing to target families.*
>
> *The manager ordered a stock of 20 pack n play cribs and 5 portable bassinets for distribution to participant families in need of a safe and approved sleep surface for their home. The MCH nurse and MCH manager assisted the FICMMR nurse with the FICMMR safe sleep initiative by assembling 400 safe sleep resource packets and delivering 150 of them to Logan Health Hospital Labor and Delivery Department.*
>
> *For MCH performance activity #3 for safe sleep, Flathead County posted public messaging two out of three months in quarter 1. The first post was in October for SIDS awareness month and the second post was about safe sleep information from the 'Safe to Sleep' Campaign in November."*

In FFY23, the FCHB will contract with nine CPHDs who have chosen to focus on NPM 5: Custer, Flathead, Gallatin, Lake,

Lewis & Clark, Mineral, Ravalli, Roosevelt, and Yellowstone. They will implement and evaluate at least two community-level activities during the fiscal year. The FCHB will provide these counties with training, resources, and support on evidence-informed or best-practice activities, goal-setting, and evaluation.

Fetal, Infant, Child & Maternal Mortality Review Teams:

Early in FFY 2022, Flathead CPHD sought partnership opportunities with two local hospitals on infant safe sleep education. They approached both hospitals to first gain an understanding about their current safe sleep practices and education. Logan Health-Whitefish currently models safe sleep while infants are in their care and they are currently pursuing safe sleep recognition certification on their own. The other hospital, Logan Health Medical Center, (LHMC), doesn't have a formal safe sleep program although their labor and delivery nurses provide safe sleep education; they were open to a discussion.

Flathead CPHD's efforts have been successful in facilitating the two entities to forge a partnership agreement that strengthens existing safe sleep education for mothers of newborns and their families at LHMC. Flathead CPHD has agreed to provide complimentary safe sleep resource kits to the mothers of newborns. LHMC is administering an anonymous, short survey of sleep habit intentions, following two safe sleep videos the mothers are asked to watch. After the videos and completion of the survey, the moms receive the safe sleep resource kit which includes:

- A safe sleep zip-up sack.
- Two educational handouts
- Letter from the Flathead County FICMMR team describing the joint initiative

The nursing staff received an orientation on the new initiative, so no education steps are missed. Four hundred safe sleep resource kits were assembled and dropped off late December 2021. LHMC labor and delivery nurses will continue to provide safe sleep education and modeling as they have done. Safe sleep surveys will be collected from the hospital regularly along with data on the number of newborns discharged each quarter.

Custer CPHD provides on-going, safe sleep education to licensed childcare providers, WIC program staff, local hospital Obstetrics (OB) staff, and the SPROUTS home visiting program. One-on-one dialogue is initiated with families of infants less than 1 year of age and educational fact sheets are provided for conversations to continue in the home. Here are encounters as of April 2022:

WIC: Nine of nine eligible families engaged in safe sleep education during in-office WIC appointments.
OB Hospital staff: Ten families of newborns were provided safe sleep education prior to discharge from local hospital.
SPROUTS families: 10 infants were eligible, and all 10 families received safe sleep education.

The SPROUTS program had 6 clients on caseload that were newly enrolled or enrolled prior to the quarter. All six infants were screened within 3 months of enrollment for safe sleep practices and all six families demonstrated safe sleep practices. The CCPHD provided safe sleep education to three additional families as well, post discussion they provided three complimentary Pack *n'*Play cribs to the families via partnership with Healthy Mothers Healthy Babies Montana.

Two remote CPHDs in the western part of the state, Lincoln and Glacier, conducted infant safe sleep outreach and education as follows:

- Lincoln initiated first-time contact with a midwife, and provided infant safe sleep materials for her new/expecting mothers and referral information to access complimentary cribs.
- They provided safe sleep education to seventeen 8th and 9th graders in a Life Skills Class.
- Glacier CPHD continues to serve WIC clients virtually and they mailed safe sleep educational packets and sleepers to 5 families of newborns. Also, comprehensive infant safe sleep education was presented to an in-coming staff member.

Two CPHDs with frontier-level populations continue working on safe sleep outreach:

- Toole CPHD:
  - Met with two local providers who agreed to partner on infant safe sleep messaging. The CPHD provided ideas for conversation starters, and left safe sleep materials from the Eunice Kennedy Shriver National Institute of Child Health, for families to take home.
  - Due to continued limited in-person contact due to COVID-19, CPHD staff posted a safe sleep video on their Facebook page and asked community members to respond stating the one thing they learned after watching the video? The post reached 559 people, with 23 engagements, and three comments:
    - "I learned that you shouldn't swaddle your baby when sleeping in a crib."
    - "I learned that even babies need to sleep on their backs, but tummy time while awake and being watched is important for normal muscle growth."
    - "I really liked this video as it covers so many different things about how to keep your baby safe and

why."
    - Staff mailed 28 packets of educational materials to WIC families on placing baby on back for all sleep times, and other safe sleeping practices.

- Sanders CPHD:
    - As of April 2022, provided remote safe sleep education to six WIC mothers and pre- and post- safe sleep surveys were administered, with the following results of the pre-test:
        - One Mom knew about the ABC's of Safe Sleep
        - Six laid their baby on back
        - Four had a crib in their bedroom, 2 had Pack *n'* Plays in their bedroom
        - All six had a firm mattress and fitted sheets
    - Results of post-test:
        - Four spelled out the ABC's of Safe Sleep
        - Six stated their intentions to continue laying baby on back
        - One of the Pack N' Plays homes was moving to secure a permanent crib
        - Firm mattress and fitted sheet responses remained the same

The funding partnership between the Early Childhood & Family Support Division and Health Mothers Healthy Babies Montana (HMHB) ended September 30, 2021. However, the organization provided the following data regarding Pack *n'* Play crib distribution to CPHDs. From October 1, 2021 through March 27, 2022, 15 cribs were shipped. HMHB is currently seeking funding to be able to purchase more Pack *n'* Plays and continue their distribution program.

As of April 2022, the State FICMMR Coordinator has distributed three safe sleep articles to the CPHDs, and along with a statement exposing the dangers of bedside sleepers:

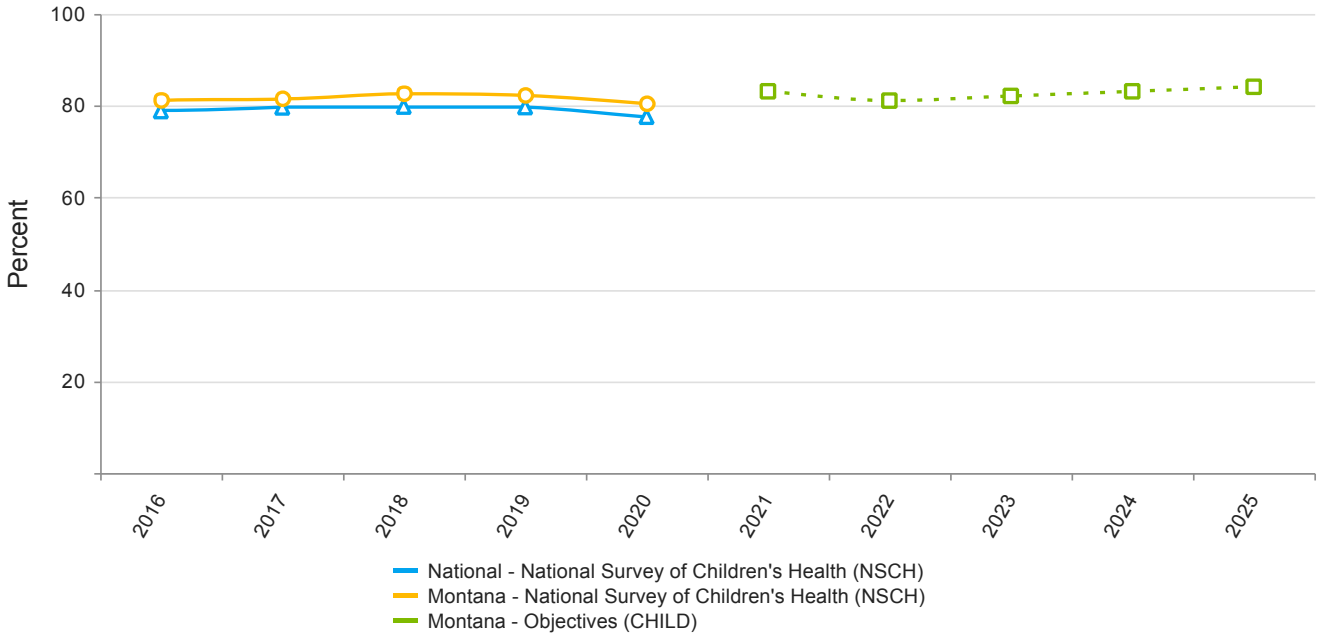
- Evaluation of a Safe Sleep Training for Home Visitors and Clients
- Supporting Infant Safe Sleep Practices with Continuous Quality Improvement
- Experts Have Finally Acknowledged How Common Co-Sleeping Is, Despite all the Warnings

Additionally, an email from the regional director of the Northwest Infant Survival & SIDS Network (NISSA) was forwarded, which addressed the dangers of families using bedside sleepers instead of cribs. The American Academy of Pediatricians recommends a safe sleep space that meets all Consumer Product Safety Commission safety standards. A crib, bassinet or Pack *n'* Plays are the options for safe sleep. There are documented deaths of babies caught between the adult bed and the co-sleeper as well as over the side rail. Sleepers present entrapment and suffocation hazards. Email resources on safe sleep will continue to be sent to all county health departments.

Child Health

National Performance Measures

NPM 13.2 - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year
Indicators and Annual Objectives



NPM 13.2 - Child Health

Federally Available Data			
Data Source: National Survey of Children's Health (NSCH)			
	2019	**2020**	**2021**
Annual Objective			83
Annual Indicator	82.6	82.1	80.4
Numerator	179,033	177,165	172,678
Denominator	216,777	215,773	214,747
Data Source	NSCH	NSCH	NSCH
Data Source Year	2017_2018	2018_2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	81.0	82.0	83.0	84.0

Evidence-Based or –Informed Strategy Measures

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.

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			80
Annual Indicator			87.5
Numerator			7
Denominator			8
Data Source			FCHB
Data Source Year			FFY 2021
Provisional or Final ?			Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	82.0	83.0	84.0	85.0

State Action Plan Table

State Action Plan Table (Montana) - Child Health - Entry 1	
Priority Need	
Children's Oral Health	
NPM	
NPM 13.2 - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year	
Objectives	
Increase the percent of children, ages 1 though 17, who receive annual preventive care dental visits.	
Strategies	
Support County Public Health Departments who choose NPM 13.2 as their priority need, providing technical assistance and resources.	
Additional Oral Health questions were to added PRAMS, thanks to MCHBG funding.	
ESMs	**Status**
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.	Active
NOMs	
NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year	
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system	

NPM 13.2 - Oral Health: 1) Percent of women who had dental visit during pregnancy; and **2) Percent of infants and children, ages 1 – 17 years, who had a preventive dental visit in the last year.**

Oral Health Literacy

Healthy Montana Mouths: During FFY 2021, MCHBG and Oral Health Program (OHP) staff continued to collaborate on activities supporting NPM 13b. The programs promoted the oral health literacy campaign, *Healthy Montana Mouths*. These materials are designed for healthcare providers caring for infants, young children, and pregnant women. They include a 13-page flip chart containing information on oral health from preconception to pregnancy and through the child's first dental visit. The book is available upon request, free of charge.
Additionally, a toolkit of resources is available on the OHP website at https://dphhs.mt.gov/ecfsd/oralhealth. The toolkit includes the American Academy of Pediatrics (AAP) Oral Health Risk Assessment, an example child dental referral, oral health guidance during the well-child visits, and an oral health goal setting form.

Healthy Montana Mouths was promoted by County Public Health Departments (CPHDs) serving as oral health "hubs", and by those that selected NPM 13b. The materials were also disseminated through: WIC, the MT Hospital Association, MT Chapter of the American Academy of Pediatrics, Healthy Mothers Healthy Babies crib kits, and MT Medical Association newsletters. The OHP exhibited at the Montana Dental Hygienists Association Annual Session in September 2021, which included promotion of the materials. Lastly, the OHP collaborated with the National Maternal and Child Oral Health Resource Center to highlight the oral health literacy campaign in an upcoming publication.

National Oral Health Observances

The OHP continues to promote national observances relevant to oral health. To publicize National Children's Dental Health Month (NCDHM) in February 2021, the OHP developed an electronic newsletter article providing background on the observance, discussing the campaign slogan, and providing ideas for easy-to-do activities to promote NCDHM. The newsletter was shared with all Early Childhood and Family Support Division (ECFSD) programs, Montana Oral Health Network (MOHN) members, and distributed to local stakeholders by the CPHD "hub" locations. Additionally, posters provided by the American Dental Association were distributed to CPHD partners. Furthermore, OHP staff presented on NCDHM and Oral Health in Montana during a WIC local agency conference call with approximately 45 local WIC agency staff.

To promote Oral Cancer Awareness month, OHP staff submitted a *Health in the 406* article on the topic of human papillomavirus (HPV) and oral cancer. The article was distributed to all Montana DPHHS employees and posted on the Public Health and Safety Division website. Lastly, the OHP provided resources and information on World Oral Health Day to members of the MT Oral Health Network in March 2021.

Networks & Partnerships

Montana Oral Health Network (MOHN): The OHP continued to provide administrative support for the MOHN. The OHP collaborated with the MOHN on activities supporting NPM13b. This network is guided by the Montana Oral Health Strategic Framework, which has specific metrics related to the MCH population:

- *By 2023, develop materials and educational programs to inform practicing health and human service professionals about the necessity of oral health care to systemic health, resulting in at least 50 non-dental providers appropriately including oral health preventive education, referrals, and/or services in their patients visits.*
- *Educate dentists, medical providers, WIC counselors, and parents that a child's first dental visit should occur before one year of age and include a risk assessment. By 2023, infant dental visits prior to his/her first birthday will increase by at least 2 percent.*
- *Conduct an assessment to determine the number of schools and clinics that include oral exams as part of health screenings. Once a baseline has been determined, increase by 10% over the next five years.*
- *Work closely with the Office of Public Instruction to encourage Montana school districts to include oral health strategies and education as part of their district's Wellness Policy.*

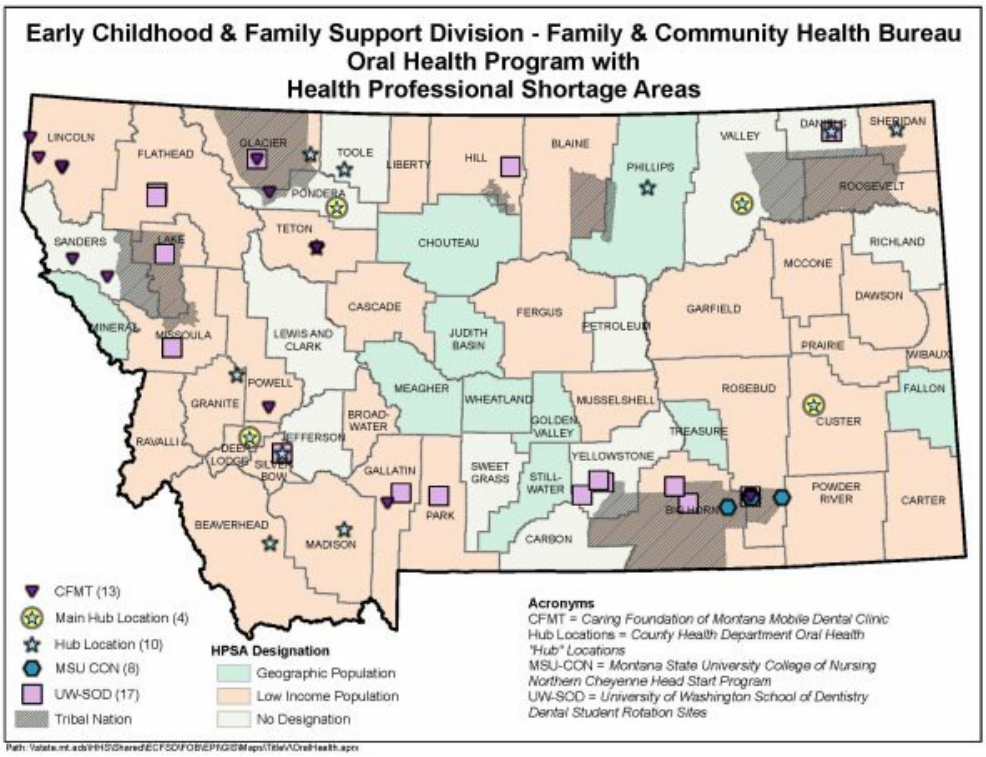
During FFY21, the OHP organized two quarterly meetings of the Steering Committee, a team of 8-10 dental and non-dental stakeholders that provide leadership for the full network. Additionally, the OHP collaborated with a public health consulting organization to develop draft bylaws for the organization. The Steering Committee decided at the March 2021 Steering Committee meeting that the MOHN would no longer be supported in a leadership capacity by the OHP. The organization is currently stagnant until new leadership is identified.

Montana Tobacco Use Prevention Program (MTUPP): The OHP partnered with MTUPP to sponsor a speaker at the Montana Dental Hygienists' Association (MDHA) Annual Session in September 2021. The speaker presented on the implications of human papillomavirus (HPV) and vaping/e-cigarettes on oral health. This partnership supported the MCH population by educating dental providers on topics currently impacting the oral health of children and adolescents. Additionally, the OHP facilitated an introduction and meeting between the MTUPP and the mobile dentistry non-profit organization Smiles Across Montana to discuss strategies for incorporating oral cancer screening in mobile dentistry clinics.

Montana Healthcare Programs: The OHP collaborated with Montana Healthcare Programs on a potential project to increase the number of preventative oral health services provided. This project would specifically target services for members under 36 months of age delivered by Medicaid enrolled physicians, physician assistants, and nurse practitioners. If approved, the program would provide enhanced reimbursement for oral health services provided by enrolled primary care providers who have completed the *Smiles for Life* online curriculum. A decision brief was developed and submitted to Montana Healthcare Programs. However, all new projects are currently on hold do to reorganization within that division.

Oral Health Workforce

Known disparities, based on geographic locations and race in Montana, continued to drive targeted programming related to oral health. The OHP has several projects to support the growth of the oral health workforce in MT, which are supported by *HRSA Grants to States to Support Oral Health Workforce Activities* T12HP30538. The partnerships have contract agreements through August 2022, the end date of the HRSA funding. As data from these partners was received, rapid quality improvement was utilized to determine best practices for providing oral health services to the maternal and child population. The following map illustrates the location of oral health workforce activities throughout the state.



University of Washington School of Dentistry (UWSOD): The OHP has contracted with the UWSOD to promote workforce development for providers prepared to address oral health services in vulnerable populations of women and children. This program aims to improve access to oral health care in Montana by developing and delivering community-based training programs for dental students, focusing on rural and underserved pediatric populations living in a Health Professional Shortage Area. Faculty from UWSOD contact preceptor sites prior to student rotations to encourage them to have students treat children on rotation and inquire about off-site opportunities to treat children in the area. Furthermore, prior to departing, dental students rotating in Montana complete learning modules developed by the UWSOD's HRSA grant-sponsored Early Childhood Oral Health Training (EchoTrain) Program. Since September 2018, 3859 dental procedures have been completed by 4th-year dental students, 913 of which were with pediatric patients aged 0-17 years old.

Montana State University College of Nursing (MSUCON): The aim of the program with MSUCON is to support innovative projects to increase oral health care utilization for American Indian (AI) children during early childhood. One activity is to implement an oral health program with the Northern Cheyenne Nation Head Start. Dental professionals accompany nursing students on rotations to provide preventative oral health services. The students gain interprofessional education and hands-on experience providing oral health services to young children. Following COVID-19 closures, the team was able to return to the Northern Cheyenne Nation in November 2020. Since September 2018, services provided include: 449 screenings, 296 cleanings, 418 fluoride varnish applications, and 811 sealants. Additionally, 139 referrals have been made, of which 94 have been completed to date.

Another activity is to test oral health messaging via GoodHealth Television (GHTV) to support increased utilization of dental care during early childhood and the use of Silver Diamine Fluoride (SDF). MSUCON developed a video featuring four Blackfeet families undergoing treatment with SDF. As GHTV is displayed in tribal health waiting rooms, this activity was significantly delayed during COVID-19 when waiting rooms were not being utilized. However, MSUCON was able to alter the implementation plan so that the message was played in facilities offering the COVID-19 vaccine. As of August 2021, over 100 viewer surveys have been completed and results are being analyzed.

Caring Foundation of Montana (CFMT): The OHP has partnered with the CFMT, a non-profit organization administered as an in-kind gift by Blue Cross and Blue Shield of Montana. The aim of this program is to pilot the integration of access to preventive dental health services in mobile health clinics and non-traditional settings. The goals are to address dental needs, promote prevention, and increase the capacity of community-based preventive dental care for high-risk, high-need populations. The focus is on the early utilization of dental care and the establishment of a dental home for children. This activity utilizes dental professionals and mobile dental equipment to deliver preventative oral health services in a variety of settings, including Head Start, schools, and WIC clinics. Since September 2019, services provided include: 2432 screenings, 1415 cleanings, 2388 fluoride varnish applications, and 2742 sealants. All children served are provided an examination with a dentist either in-person or via teledentistry or referred to a dental provider for routine oral health care.

Health Department "Hubs": The OHP has established task orders with four CPHDs: Valley, Pondera, Anaconda Deer-Lodge, and Custer. This program facilitates early childhood risk assessments, oral health education, and fluoride varnish application in the primary care setting. In the "Hub and Spoke" model, hub locations provide guidance and support for oral health activities to surrounding (spoke) health departments. CPHD staff met monthly to discuss successes, challenges and to collaborate on activities. Additionally, the OHP provided quarterly trainings on oral health-related topics and developed newsletter articles for the "hubs" to share with stakeholders in their area. The task order deliverables for this program compliments, but do not duplicate, Title V MCHBG requirements.

Alluvion Health: The OHP has partnered with Alluvion Health, a Federally Qualified Health Center (FQHC) in North Central MT, on a teledentistry pilot project. Alluvion Health secured outside funding to purchase a mobile dental clinic. The OHP provided financial support towards the purchase of additional equipment and in-kind administrative support. During FFY21, Alluvion Health completed the planning phase of program development and began project implementation. Alluvion Health plans to utilize the mobile dental unit to serve small, rural communities that do not currently have independent local dental providers. They plan to utilize the mobile dental clinic to offer oral health services to underserved populations in their area with an initial focus on pediatric populations. Pilot clinics with Alliance for Youth, and Vonn School were conducted in the Spring of 2021. Due to staffing shortages, the mobile dental clinic has not been utilized since the pilot clinics. The FQHC is hopeful to resume implementation once staff vacancies are filled.

Barriers due to COVID-19

Although most oral health activities resumed by Fall 2020, COVID-19 continued to significantly impact partners. The University of Washington School of Dentistry (UWSOD) student rotations resumed in Montana in July 2020. However, challenges presented by COVID-19 precautions persisted, such as COVID-19 testing prior to rotations, navigating potential exposures, and providing students with appropriate personal protective equipment (PPE).

Montana State University College of Nursing (MSUCON) was able to return to Head Start classrooms on the Northern Cheyenne Reservation in November 2020. This was their first visit in approximately ten months. During the September 2021 classroom visits, MSUCON reported a much higher rate of untreated cavities than prior to the pandemic. Oral health activities in county health department "hub" locations have resumed but were significantly reduced due to limited staff time from responding to COVID-19 cases and providing vaccinations.

The mobile dental unit purchased by Alluvion Health for a teledentistry pilot project was repurposed for COVID-19 testing during the second wave of COVID-19 cases, causing delays in program development. Lastly, with many people losing insurance, or simply not being able to get to a dentist during COVID-19, the Caring Foundation of Montana (CFMT)

experienced an increased demand for mobile services.

Surveillance

The OHP attempted to conduct the Basic Screening Survey (BSS) of the Head Start population during the 2020/2021 academic year. However, the surveillance was ultimately postponed due to challenges associated with the COVID-19 pandemic. The BSS of the Head Start population was rescheduled and is being conducted in addition to the BSS of the Kindergarten population in the 2021/2022 academic year. The OHP elected to add questions to the 2021 BRFSS regarding fluoride testing of private wells and public perception of community water fluoridation. Although not specific to the infant and child population, the OHP also elected to add a question to the 2021 PRAMS questionnaire regarding obstacles to visiting a dentist during pregnancy, supported with Title V funds. Routine surveillance of the MCH population is vital to targeting effective oral health interventions.

NPM 13.2 Counties

For FFY 2021, four CPHDs chose NPM 13.2 for their MCHBG performance measure: Cascade, Custer, Mineral, and Valley. These counties are in areas of the state which either have minimal access to oral health care, and/or have a higher percentage of residents below the federal poverty level. These counties have a combined child population (0-19) of 25,422, and combined MCHBG funding for FFY21 was $103,250.

Staff from these counties were invited to participate in monthly Montana Oral Health Partners meetings to discuss challenges and successes to incorporating oral health services in the primary care setting. The OHP offered support, guidance, and resources to CPHD staff. These CPHDs leveraged partnerships to increase their reach and capacity for oral health education. This included collaboration with WIC, medical clinics, dental clinics, and community organizations that serve families.

Another main area of partnership involved the surveillance of kindergarten and 3rd-grade students, and appropriate referrals to local area dentists. Activities within health departments included distributing "oral health packets" to clients containing items such as toothbrushes, timers, toothpaste, and educational materials.

The following information in a report from Cascade CPHD gives good examples of MCHBG NPM 13.2 activities which took place:

> *"Staff from all our programs consistently encounter parents, foster parents, grandparents who do not know about the latest research and schedule for preventative oral health care for the children in their care, and how infant feeding behaviors can influence oral health. Many measures have been taken to help attain this goal including the following information to be shared at outreach events, clinic visits, and during home visits:*
>
> *Access to Oral Health Care*
>
> - *A list of dentists who take Medicaid patients and are currently accepting new Medicaid patients. This list was created by the Access to Dental Care Committee and reviewed by the 4th District Dental Society. It will be shared with parents and clients. The list will be kept current by the Dental Assistant teacher at the College of Great Falls.*
> - *MCH Program Resource flyers were created and distributed to community partners which included the Oral Health Education program's availability to help parents in need of finding dental care for their children.*
>
> *Create postcard for outreach and education purposes with age specific oral health information to be shared with parents during outreach events, clinic visits and during home visits.*
>
> - *We are currently sharing age-specific oral health information for expectant mothers and parents of babies/toddlers from postcards and brochures. Recently however, I was contacted by Katie Glueckert, (Oral Health Program Coordinator for Montana, DPHHS) who provided me with many oral health resources and current, research-based oral health information. She is currently sending samples from "Montana Healthy Mouths" (DPHHS). I have also been looking at Consumer Materials: OHRC.*
>
> *Provide oral health education through PSAs and social media to create awareness of how feeding habits can influence oral health.*
>
> - *Oral Health Lessons on Brushing and Flossing are being provided to 2nd and 4th grade students in Cascade*

County. Students are also being provided with toothbrushes, toothpaste, floss, and a corresponding information/activity page to take home.

- *In February 2021, National Children's Dental Health Month, Kindergarten classrooms in Cascade County will be sent a video link to Dr. Rabbit's, "How to Have a Bright Smile" (Colgate). After watching video, they will be sent home with a "How to Have a Bright Smile" activity book, toothbrush, toothpaste, and How to Brush Your Teeth information page.*
- *We are currently working on a PSA to be used in February, National Children's Dental Health Month, listing "5 Tips for Healthy Teeth" (America's ToothFairy.org). This will be read by a child.*
- *Planning for February's Parents as Teachers Zoom meeting has also begun. The theme will be Oral Health for Kids. Parents will be presented with Oral Health Information and Tips. Age appropriate activities will be given to parents either through the Zoom meeting or Home visits. These activities are to be completed with parents and child.*
- *2 of 12 Monthly Face Book posts have been posted on the CCHD web page to create awareness of how infant feeding and the eating habits of young children can influence oral health.*
- *With schools reopening this fall and limited visitation access, promoting our goal of optimal oral health to Kindergarten, 2nd, and 4th grade students in Cascade County has been a bit of a challenge. However, with the help of Tracy Milton and her Business Professional's Class at Great Falls High, we have created two easy to use and engaging You Tube video lessons for teachers to use in their classrooms. Using these videos are getting important oral health information out to the students who then can take corresponding materials home with them for independent use. These video lessons, along with toothbrushes, toothpaste, floss, and corresponding information/activity page started going out to schools starting in January. By teaching good oral health habits now, you help a child develop skills that can last a lifetime."*

During FFY 2022, the FCHB is contracting with and supporting six CPHDs who are interested in increasing the percentage of children who have an annual preventive care dental visit: Cascade, Custer, Deer Lodge, Granite, Lincoln, and Mineral. These counties are implementing and evaluating community-level activities. The FCHB is providing these counties with training, resources and support on evidence-informed activities, goal setting, and evaluation.

Child Health - Application Year

NPM 13 - Oral Health: 1) Percent of women who had dental visit during pregnancy; and **2) Percent of infants and children, ages 1 – 17 years, who had a preventive dental visit in the last year.**(We are using for Children's Health domain.)

NPM 13.2 Counties

The six County Public Health Departments (CPHDs) who chose NPM 13.2 for FFY 2022 are using a wide variety of partnerships and activities to promote preventive dental care in children. These partners include:

- Schools
- Head Starts
- Daycares
- WIC
- After-School programs
- Home Visiting

Activity strategies, which include services to CPHD clients, are as follows:

- Screening
- Education
- Referrals
- Fluoride Varnish
- Dental Services
- Sealants
- Awareness Campaigns

Lincoln CPHD's partnership to bring dental services to rural schools in their county is a good example of collaboration between three different organizations. The dental providers are affiliated with "Smiles Across Montana (SAM)." Their mission states: "We are committed to providing affordable and quality preventive treatment, education, and community outreach." SAM has an emphasis on serving vulnerable populations throughout the state, with a focus on rural and native lands. Dental services are provided through the use of fully equipped mobile clinics.

Mineral CPHD is partnering with "Sealants for Smiles!" which has a mission of improving oral health for Montana's children. Sealants for Smiles! is a non-profit school-based dental health improvement program with the goal of improving school performance by reducing toothaches and missed school hours due to dental disease. Hometown dentists volunteer to provide cavity-preventing treatments to families in schools in which 50% or more of the children qualify for the Free/Reduced School Meal Program.

The purpose of fluoride varnish is to retard, arrest, and reverse the process of cavity formation. Public Health Nurses who have received training in the application of fluoride varnish may provide this service. As one of their activities for the first quarter of FFY 2022, Anaconda-Deer Lodge PHD had two nurses complete the training. As of February, the service is being offered to children during WIC visits – given parental consent.

Custer CPHD used the "Smiles for Life" curriculum for workforce development. It was used by the public health nurse who coordinates dental activities, to train herself for assisting alongside a dentist at off-site oral health screenings and fluoride applications. It is also a source of educational materials for other providers and children's families. The "Smiles for Life" curriculum is endorsed by more than 20 professional organizations, and is offered free of charge. It consists of eight 60-minute modules covering core areas of oral health. The curriculum is certified for continuing education credits across multiple professions including physicians, nurses, physicians assistants, pharmacists, and dental health professionals.

In FFY23, the FCHB will contract with two CPHDs who have chosen to focus on NPM 13.2: Cascade, and Custer. They will implement and evaluate at least two community-level activities during the fiscal year. The FCHB will provide these counties with training, resources, and support on evidence-informed or best-practice activities, goal-setting, and evaluation.

Oral Health Program FFY 2022 Activities

Oral Health Literacy

Healthy Montana Mouths: During FFY22, MCHBG and Oral Health Program (OHP) staff are continuing to collaborate on activities to support NPM 13b. This includes ongoing promotion of the oral health literacy campaign, *Healthy Montana Mouths* (as detailed in the FFY21 report).

Healthy Montana Mouths is promoted by County Public Health Departments (CPHDs) serving as oral health "hubs", and by those that selected NPM 13b. Additionally, the materials have been included in safe sleep kits distributed by Healthy Mothers Healthy Babies and provided to Montana State University Great Falls dental hygiene students for patient education purposes. Healthy Montana Mouths was highlighted by the Oral Health Resource Center's October 2021 update of *Promoting Oral Health During Pregnancy* and the November 2021 *Oral Health Resource Bulletin.* During the remainder of FFY22, the OHP will pursue opportunities to disseminate materials, both in person and virtually.

Conference Presentations: During FFY22, the Oral Health Program is actively disseminating results of the *HRSA Grants to States to Support Oral Health Workforce Activities* (T12HP30538) grant award. As discussed in subsequent sections, many of the *Montana Innovations in Preventions* goals and objectives address oral health promotion for the infant and child population. On April 5th, 2022, the OHP will be presenting at the HRSA Bureau of Health Workforce All Grantee & Stakeholder meeting. This presentation will highlight *One Community in Health*, a project lead by Montana State University College of Nursing to provide oral health services to Northern Cheyenne Nation Head Start students. Additionally, the OHP was selected to submit a poster presentation for the virtual 2022 AMCHP Annual Conference. The poster presentation, *Montana Innovations in Workforce Development*, highlights three HRSA grant sponsored activities that promote MCH dental care utilization.

Oral Health Literacy Campaign: the OHP is requested and was approved HRSA carry over funds to support an oral health literacy campaign. The OHP is collaborating with Windfall, a Montana-based advertising agency, to develop a downloadable report outlining *Montana Innovation in Prevention* grant activities and progress towards grant goals and objectives. The report will be available online by the end of 2022. Furthermore, Windfall will provide earned media and marketing support. This will include development of a media plan and outreach to Montana media outlets to support oral health literacy through dissemination of grant results, data reports, and other communications relevant to the MCH population.

National Oral Health Observances

The OHP continues to promote national observances relevant to oral health. To publicize National Children's Dental Health Month (NCDHM) in February 2022, the OHP developed a *Health in the 406* article to promote the NCDHM theme, *Sealants Make Sense*. The article was distributed to all Montana DPHHS employees and posted on the Public Health and Safety Division website. The OHP will continue to pursue opportunities to promote national health observance in the remainder of FFY22 and in the future.

Networks & Partnerships

Montana Healthcare Programs: During FFY21, the OHP collaborated with Montana Healthcare Programs on a potential project to increase the number of preventative oral health services provided. This project would specifically target services for members under 36 months of age, delivered by Medicaid enrolled physicians, physician assistants, and nurse practitioners. The potential program would provide enhanced reimbursement for oral health services provided by enrolled primary care providers who have completed the *Smiles for Life* online curriculum. Staffing constraints and reorganization within Montana Healthcare Programs currently have this strategy on hold. However, the OHP will continue to pursue this project, which has the potential to positively impact the oral health of the infant and child population covered by Medicaid.

Oral Health Workforce

Access to oral health services correlates with lower socio-economic status, geographic disparities, and race in Montana. The OHP was awarded the HRSA *Grants to States to Support Oral Health Workforce Activities* grant from 9/1/2018 – 8/31/2022 to complete the *Montana Innovations in Prevention* (MIP) workplan. The MIP workplan is a state-wide program that focuses on MCH dental care utilization with the purpose of reducing the burden of dental disease in Montana. MIP has two goals that directly support the MCH population: bring oral prevention activities to children during early childhood in their communities and enhance oral health workforce activities that support establishing a dental home among Montana children during early childhood in dental HPSA and frontier areas of Montana. To accomplish these goals, the Montana DPHHS Oral Health Program has established the following five partnerships:

University of Washington School of Dentistry (UWSOD): The aim of the partnership with UWSOD is to improve access to oral health care in Montana through development and delivery of community-based and interprofessional experiential training programs, with a focus on rural and underserved vulnerable pediatric populations. Based on significant capacity building efforts, UWSOD has established a network of 17 rotation sites in various high-need areas of Montana including the tribal facilities of Blackfeet Community Hospital, Lame Deer Health Center, and Crow/Northern Cheyenne Hospital. From September 1, 2018, through December 31, 2021, UWSOD has facilitated 41 clinical rotations in Montana. During these rotations, dental students have completed 915 procedures on pediatric patients (age 1-17).

Prior to departing on rotations, students are given learning modules developed by the University of Washington School of Dentistry's HRSA grant-sponsored *Early Childhood Oral Health Training* (EchoTrain) Program. Learning modules include content on various topics related to providing oral health services to the pediatric population including childhood obesity prevention and children with special healthcare needs. Clinical preceptor sites are encouraged to have students treat children and to utilize off-site opportunities to treat children in the area. Additionally, UWSOD has collaborated with interprofessional partners in Montana to develop enhanced curricular content pertinent to oral health care for young children in rural and frontier areas. One example is an interprofessional education training centered around a pediatric oral health case attended by health sciences professional students from the disciplines of pharmacy, speech language pathology, nursing, dentistry, medicine, physical therapy, dental hygiene, athletic training, and health and human development.

Montana State University College of Nursing (MSUCON): MSU-CON has demonstrated significant progress on American Indian initiatives to support early childhood oral health activities. One activity is to implement an oral health program with the Northern Cheyenne Nation Head Start. The project utilizes an interprofessional team of dental professionals and Bachelor of Science in Nursing (BSN) students. The team visits the Northern Cheyenne Nation Head Start multiple times per year and provides preventative services within the classroom setting. During these visits, BSN students gain experience applying fluoride varnish, completing pediatric "head to toe" examinations, administering vaccines, assessing developmental milestones, and participating in referral and case-management. In addition to supporting the BSN students, Limited Access Permit (LAP) dental hygienists offer preventative oral health services, including cleanings, sealants, and teledentistry exams. From September 1, 2018, through December 31st, 2021, MSUCON has provided the following services to Northern Cheyenne Nation Head Start students: 476 preventative care encounters, 299 cleanings, 442 fluoride varnish applications, 821 sealants, and 157 referrals.

Caring Foundation of Montana (CFMT): To further support community-based oral health activities for children during early childhood, the Caring Foundation of Montana (CFMT) is piloting the integration of preventive dental health services in mobile health clinics and non-traditional settings. The purpose of this project is to address dental needs, promote prevention, and increase the capacity of community-based preventive dental care for high-risk, high-need populations. The CFMT is a non-profit organization administered as an in-kind gift by Blue Cross Blue Shield of Montana with the purpose of providing access to preventive services to Montanans with an emphasis on rural and underserved populations.

The CFMT draws upon existing mobile-health relationships to expand services to include oral health. In each community visited, outreach is conducted to local dental providers to inform them of the program and to establish referral networks for children without a dental home or those identified to have urgent dental needs. Furthermore, the team coordinates with school nurses and Head Start health coordinators to facilitate follow up care, when appropriate. From Sept. 1, 2019, through Dec. 31, 2021, CFMT has provided the following services: 3,465 screenings/exams, 1,900 cleanings, 3,341 fluoride varnish applications, and 3,995 sealants. Mobile oral health services have been offered in 12 counties, 9 of which are designated as dental health professional shortage areas (HPSAs).

Health Department "Hubs": This program continues as detailed in the FFY21 report. From Sept. 1, 2019, through Dec. 31, 2021, oral health education was provided 3,659 times and 330 applications of fluoride varnish were delivered.

Alluvion Health: This program is also detailed in the FFY21 report. COVID-19 and the healthcare workforce shortages contributed to Alluvion Health's outreach by their mobile dental clinic. As of June 2022, Alluvion Health will be fully staffed, with two new dentists and one dental hygienist. Alluvion has scheduled outreach events at the Longfellow Elementary School based health center and summer community events in Great Falls.

Surveillance

The OHP is conducting the Basic Screening Survey of the Head Start and Kindergarten populations during the 2021/2022 academic year. The OHP added questions to the 2021 BRFSS regarding fluoride testing of private wells and public perception of community water fluoridation. Although not specific to the infant and child population, the OHP also added a question to the 2021 PRAMS questionnaire regarding obstacles to visiting a dentist during pregnancy, supported with Title V funds. Routine surveillance of the MCH population is vital to targeting effective oral health interventions.

Oral Health Program Plans for FFY 2023

The OHP recently submitted a HRSA *Grants to States to Support Oral Health Workforce Activities* competing continuation application. If funded, Montana Workforce Innovation (MWI) will develop and implement innovative programs, focusing on Montana's 34 Dental Health Professional Shortage Areas (HPSA). These HPSAs are home to underserved and under-

resourced communities. MWI programs will increase access to dental care and strengthen the oral health workforce. They will meet the clinic priorities identified in Montana dental HPSAs, including: a lack of trained oral health providers; limited training opportunities for upcoming and existing providers; and, barriers to accessing care for populations that experience oral health disparities, including American Indian/Alaska Natives (AI/AN) and individuals with special healthcare needs.

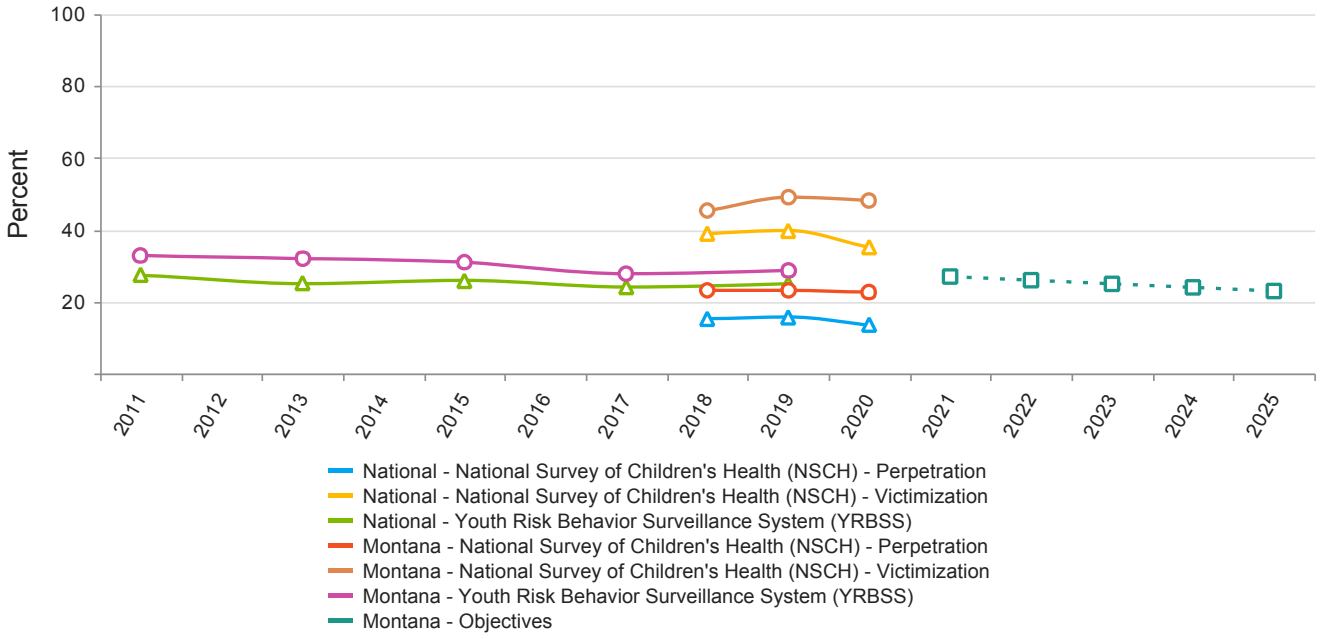
MWI leverages existing partnerships with Montana State University College of Nursing and University of Washington School of Dentistry. New partners committed to improving the oral health of our state include the Montana Office of Rural Health/Area Health Education Center, and Billings Clinic. The following proposed grant objectives are applicable to the MCH population:

- Objective. 1.2: Develop and implement oral health training in providing care to rural and underserved populations.
- Objective 1.3: Pilot a tribal pediatric oral health messaging campaign.
- Objective 1.4: Provide interprofessional oral health services for American Indian children.
- Objective 2.3: Conduct oral health surveillance to identify oral health disparities.

Adolescent Health

National Performance Measures

NPM 9 - Percent of adolescents, ages 12 through 17, who are bullied or who bully others
Indicators and Annual Objectives



Federally Available Data			
Data Source: Youth Risk Behavior Surveillance System (YRBSS)			
	2019	**2020**	**2021**
Annual Objective			27
Annual Indicator	27.8	28.5	28.5
Numerator	11,393	11,853	11,853
Denominator	40,974	41,603	41,603
Data Source	YRBSS	YRBSS	YRBSS
Data Source Year	2017	2019	2019

Federally Available Data			
Data Source: National Survey of Children's Health (NSCH) - Perpetration			
	2019	**2020**	**2021**
Annual Objective			27
Annual Indicator	23.2	23.2	22.5
Numerator	16,058	16,805	17,091
Denominator	69,345	72,374	75,967
Data Source	NSCHP	NSCHP	NSCHP
Data Source Year	2018	2018_2019	2019_2020

Federally Available Data			
Data Source: National Survey of Children's Health (NSCH) - Victimization			
	2019	**2020**	**2021**
Annual Objective			27
Annual Indicator	45.2	48.9	48.1
Numerator	31,448	35,450	36,567
Denominator	69,617	72,511	75,967
Data Source	NSCHV	NSCHV	NSCHV
Data Source Year	2018	2018_2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	26.0	25.0	24.0	23.0

Evidence-Based or –Informed Strategy Measures

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.

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			80
Annual Indicator			80
Numerator			12
Denominator			15
Data Source			FCHB
Data Source Year			FFY 2021
Provisional or Final ?			Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	82.0	83.0	84.0	85.0

State Action Plan Table

State Action Plan Table (Montana) - Adolescent Health - Entry 1	
Priority Need	
Bullying Prevention	
NPM	
NPM 9 - Percent of adolescents, ages 12 through 17, who are bullied or who bully others	
Objectives	
Decrease the percent of adolescents, ages 12 through 17, who are bullied or who bully others.	
Strategies	
Support County Public Health Departments who choose bullying prevention as their priority need, providing 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	
Mini-grants to CPHDs or other organizations that work with youth on positive youth development.	
ESMs	**Status**
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.	Active
NOMs	
NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000	
NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000	

Adolescent Health - Annual Report

NPM 9 - Bullying: Percent of adolescents, ages 12 through 17, who are bullied or who bully others.

As detailed in the *2020 5-year Statewide Needs Assessment*, Montana has high rates of teen suicide and bullying. Using a 3-year estimate, the 2015-2017 aggregate suicide rate for teens per 100,000 was 24.1, up from 21.3 for 2013-2015 (CDC data). According to the Youth Risk Behavior Survey (YRBS), in 2017, 21.6% of Montana adolescents in grades 9-12 reported being bullied on school property in the last 12 months, higher than the national average of 19%

Because of a correlation between these two actions*, and other risky behaviors by adolescents, the Family & Community Health Bureau (FCHB) selected NPM 9 for the years 2021-2025. Research has shown youth who report bullying, being bullied, or both (bully-victims) are at increased and long-term risk of suicide-related behaviors, depression, anxiety, and negative physical and mental health.

Program Specialists who had been working in the Adolescent Health Section (AHS) were reassigned, either to the Title X/Adolescent or Maternal and Child Health (MCH) Sections within the FCHB. The MCH Section expanded to include the Program Specialist who has been a co-lead on the Title V/Sexual Risk Avoidance Education (SRAE) Program. Montana's initial SRAE grant was awarded on October 1, 2018, and the funding reflected a two-year funding (project) and obligation period.

AHS staff had assisted with promoting adolescent well visits (NPM 10) throughout FFY20 as part of addressing the grant deliverables for their funding streams, which are continuing through FFY22. In addition to Title V and SRAE funding, staff are supported by the Personal Responsibility Education Program (PREP) and Sexual Violence Prevention and Victim Services (SVPVS) grants, which are now housed in the Title X section.

Under the direction of the Administration for Children and Families, the purpose of the Title V State SRAE Program is to fund states and territories to provide education to youth which normalizes the optimal health behavior of avoiding non-marital sexual activity. The program is designed to teach youth personal responsibility, self-regulation, goal setting, healthy decision-making, a focus on the future, and the prevention of youth risk behaviors such as drug and alcohol usage without normalizing teen sexual activity.

The goal of the SRAE program is to provide messages to youth that promote the optimal health behavior of avoiding non-marital sexual activity. The SRAE program objectives are to:

- Implement education and/or strategies that include medically accurate and complete information referenced in peer-reviewed publications by educational, scientific, governmental, or health organizations.
- Select sexual risk avoidance education and/or strategies with an evidence-based approach based on adolescent learning and developmental theories for the age group receiving the culturally appropriate education recognizes the experiences of youth from diverse communities, backgrounds, and experiences.
- Teach sexual risk avoidance skills through methods that do not normalize teen sexual activity.
- Target youth ages 10 to 19.

In FFY21, a five-year workplan and logic model was completed, using input from: stakeholders currently being served by the PREP, SVPVS, and Title V/SRAE programs; and, data from the 2017 and 2019 Youth Risk Behavior Surveys (YRBS). Stakeholders identified local schools as key partners for implementing programs to address bullying, which was supported by the 2017 and 2019 YRBS.

As a viable means to distribute the SRAE funds with an aim to reach the target population and fulfill the program objectives, a "mini-grant" program workplan was developed to fund local schools. The Title V/SRAE Program Specialist began collaborating and establishing a relationship with the Office of Public Instruction (OPI), Coordinated School Health Unit

Director, who works directly with schools on bullying prevention curriculum development and implementation. The connection served numerous purposes: assisting in conducting an environmental scan of current bullying prevention activities offered in Montana's high schools, once COVID-19 protocols allow; and guiding the tailored technical assistance conversations with the National MCH Workforce Development Center (MCH-WDC). The Title V/SRAE Program Specialist initiated discussions with the MCH-WDC with a goal to identify an evidence-based or promising practice intervention that meets the SRAE requirements, and also focuses on bullying prevention methods that could be implemented by a County Public Health Department (CPHD) partnering with their local schools or solely by the school.

In May 2021, the CPHDs were asked about their involvement with their local schools and their interest in receiving dedicated funding for addressing bullying prevention by partnering with those schools. Eleven CPHDs expressed interest, with four already having a working relationship with their local schools. CPHDs also identified time constraints and staffing shortages as barriers to participating in mini-grant opportunities. This feedback was helpful for directing the mini-grant requirements and funded activities to accommodate CPHDs' concerns to be successful in implementation and impact.

In May 2021, the Title X and MCH/Title V Directors and the PREP/ SVPVS and SRAE Program Specialists met with the Chronic Disease Prevention and Health Promotion (CDPHP) School Health Program Manager. The Program Manager provided information on their process for awarding mini-grants to local schools and CPHDs, and lessons learned for recruiting and retaining mini-grant awardees.

Additional collaboration partners and possibilities to expand the reach of mini-grant opportunities were explored, such as: school nurses; the teachers' union; Parent Teacher Association; faith-based organizations; puberty educators; Boys and Girls clubs; and 4-H clubs. Pending the outcome of the environmental scan, and input from the MCH-WDC, the SRAE Program Specialist will work with the Title V/SRAE Project Officer to ensure that the suggested bullying prevention intervention addresses the Title V/SRAE requirements.

The FCHB partnered with Windfall, a Montana marketing firm, to develop a workplan and budget for a statewide bullying prevention media campaign. The target audiences were youth, parents, and teachers. Research was conducted to learn the most effective strategies. This included seeking technical assistance from the MHC-WDC. The collaboration with Windfall's media expertise and MCH-WDC expansive knowledge helped program staff understand the dynamics of bullying, identify relevant media strategies, and gain insight from other campaign's successes and barriers**.**

As CPHDs continued to focus on COVID-19 testing and vaccinations, FCHB accommodated their needs and concerns and adjusted strategies to proceed with NPM 9 for the remainder of FFY21. Two CPHDs selected NPM 9 and their activities included: utilizing informational bulletin boards; sponsoring a bullying prevention poster contest; surveying community knowledge; providing in-classroom education; and, training teachers to identify, deter and prevent bullying behaviors. Pre- and post-surveys of both students and teachers, and collaboration with school counselors and teachers was used to evaluate bullying prevention efforts. COVID-19 impacted the CPHDs ability to fully implement their in-person activities. Revised strategies used by CPHDs to address bullying prevention during COVID-19 included flyers provided to students ages 12 to 17 years old, and an informational bulletin board that included links to on-line bullying prevention resources.

For FFY21, eleven CPHDs choose suicide prevention for their injury-prevention activities. Youth who feel connected to their school, have healthy coping skills, and solve problems peacefully are less likely to engage in suicide and bullying-related behaviors. With this relationship between bullying and suicide-related behavior, utilizing resources and programs to address them in tandem helped to increase impact, and address time constraints.

Suicide awareness was promoted by the **Anaconda Deer Lodge** CPH by hosting a suicide remembrance walk that allowed survivors to share stories and display memory boards. They also sponsored a community presentation by the MT Suicide Prevention Director, which was attended by 30 participants.

Four counties implemented ***Signs of Suicide*** **(SOS)** program educates students about the relationship between suicide

and depression. Key message of SOS is to ACT: Acknowledge the signs, let them know you Care about them, and Tell a trusted adult.

In **Blaine County**, twenty-four 6th graders and one school counselor attended the SOS event.

Five **Lewis & Clark County** staff members were trained in MindWise Innovation's SOS 360 facilitation course. The SOS training educated 1,329 Middle School (6-8th) and 46 High School (9-12th) students.

In **Rosebud County**, 130 students completed the SOS training. A follow-up session was held for thirty students who reported they did not feel they got the full benefit of the lesson.

Fifty-two 10th grade students in **Sweet Grass County** completed the SOS training.

Six counties implemented ***QPR (Question, Persuade, and Refer)***, which teaches participants how to recognize the warning signs of suicide crisis and how to question, persuade, and refer someone to help.

- **Carbon County** trained 55 middle school students, 42 school staff, and 20 sheriff's department staff and officers
- **Lewis & Clark County** added four new QPR Trainers; trained 342 high school students and 275 school staff; virtually trained 98 community members; 20 college students; 24 Head Start staff; 11 faith based staff members and CASA advocates; and seven domestic violence crisis line workers.
- In **Park County** 20 school staff and community members were trained.
- Five adults who work with youth were trained in **Valley County**.
- **Wibaux County** worked with the Sherriff Office and trained four of their staff.
- **Yellowstone County** trained 459 adults and students.

Teton County met its community's need by implementing the *#LetsTalk* suicide awareness app, which provides youth with useful and relatable information about mental health and suicide prevention. Fifty-one middle and high school students received the app

Mental Health

Park County implemented ***Youth Aware of Mental Health*** **(YAM),** a universal classroom mental health promotion program that aims to raise mental health awareness about risk and protective factors associated with suicide and to enhance the skills and emotional resiliency needed to deal with stress and crisis. All 150 Park County freshman attended the course.

Lewis and Clark and Stillwater Counties implemented ***Mental Health First Aid****,* which takes the fear and hesitation out of starting conversations about mental health and substance use problems by improving understanding and providing an action plan that teaches people to identify and address a potential mental illness or substance use disorder safely and responsibly.
Lewis & Clark County reported adding two Youth Mental Health First Aid trainers and training 65 Children's Hospital staff, two group home/case manager staff, seven church youth leaders, and 10 staff who work with teenage mothers. Stillwater

County reported 16 students and teachers participated.

Roosevelt and Stillwater Counties implemented the ***PAX Good Behavior Game****,* which is a set of strategies to help students learn important self-management skills while collaborating to make their classroom a peaceful and productive learning environment. Roosevelt County set a goal to sustain PAX Good Behavior in schools throughout the county, which was accomplished by the schools providing funding for training with the commitment to utilize program district wide. Additionally, 34 Roosevelt County teachers and administers were trained. Stillwater County reported that 322 students received PAX package to take home during school shutdown

Three frontier-level population counties supported increased utilization of *Telehealth* during the pandemic by providing services remotely. Three youth in Treasure County and two youth in Wibaux County received telehealth mental health services. Valley County focused on awareness building by sponsoring a *Mental Health Walk* with 30 participants

Lewis & Clark County provided ***ACES* training**, which increases the ability to support those who have experienced traumatic events. The trainings was taken by 15 foster parents, 18 college nursing students, and five staff who work with youth in career training.

During FFY 2022, the FCHB is contracting with and supporting CPHDs interested in decreasing the percent of adolescents who are bullied; either by their NPM 9 selection (Big Horn and Broadwater), or as an injury-prevention activity. These counties are implementing and evaluating community-level activities. The FCHB is providing these counties with training, resources and support on evidence-informed activities, goal setting, and evaluation.

(*https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5510935/)

Adolescent Health - Application Year

NPM 9 - Bullying: Percent of adolescents, ages 12 through 17, who are bullied or who bully others.

During FFY 2022, two County Public Health Departments (CPHDs) are focusing their MCHBG activities on NPM 9: Big Horn (MCH population = 6,977); and Broadwater (MCH population = 1,947). Rosebud CPHD (MCH population = 4,075) is addressing bullying-prevention with one of its SPM 1 activities.

Big Horn County Public Health Department (BHCPHD) shares a large part of its geographic area with the Crow Indian Reservation. The CPHD has good relationships with the Crow Tribal Health Department, and the county's schools. Activities were planned to accommodate COVID-19 restrictions, and its stress on capacity. The CPHD is planning to combat bullying not only within the adolescent and parent population but also within the community and schools. Their main activities to support bullying-prevention are as follows:

Activity #1 Description: Hold a poster contest with Big Horn County youth to address bullying prevention. Guidelines will be provided. Poster(s) winners will be printed with QR code to resources (and/or survey) for parents/community and youth.
Activity #1 Evaluation Plan & Goal: Number of hits to resource webpage and survey will be accessed through poster(s) and tracked with the goal of increased views each quarter.

Activity #2 Description: BHC will post monthly social media bullying prevention targeting youth and adults.
Activity #2 Evaluation Plan & Goal: Likes and comments to the posts will be tracked and used for rapid quality improvement, with the goal of increased views to new posts each quarter.

Big Horn CPHD was approved to redirect funds toward COVID-19 and the high number of cases and immunizations restricted their time to focus on bullying prevention activities. Big Horn CPHD has maintained and strengthened their relationship with the schools through their combined efforts in immunizing youth in their community.

Broadwater County has a frontier-level population density, and an economic base in agriculture and recreation. The CPHD also has a good relationship with the county's schools, and activities were planned to adapt to the challenges created by COVID-19. Their main NPM 9 activities are:

Activity #1 Description: Partner with schoolteachers and staff to distribute and collect self-reported questionnaires on experiences with bullying, for ages 12-17. Then design and teach bullying-prevention educational materials, with pre-and post-tests.
Activity #1 Evaluation Plan & Goal: Talley each question on returned surveys and evaluate areas of concern. Goal for post-test results is 50% improvement on student's knowledge of bullying-prevention and mitigation resources, and interventions they can implement.

Activity #2 Description: Dedicate a large bulletin board in our Immunization room to Bullying-Prevention. Hand out printed materials over the 2022 summer months to students ages 12-17, as they come in for immunizations.
Activity #2 Evaluation Plan & Goal: The goal is to distribute 25 packets of information. Evaluation is percentage of goal achieved.

Broadwater CPHD was approved to redirect funds towards COVID-19 efforts. With the decrease in COVID cases, a bulletin board has been dedicated to bullying prevention in an exam room. They will be meeting with the school to set up a time to provide bullying prevention education as well as handwashing and infection prevention.

While Rosebud County is the fourth largest by land area in the State of Montana, it also has a frontier-level population density. Another feature is a long north-south aspect, at about 220 miles from top to bottom (about the distance from New York City to Washington D.C.). The county-seat of Forsyth sits on interstate I-94, in the top third of the county. One of Rosebud CPHD's SPM 1 activities is as follows:

Activity Description: Education awareness on bullying in the school. The Public Health nurses are planning on presenting CDC educational material and preparing a lecture using that material to present to the Rosebud School 5th through 8th grade classes during the 21-22 school year. They also plan to give posters to the school administration to place around their school building as an educational reminder to the students.
Activity Evaluation: A pre-and post-test will be given to each student involved in the educational session. The goal is that 85% of the students will show an increase in their knowledge regarding bullying-prevention.

On April 25, 2022, Rosebud County Public Health Department provided a bullying prevention presentation for 42 students in grades 5 through 12. Materials were pulled from the CDC website and included "Bullying Is a Pain in The Brain" written by

Trever Romain and the “No More Bullying” book for kids by Vanessa Allen. Topics discussed were: defining a bully; identifying the difference between being mean and bullying; why does someone bully; how can one help a victim; showing courage and doing the right thing; coping skills; how to show support; and learning to determine what is tattling vs. telling. A pre-and post-test were administered and there was an increase of 10% of knowledge gained.

Blaine County Public Health Department is exploring options in providing bullying prevention education in response to a bullying incident. Programs, trainings, and contact information were provided to assist in the planning process.

There are eight CPHDs addressing suicide prevention for their FICMMR injury-prevention activity in FFY 2022: Carbon, Deer Lodge, Granite, Lewis & Clark, Richland, Roosevelt, Rosebud, and Valley. All of these counties are making use of partnerships to forward their goals. These partners include: schools, local hospitals, community counselors, law enforcement, and local mental and behavioral health advisory committees. The evidence-based programs in use are: Applied Suicide Intervention Skills Training (ASIST); Sources of Strength; Signs of Suicide (SOS); Question Persuade Refer (QPR); and The PAX Good Behavior Game. Granite County is working with Montana’s Crisis Intervention Team to improve crisis response by law enforcement.

In FFY23, the FCHB will contract with four CPHDs who have chosen to focus on NPM 9: Blaine, Deer Lodge, Granite, and Madison. They will implement and evaluate at least two community-level activities during the fiscal year. The FCHB will provide these counties with training, resources, and support on evidence-informed or best-practice activities, goal setting, and evaluation.

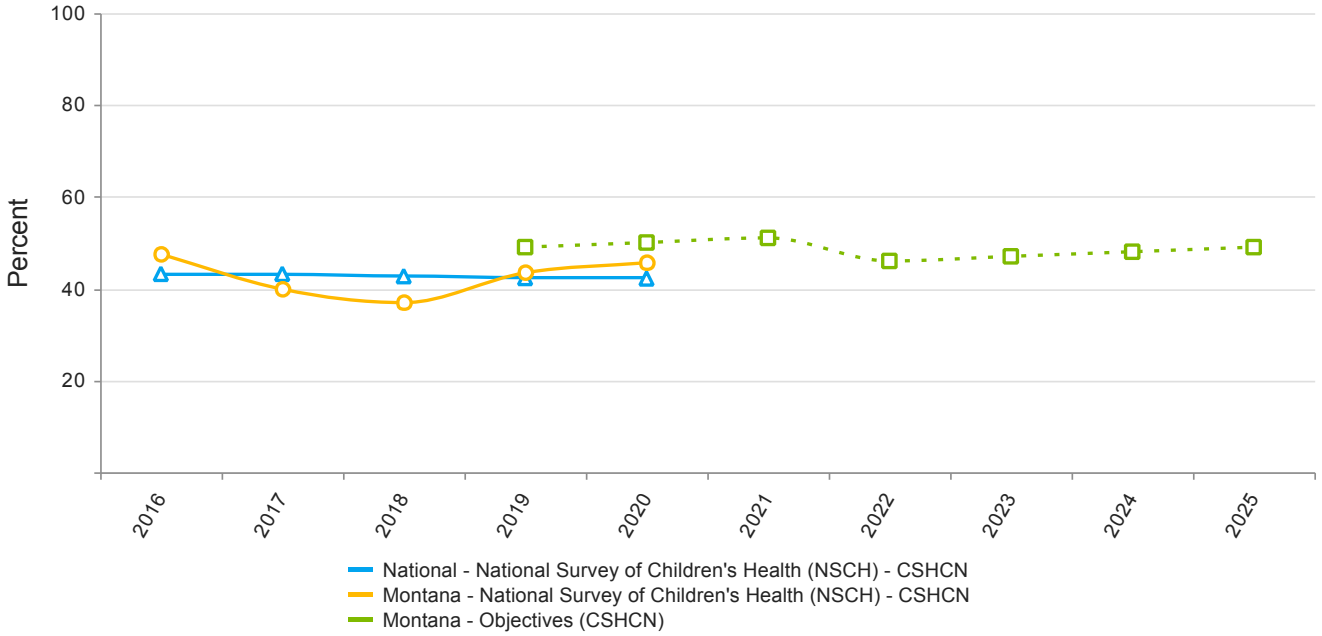
To assist in addressing bullying, the Family & Community Health Bureau’s Adolescent Health (AH) Program Specialist is working to promote the use of Title V Sexual Risk Avoidance Education, and Personal Responsibility Education Programs, to be holistic through curriculum choice. The AH Program Specialist has created a list of curricula that not only addresses bullying prevention but includes: healthy relationships in general; promoting connectedness to school and culture; understanding power dynamics within relationships; and developing decision-making skills. The AH Program Specialist is also working to collaborate with public schools, community-based organizations, tribal health departments, and faith-based organizations to reach more Montana youth.

Children with Special Health Care Needs

National Performance Measures

NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Indicators and Annual Objectives



NPM 11 - Children with Special Health Care Needs

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CSHCN					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective			49	50	51
Annual Indicator	47.5	39.9	36.8	43.5	45.5
Numerator	19,838	17,364	16,404	19,378	19,982
Denominator	41,760	43,541	44,607	44,583	43,885
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2016	2016_2017	2017_2018	2018_2019	2019_2020

State Provided Data					
	2017	2018	2019	2020	2021
Annual Objective			49	50	51
Annual Indicator	47.5				
Numerator	19,838				
Denominator	41,760				
Data Source	National Survey of Childrens Health NSCH				
Data Source Year	2016				
Provisional or Final ?	Final				

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	46.0	47.0	48.0	49.0

Evidence-Based or –Informed Strategy Measures

ESM 11.1 - Percent of CYSHCN receiving services from a Parent Partner.

Measure Status:	Active

State Provided Data					
	2017	2018	2019	2020	2021
Annual Objective			25	5	5
Annual Indicator			18.4	56.9	0.3
Numerator			36	132	159
Denominator			196	232	55,048
Data Source			FCHB	FCHB	FCHB
Data Source Year			FFY 2019	FFY 2020	FFY 2021
Provisional or Final ?			Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	18.0	19.0	20.0	21.0

State Action Plan Table

State Action Plan Table (Montana) - Children with Special Health Care Needs - Entry 1	
Priority Need	
Medical Home	
NPM	
NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home	
Objectives	
Increase the percent of CYSHCN which have a medical home to 53% by 2023.	
Strategies	
CSHS will continue to support Cleft/Craniofacial, and Metabolic Clinics in Montana. Contracts include language requiring clinics to promote medical homes to CYSHCN who attend clinics. CSHS will collaborate with providers to define, implement and evaluate strategies in clinics.	
CSHS will continue the medical home portal project.	
ESMs	**Status**
ESM 11.1 - Percent of CYSHCN receiving services from a Parent Partner.	Active
NOMs	
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system	
NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling	
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	
NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year	

NPM 11 – Medical Home: percent of children with and without special health care needs, ages 0 through 17, who have a medical home.

Children Special Health Services Section Overview

System of Care Improvement, and Addressing 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 Montana. CSHS offered a variety of population health and direct service programs while collaborating with CYSHCN programs across DPHHS. For FFY21, CSHS had 4.75 program staff and 1.0 Americorps VISTA, supervised by the CYSHCN Director/Section Supervisor.

There were significant staff transitions in the first six months of FFY21. The CYSHCN Director began her position at the beginning of the time-period, and then four of the program staff were hired: a Nurse Program Manager in October 2020; the MAPP-net Program Specialist in February 2021; the CYSHN Health Education Specialist in March 2021; and a CSHS Program Assistant in January 2021. The CYSHCN Director was able to reclassify the CYSHCN Health Education Specialist to a Program Specialist in the last quarter of FFY21, in order to expand the scope and compensation of the position to better serve Title V. The CYSHCN Program Specialist and Program Assistant were new positions in the section.

CSHS manages critical programs for children and youth with special health needs including: Cleft/Craniofacial Clinics; a Statewide Genetics and Metabolic program; the Newborn Hearing Screening Program; and the Montana Access for Youth Psychiatry Program. Through Title V funding, CSHS supports initiatives to increase parent leaders and peer-to-peer support through the *Parent Partner Program* and *Circle of Parents*. Population-based initiatives are supported through the *Transitions Project* and the *Medical Home Portal*.

CSHS also serves as a collaboration facilitator across state programs. For example, CSHS is leading an inter-division collaboration between Medicaid and Child & Family Services Division to increase the number of *Parent Child-Interactive Therapy* (PCIT) trained mental health practitioners in the state. Two cohorts, for at total of 23 licensed clinical mental health providers, were trained in July and September of 2021.

Overview of Programs Directly Funded through Title V

The HALI Project: Montana Parent Partner Program - FFY21 Update

The Montana Parent Partner Program (MPPP) continued to provide peer services to families of children with special health needs across Montana. The impact of COVID-19 endured into FFY21, resulting in: Parent Partner turnover; a decrease in referrals; and barriers to starting programs in new practices. However, training was ongoing via telecommunications.

In FFY21, MPPP served 154 distinct clients in 792 different encounters; offering valuable support, encouragement, and hope to families. The number of distinct clients for this fiscal year was less than in the previous. This may have been due to a decrease in the number of host clinical sites and parent partners as the pandemic continued. One new site was added in Helena, at the Shodair's Children Hospital within the statewide Genetics Program which CSHS oversees. This Parent Partner provided services via telecommunications statewide. Parent Partners served in 5 locations; Great Falls, Butte, Billings, Kalispell, Helena.

The COVID-19 pandemic significantly impacted the effort to increase parent partners, and the needs of practices and families. This required them to shift their priorities and adhere to public health protocols and social distancing. CSHS anticipated that with the implementation of vaccines, recruitment and retention of parent partners would increase. However, the impacts of COVID-19 continued, with low vaccination rates and an extended COVID-19 surge in the late summer and Fall of 2021. Promotion continued for service delivery via telecommunications, to address both COVID-19 and geographic barriers.

CSHS remained committed to expanding peer services for families of CYSHCN in Montana. Program staff amended the Parent Partner contract to support reduction in administrative costs and increase in funding for parent partner hours, to maximize impact to CYSHCN.

CSHS collaborated with the University of Montana Rural Institute (UMRI) to host a Montana team's participation in the National Care Coordination Academy. The CSHS Section Supervisor and a UMRI staff co-led an interdisciplinary team that included family leaders, payer representation (Medicaid and Blue Cross Blue Shield), Title V CYSHCN, pediatricians and clinicians, and the State Director for the MPPP. The Montana team meeting consisted of workshop-structured learning

opportunities and regular virtual meetings. The MPPP State Director presented the MPPP model as part of an ongoing series of cross-education on care coordination and care coordination allied programs across the state. Other presentations included representatives from Medicaid, the Family to Family Health Information Center and providers.

As detailed later in this narrative, CSHS collaborated with the State Director and the Family to Family Information Center to review applications for the financial assistance program. This collaborative effort resulted in: opportunities to refer new families to the MPPP program; highlighting opportunities for improved integration between programs for CSHS; and ensured referrals for CSHS programs were not siloed.

Circle of Parents

CSHS continued to partner with Butte 4-C's to establish and facilitate Circle of Parents (COP) groups in Montana. Through a collaboration with the Children's Trust Fund, CSHS expanded the partnership to support the growth of new COP groups in different parts of the state and new stipends for respite. Each group is founded on eight principles: Trust; reciprocity; leadership and personal accountability; respect; parenting in the present; shared leadership; responsibility; and non-violence. These groups aim to decrease isolation, prevent child abuse and neglect and strengthen families through free monthly caregiver support groups.

Each caregiver leading a group is provided a stipend to coordinate a supportive environment with a free meal and free childcare. COP facilitators host seven possible groups depending on their specific communities' needs: Grandparents raising Grandchildren; Families with CYSHCN or Mental Health Concerns; Parents in Recovery; Positive Parenting; and Love and Laundry. As of September 2021, there were ten facilitation sites providing specific groups. Two Groups, Havre and Mission Valley, were on hiatus due to challenges during pandemic. Subspecialities of active sites were as follows:

1. Butte – Families with CYSHCN
2. Butte – Grandparents Raising Grandchildren
3. Dillon – Post-partum
4. Dillon – Families with CYSHCN
5. Mineral County – Postpartum
6. Big Horn County – Autism
7. Big Horn County – Parents in Recovery
8. Great Falls – Families with CYSHCN
9. Great Falls – Foster Families
10. Missoula – Families with CYSHCN

CSHS funded two national COP trainers. They conducted trainings in person in FFY21 to onboard new parent leaders in new communities: Big Horn County, Mineral County, and Dillon.

University of Montana Rural Institute (UMRI): Transitioning Youth into Adulthood

UMRI FFY 21 Update

CSHS continued to partner with UMRI to provide evidence-based transition resources to Montana's youth and families. This program works to: maintain and expand the 15-member Consumer Advisory Council (CAC); maintain and disseminate a health care transition (HCT) guide; disperse mini-grants, develop evidence-based/informed HCT training and resource materials; conduct distance learning opportunities; maintain a transition website; and provide technical assistance to other initiatives related to HCT.

The CAC continued to recruit new members and provide member orientation. This team facilitated ongoing leadership development and mentoring of all members, with a focus on youth engagement and self-advocacy. The CAC facilitated quarterly meetings and work groups, and participated in an annual Montana Youth Transition conference, in which they exercised their leadership skills.

On an ongoing basis, project staff at UMRI collect and develop new resources and distance learning opportunities for families and medical providers in Montana. Project staff continued to disseminate this information via the Transition and Employment Projects website (http://transition.ruralinstitute.umt.edu/), which is reviewed and updated quarterly.

Montana Medical Home Portal (MMHP)

MMHP FFY21 Update

CSHS continued to contract for a Montana-specific services directory on the Montana Medical Home Portal (MMHP)

https://mt.medicalhomeportal.org/, a website developed by the University of Utah. The key goal of this program is to improve access to community resources and provider inventories for families of CYSHCN to enable them to navigate the system of care with ease. MMHP is a one-stop-shop which provides diagnosis information, treatment options and state and local resources to families, providers and agencies. The MHP includes vetted, up-to-date clinical information, materials on accessing care, and a statewide services directory specific to Montana. CSHS dedicated a partial FTE of an Americorps VISTA to support the maintenance and growth of the resource directory.

CSHS explored several different partnerships and tactics to improve and expand upon community and system resource navigation for families. The MPPP program was re-trained in the tool in March; and were able to enter, edit and maintain resources specific to CYHSCN and their communities. In January 2021, CSHS and MMHP met with the "211" resource locator, and the CONNECT program staff (a statewide referral system promoted by the Department of Public Health and Human Services). The purpose was to explore sharing resource databases and to help ensure that the MMHP has up-to-date information. Further conversations occurred in the Spring and Summer. Due to potential changes with the CONNECT system under a new administration, those conversations were on pause for the remainder of FFY21.

CSHS worked in collaboration with the Family to Family Health Information Resource Center (F2F) to create a high level resource guide on the system of care and critical information for families of CYSHCN that were new to the state. The resource is slated for publication in FFY22. In FFY21 conversations began with F2F on the creation of a MOU between CSHS and F2F to support mutual goals, including resource navigation.

Financial Assistance Program

FAP FFY21 Update

The CSHS Financial Assistance Program (FAP) was in operation through the beginning of FFY 21 and moved to a temporarily closed status in December 2020, due to increased number of applicants, staff transitions and limited budget. Ten families applied to the program and received financial assistance in FFY21. Through the FAP, qualifying families can apply to cover out-of-pocket expenses for medical and enabling services, such as therapeutic services, occupational therapy items, adaptive equipment, and respite care. Qualifying families are eligible to receive up to $2000 per federal fiscal year, per child.

In response to increased applications, the program processes in place, and the budget, CSHS made changes to the program, including organizing a committee of: three-parent leaders / Parent Partners (PP); the Parent Partner State Director; two staff from the Family to Family Health Information Resource Center, and, three state staff who reviewed all FFY21 applications. In instances where funding was not possible, the committee compiled resources and reached out to partners like Medicaid and Part C to redirect the applicants to other available resources.

Other CSHS Programs

The CYSHCN Title V Director/CSHS Section Supervisor oversees other programs including: Newborn Hearing Screening; a statewide genetics program; metabolic clinics; Cleft/Craniofacial clinics; and the Montana Access to Pediatric Psychiatry Network (MAPP-net).

In FFY21 MAPP-net implemented: Project Echo clinics; a behavioral health and psychiatry access line for primary care and behavioral health providers; and the second annual Symposium of Pediatric Mental Health. Monthly meetings with Medicaid were initiated to partner on similar initiatives and discuss options for sustainability.

In FFY21 Cleft/Craniofacial clinics restarted with COVID regulations in place. Attendance per clinic has decreased, and CSHS is reviewing and assessing data on clients. Decreases in cleft clinic attendance can partially be explained by clinical spacing requirements to support the safety of providers, clients and families attending the clinics. CSHS continues to engage with providers and families of CYSHCN to determine the strategy for upcoming fiscal years to ensure that children with cleft and craniofacial anomalies are receiving quality care in their communities.

These CSHS Programs support the advancement of medical homes for CYSHCN and their families and align with National Standards for Systems of Care for CYSHCN. Further details are available at: http://www.amchp.org/programsandtopics/CYSHCN/.

Children with Special Health Care Needs - Application Year

NPM 11 – Medical Home: percent of children with and without special health care needs, ages 0 through 17, who have a medical home.

CSHS Staff and Programming

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 Montana. CSHS offers a variety of population health and direct service programs while collaborating with CYSHCN programs across DPHHS. CSHS has 5.0 program staff and opportunity to hire 1.0 Americorps VISTA, supervised by the CYSHCN Director/Section Supervisor. Staff transitions occurred in FFY22. Position turn over included the Title V- CYSHCN Program Specialist, Program Assistant and MAPP-Net Program Specialist. The MAPP-Net Program Specialist was re-filled after a five month gap and the Program Assistant position was refilled after a three month gap. The Title V-CYSHCN Position remains unfilled.

CSHS manages and funds programs for children and youth with special health needs: Cleft/Craniofacial Clinics; Statewide Genetics Program; Metabolic clinics; Newborn Hearing Screening Program; and the Montana Access for Youth Psychiatry Program. Through Title V funding, CSHS supports initiatives to increase parent leaders and peer-to-peer support through the Parent Partner program and Circle of Parents. Population-based initiatives are supported through the Transitions Project and the Medical Home Portal.

CSHS also serves as a key collaboration facilitator across state programs, internally and externally. We continue to facilitate training of licensed clinical mental health professionals in Parent Child Interactive Therapy in collaboration with Children's Family Service Division. CSHS also co-leads the state's Care Coordination Academy participation with University of Montana's Rural Institute for Inclusive Communities.

Growth within CSHS

During FFY22, CSHS engaged in developing a section strategic plan and Health Resources & Services Administration (HRSA) technical assistance in order to grow professional capacity and define the direction of programming. CSHS is working towards implementing the HRSA framework to advance NPM 11 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 FFY22 and FFY23. The programs that CSHS funds intersect with multiple priority areas. In this report, programs are organized by priority area based on FFY23 future plans and areas of growth.

The CYSHN Director, with key Title V staff, have been receiving technical assistance with Meredith Pyle through HRSA. The technical assistance has been focused on the national standards of care for CYSHCN, and building staff competency in maternal and child health.

The report following outlines the Title V-funded work through the key strategies of improving access to Medical Homes, as funded by Title V. Narrative details of the most critical work is provided.

1. Coordinated Care

In order to improve access to care coordination across our regional health systems, strategies must be employed to: support systematic improvements of care coordination; advance the Medical Home and National Standards of Care: and ensure that families remain engaged during care coordination. As a part of coordinated care CSHS continues to provide peer support programs through Title V.

During FFY22, the Montana Parent Partner Program and Circle of Parents were employed to provide individual and group peer support. Below are examples of programs and activities that incorporate care coordination, advance coordinated care and work to decrease siloes within the healthcare system. Those activities are as follows.

Activities:
Care Coordination Academy
Parent Peer Support Program
Expand Parent Peer Support Program (planned RFP, Future, payer reimbursement)
Cleft Clinics: promote integration in system of care
MAPP-Net Access Line
Technical Assistance support with HRSA for CYHSN standards of care
Financial Assistance Program: gap filling and enabling services

The **Montana Parent Partner Program (MPPP)** continues to provide individual peer services to families of CYSHCN across Montana. In the first half of FFY22, MPPP has served 145 distinct clients in 512 different encounters; offering valuable support, encouragement, and hope to families. The number of distinct clients this fiscal year is currently trending to be less than last fiscal year. This may be due to a decrease in the number of sites and Parent Partners (PPs). There are currently 6 PPs at five clinic locations in Helena, Billings, Kalispell, Butte, and Great Falls. Services were renewed for FFY22 with significant contract changes to support reduction in administrative costs and increase funding for PPs, in an effort to increase the number of families served.

Circle of Parents (CoP) is a support group program modeled after the national Circle of Parents *Train the Trainer* model. These support groups aim to decrease isolation, prevent child abuse and neglect and strengthen families through free monthly caregiver support groups. Each parent leader who runs a group is provided a stipend to coordinate a supportive environment with a free meal and free childcare. Groups vary based on location and identified community need. Current groups include: Grandparents raising Grandchildren; Families with CYSHCN or Mental Health Concerns; Parents in Recovery; Foster families, and Postpartum Mental Health. In FFY22, eleven (11) different groups met. Locations of CoP groups include Butte, Missoula, Great Falls, Dillon, Mineral county, and Big Horn. If CoP groups are unable to continue beyond FFY22, due to changes in an upcoming Request for Proposal, staff will assess the opportunity for expansion and sustainability based on available funding for the remainder of FFY22.

Medical Home Portal
CSHS continues to contract for a Montana-specific services directory on the Montana Medical Home Portal (MMHP) https://mt.medicalhomeportal.org/, a website developed by the University of Utah through July 2022. This easy to navigate, one-stop-shop provides diagnosis information, treatment options and state and local resources to families, providers and agencies. The MHP includes clinical information, materials on accessing care, and a statewide services directory. CSHS continues to explore several different partnerships to advance resource navigation in the state at the population level.

FFY23 Peer Support
CSHS remains committed to expanding peer services for families of CYSHCN in Montana. The Montana Parent Partner Program, Circle of Parents, and Medical Home Portal are being consolicated into one RFP process for FFY23. The purpose of this RFP is to provide funding for family-centered peer support services that improve access to the Medical Home and support CYSHCN families in navigating the system of care. This RFP will allow for applicants to address different levels of peer support to include population, group, and individual peer support. This RFP will allow versatility in approach to peer support and may identify new partners and collaborations within the state. One or more applicants could be awarded funding. CSHS is exploring potential partnerships within DPHHS to further expand family peer services through braided funding with the Mental Health Block Grant.

2. Provider Engagement

Provider engagement is a continued area where CSHS sees value in creating bi-directional relationships with providers statewide. Through alignment with contracts and relationship building across the state, this will be a continued priority for CSHS to impact the medical home of CYSHCN.

Activities:
Montana participation in National Care Coordination Academy
Cleft Clinic Specialty Care Needs Assessment
Provider education and engagement through Transitions contract
Continue project ECHO framework for behavioral health provider education
Continue to build MAPP-net access line for behavioral health professionals across the state
Continue to provide Annual Child and Adolescent Behavioral Health symposium to clinical providers across the state on critical behavioral health integration practices
Conduct outreach and build relationships with providers to build network.
Work with Shodair and other stakeholders to define components of statewide genetics program.
Parent Grand Rounds

University of Montana Rural Institute for Inclusive Communities: Care Coordination Academy & Transitions
CSHS is collaborating with the University of Montana Rural Institute (UMRI) to host a Montana team's participation in the National Care Coordination Academy. The CSHS Section Supervisor and a UMRI staffer co-lead an interdisciplinary team that includes family leaders, payer representation (Medicaid and Blue Cross Blue Shield), Title V CYSHCN, pediatricians, and clinicians. This collaboration led to a partnership with the *Family to Family Health Information Center* (F2F) and Linda Starnes, a Title V staffer from Florida. Through these partnerships, a Friday Medical Conference Parent Grand Round Panel was presented through the University of Montana. Three Montanan parents of CYSHCN, facilitated by Linda Starnes, shared with medical providers their stories of working with the medical system. The panel highlighted how providers can be more family-centered by sharing personal stories of impact regarding positive and negative provider interactions. UMRI and CSHS are collaborating on a toolkit for other states to implement similar grand round panels. The Care Coordination Academy ends in May 2023, however CSHS and UMRI will continue to coordinate with the Montana Team on a regular basis. The goal is to maintain the network of stakeholders, and partner with agencies such as Montana Pediatrics, on identified care coordination initiatives. CSHS is currently working on recruiting a VISTA, and new staff, to build back capacity for providing more parent panels in FY22 and FY23.

CSHS continues to partner with UMRI to provide evidence-based transition resources to Montana's youth and families. This program works to: maintain and expand the 15-member Consumer Advisory Council (CAC); maintain and disseminate a health care transition (HCT) guide; develop evidence-based/informed HCT training and resource materials; conduct distance learning opportunities; maintain a transition website; and provide technical assistance to other initiatives related to HCT. UMRI staff and contractors are assessing next steps in expanding HCT work across the state with an emphasis of engaging providers. CSHS is currently working with UMRI on a scope of work for FFY23. This will expand on all the current work to include provider focus groups engaged in mapping the system of care, to inform future pilot projects that address system gaps.

Project staff continue to disseminate this information via the Transition and Employment Projects website (http://transition.ruralinstitute.umt.edu/), which is reviewed and updated quarterly.

3. Family Engagement

CSHS has prioritized family engagement this fiscal year through the creation of formal agreements with the F2F center and finding opportunities to elevate family voices in their work with stakeholders and providers.

Activities:
Consumer Advisory Council
Family events for children with hearing impairments through Hands and Voices
Contract with Montana School of Deaf-Blind to provide Deaf Mentor Program
MOU with Family to Family Health Information Center
Contract for Title V delegate
Newborn Screening Committee
Resource Navigation Projects

Family to Family Health Information Center
In March 2022, a MOU between the F2F center and CSHS was signed. The MOU highlights and formalizes the collaboration between F2F center and CSHS. F2F center and CSHS continue to work together on a contract for the HRSA Family Delegate position, which will be housed within the F2F center. Anticipated contract execution date is July 1, 2022. This contract will be the first time in known CSHS history that the family delegate position is compensated for their work and has clear job responsibilities. The position will be integrated into the F2F center and will advise on CSHS policy, and support resource navigation and program alignment.

The Family Delegate position will be able to support other CSHS programs through participating in work groups, advising on policies and programs, and supporting outreach to families. CSHS is making an effort to have more accessible programs and will be inviting a parent to be part of the Pediatric Mental Health Symposium Planning Committee this year, for FFY23. CSHS will also attempt to use APHA accessibility guidance for conferences, to ensure that the conference is accessible to all.

Financial Assistance Program: Direct assistance to CYSHCN

The CSHS Financial Assistance Program (FAP) resumed operation in January 2022, after being temporarily closed in December 2021. Through the FAP, qualifying families can apply for the FAP to cover out-of-pocket expenses for medical and enabling services, such as therapeutic services, occupational therapy items, adaptive equipment, and respite care. Qualifying families are eligible to receive up to $2000 per federal fiscal year, per child. CSHS made changes to the program, including organizing a committee of: three-parent leaders (PP); the Parent Partner State Director; two staff from the Family Information Center, and, three state staff who are reviewing FFY22 applications. In instances where funding is not possible, the committee compiles resources, and reaches out to partners like Medicaid and Part C to redirect the applicants to other available resources. Future FAP plans for FFY23 include continuing to utilize the review committee with a focus on referral and resource navigation. CSHS continued to operate the genetics financial assistance program in FFY22. This program provides financial assistance to CYSHCN who are seeking genetic testing, as the price of genetic tests can be a barrier to access. CSHS will also partner with MonTECH, within UMRI, to support their assistive equipment and adaptive technology library with items specifically needed for families of CYSHCN. Discussions on additional areas for collaboration are planned for later this year.

4. Systems-Building

Activities:
Participation in DPHHS and regional committees to represent CYSHCN standards of care and clinical needs
Cleft Clinic FFY 24
Financial Assistance Program
Provide coordinated infrastructure to achieve 1-3-6 goals and reduce loss to follow up
Quarterly meetings between CMHB, DDP, Prevention Bureau, and Early Intervention and Prevention Section
IAA with Medicaid
Build partnership with LPH nurse/coordinators
Continue collaboration between resource-navigation resources and other state-based resource inventory platforms.
Build stakeholder group and engagement

CSHS attempts to improve relationships and build collaborative partnerships to strengthen systems in all programs. Some examples of this work include:

- Partnering with Medicaid and EPSDT staff through the financial assistance program. Through collaboration with payers, CHSH had been able to educate providers and families on Medicaid policies and bring attention to gaps in the plan of benefits.
- Establishing a quarterly inter-departmental meeting across DPHHS middle management over children's systems of care. This informal quarterly meeting includes various representatives from Medicaid regarding: developmental disabilities and mental health; behavioral health prevention programs; Part C; and, with the Head Start Collaboration Director. The meetings are an opportunity to share information and identify area's of collaboration. Information from these meetings can then be shared with our respective stakeholders.
- A needs assessment for specialty clinics and care will be conducted in SFY23 and SFY24 that will result in increased engagement with the regional system of care, and result in a new system of providing cleft/craniofacial clinics for SFY24.
- Montana was recently awarded funding to build data linkages between children's systems data and PRAMS, including: Medicaid data; Part C data; Newborn Screening data; and Child Care data. Through this process, surveillance data for CYSHCN can be collected to assist in more comprehensive identification of the CYSHCN population.

Other CSHS Programs

The CYSHCN Title V Director/CSHS Section Supervisor oversees other programs including: Newborn Hearing Screening; a statewide genetics program; metabolic clinics; and the Montana Access to Pediatric Psychiatry Network (MAPP-Net).

In FFY22, MAPP-Net implemented: Project Echo clinics; an access line for providers; and the third annual Symposium of Pediatric Mental Health. Monthly meetings with Medicaid were initiated to partner on similar initiatives and discuss options for sustainability. In FFY23 MAPP-Net will continue these activities and focus on sustainability. The advisory council will expand to include more primary care representation. MAPP-net will continue to partner with Medicaid; and build upon the Bright App, a behavioral health telehealth provider directory. This work will align with other section programs with the goal of improving service navigation for families. MAPP-Net is also undertaking two needs assessment projects in FFY22, to inform FFY23 and beyond activities. One needs assessment focuses on understanding the service gaps and care needs for Montana youth who identify as LGBTQI, who experience homelessness or who are Native American. The second needs assessment project is a analysis of the utilization of the access line, with recommendations on how to increase adoption of the tool.

In FFY21 Cleft/Craniofacial clinics restarted with COVID regulations in place. In FFY22 clinics were regularly scheduled however COVID regulations remained in place which resulted in fewer clients being seen per clinic. Attendance per clinic has decreased, and CSHS is reviewing and assessing data on clients. The remaining portion of FFY22 and FFY23 will focus on supporting consistency and continuity of care at the cleft clinics and an assessment on the outcomes of care. CSHS is in the process of securing a contractor to conduct a needs assessment of specialty care with a focus on the sustainability of the cleft-craniofacial clinics. The results of the needs assessment will likely publish in FFY23 and will inform the future of the clinics in FFY24.

In the 2021 Montana Legislature session, House Bill 423 was passed which required the creation of a Newborn Screening

Advisory Committee. CSHS, in coordination with the metabolic newborn screening program through the state public health laboratory, will manage the committee. The first meeting was April 19, 2022 and contained representatives from providers, payers, families, advocacy agencies and tribal health.

These CSHS Programs support the advancement of medical homes for CYSHCN and their families and align with National Standards for Systems of Care for CYSHCN. Further details are available at: http://www.amchp.org/programsandtopics/CYSHCN/.

Cross-Cutting/Systems Building

State Performance Measures

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.

Measure Status:				Active	
State Provided Data					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective	30	29	30	30	30
Annual Indicator	27.9	37.1	35.5	41.4	40.4
Numerator	2,184	9,142	14,149	19,550	18,683
Denominator	7,839	24,666	39,874	47,216	46,279
Data Source	FCHB	FCHB	FCHB	FCHB	FCHB
Data Source Year	2017	2018	2019	2020	FFY 2021
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	35.0	35.0	35.0	35.0

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.

Measure Status:				Active	
State Provided Data					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective	40	40	40	40	45
Annual Indicator	40	39.5	51.1	70.1	66
Numerator	2,663	2,004	7,166	7,513	7,047
Denominator	6,658	5,077	14,036	10,714	10,677
Data Source	FCHB	FCHB	FCHB	FCHB	FCHB
Data Source Year	SFY 2017	SFY 18	FFY19	FFY20	FFY 2021
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	45.0	45.0	45.0	45.0

State Action Plan Table

State Action Plan Table (Montana) - Cross-Cutting/Systems Building - Entry 1

Priority Need

Family Support and Health Education

SPM

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.

Objectives

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.

Strategies

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.

State Action Plan Table (Montana) - Cross-Cutting/Systems Building - Entry 2

Priority Need

Access to Public Health Services

SPM

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.

Objectives

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.

Strategies

Twenty-four frontier-level population CPHDs are collaborating with the FCHB on this performance measure for FFY 2022, and twenty-five will for FFY 2023. 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.

Cross-Cutting/Systems Builiding - Annual Report

(This narrative covers two State Performance Measures)

SPM 1 - Access to Care and 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.

Most Montana counties with frontier-level populations have County Public Health Departments (CPHDs) with just one or two staff members – usually with deep personal ties to the area. Public health professionals across the state have seen unprecedented challenges related to COVID-19. Nevertheless, they have stepped up to go above and beyond in protecting, educating, and serving the most vulnerable residents of their counties.

Of the 49 remaining, 25 selected SPM 1 as their performance measure, which happened in June for the upcoming federal fiscal year. All of the CPHDs were allowed to redirect MCHBG funding toward COVID-19 response efforts as needed. Most also attempted to implement performance measure specific activities as time and resources permitted.

Another characteristic of counties with very small populations Is that most do not have school nurses, so the CPHD nurses often pull double-duty, working in and with their schools. Many SPM 1 activities are dependent on school access. In June 2020, it was a general hope that sometime in the 2020-21 school-year, the children would be able to return to in-person classes. While this was the case by spring of 2021, CPHD staff were too involved with providing COVID-19 vaccinations to resume much of their routine work.

The SPM 1 Annual Objective for FFY21 was to serve 30% of the population specified in the performance measure. This goal was exceeded, with the 25 CPHDs, that selected SPM 1, providing services to 10,580 residents, or 40.4% of the total. The following shows the category breakdown for planned SPM 1 activities in FFY21:

Activity Category	Number of Activities	Percent of Total
School-Based Screenings & Health Education =	18	32%
Immunization Related =	10	18%
Injury-Prevention =	10	18%
Oral Health Related =	7	12%
Mental Health & Suicide Prevention =	5	9%
Women & Infant Health Related =	4	7%
Family Social Services Support =	3	5%
Total Number of Activities =	57	

CPHD reporting provided examples of the range of activities they implemented:

- Prairie (MCH population = 455) – "**Hand Hygiene/Respiratory Hygiene**": The Prairie CPHD Health Nurse went to the school and taught hand hygiene and respiratory hygiene education to the teachers and students in grades K-5th. The nurse demonstrated how to properly wash hands, as well as how and when to wear a mask, how to properly sneeze or cough, how to use and dispose of facial tissues, and what objects tend to have germs because of frequent touching of surfaces. This was performed September 10-11th to coincide with the beginning of the school year, and getting children an early start on proper hygiene. Eighty students participated in the education. Each student also received a "FirstAid for Feelings" workbook to help kids cope during the Coronavirus pandemic.

- Phillips (MCH population = 1,534) - "**Infant health**" - We are sending out baby packets to new parents in the county with some sample baby items. These include diaper rash cream, diaper samples, breast pads, etc., along with a

letter welcoming their new baby and encouraging them to schedule with us for vaccinations. We also include a schedule of vaccinations. We have had good success with this and have received phone calls to schedule because they read our letter.

Once they bring baby in for the first time, we always try to schedule their next set of shots before they leave or put a reminder on the outlook calendar when they are due. We are still promoting our injury prevention activity focused on safe sleep. I have made up a survey with various questions including sleeping practices, environment, etc. I am starting to see a pattern of blankets/bumpers being used in the sleep environment and have done some education on our Facebook page regarding this issue. We continue to share this information as often as we feel we need to. The surveys are sent out with the new baby packets and if they are returned they are given a sleep sack to promote safe sleep. We are giving out safe sleep kits this quarter which includes a sleep sack, a room thermometer, a magnet with the ABC's of safe sleep, and a brochure on safe sleep practices regarding the sleep environment specifically.

Child health- Every week someone from our staff runs a report off imMTrax to see which children are due or overdue for vaccinations. Phone calls, text messages, Facebook messages, or a postcard is sent to get in touch with parents to try and get them to schedule. When they do make it in, we utilize our recall-reminder process for the next set of shots. We are still collaborating with Valley County, county seat in Glasgow, as they approached us to join their oral health program for children ages 0-6. We are offering fluoride varnish to this population during every visit. Our visits for immunizations and oral health were still down overall but we have started to work them back into our weeks as COVID-19 allows. We finished in-school flu clinics around the county during the months of October and November and immunized students in the elementary with parental consent and COVID-19 precautions in place."

- Sweet Grass (MCH population = 1195) – "Most planning efforts are currently focused on the COVID-19 response". I was able to offer 4 different influenza clinics this quarter. These were all at different locations and available to the public. My influenza numbers were down this year, but I did 174 influenza vaccines at these 4 different clinics. Other activities have been focusing on COVID cases and contact tracing of direct contacts. I have worked very closely with the Pioneer Medical Center, our local schools, and many other businesses in relation to this. I am beginning to plan for COVID vaccination clinics. I hope to do this in an area that is convenient for people to access and offers enough room for social distancing, etc."

In FFY 2022, the FCHB is contracting with and supporting the twenty-three CPHDs who chose to focus on SPM 1. These counties are implementing and evaluating at least two community-level activities for the fiscal year, as COVID-19 response allows. The FCHB is providing these counties with: training; resources; support on evidence-informed activities; and, goal setting and evaluation.

SPM 2 – Family Support and 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 then placed into a referral and follow-up system, or provided with health education as needed.

SPM 2 continued to meet the priority needs of many mid- to larger-population size counties. Nine County Public Health Departments (CPHD) carried on with activities from the previous federal fiscal year, and two were new to the performance measure: Big Horn and Glacier. Two of the CPHDs working on SPM 2 also chose to implement activities for NPM 5: Lewis & Clark and Yellowstone. The Annual Objective for FFY21 for all SPM 2 CPHDs was that these counties would provide the services referenced in the performance measure to 45% of the population indicated. This goal was exceeded by serving 7,047 of residents, with an outcome of 66%.

Supplementing the CONNECT Electronic Referral System was a main endeavor for four of these CPHDs. CONNECT is a secure, web-based platform that was developed in Helena in 2009. CONNECT is designed to be inclusive of any type of

service provider, with the goal of creating the most comprehensive local, regional, and statewide referral networks possible.

Referrals can be sent from a client's home community to anywhere in the state, with referrals back to their home community for follow-up and support services. The closed-loop system facilitates a bi-directional flow of information, allowing provider-to-provider referrals to be tracked in real time from the moment they're sent until the referral is closed, with status updates and progress notes along the way.

An updated, state-wide version of CONNECT rolled out in September of 2019 which allows for more fluid referral and reporting processes. The CONNECT Referral System puts responsibility on each service organization to connect with individuals who are referred to their programs and engage them in services rather than an individual having to seek out services when they are referred. Agencies are brought together under a single information sharing agreement Memorandum of Understanding (MOU) and Release of Information (ROI) that is HIPAA, FERPA, 42CFR, and IDEA compliant.

The comprehensive enhancement package transformed CONNECT from six siloed systems to an interconnected statewide network. DPHHS is able to provide in-person support via CONNECT team members across Montana through grant funding, and partnerships with: the Office of Public Instruction; PacificSource; Linking Systems of Care; Partnership for Success; Overdose Data to Action; and, Children's Trust Fund.

CPHD CONNECT plans included: outreach to the community; training for both internal staff and external providers; increasing usage; and, provider recruitment. For the remainder of their SPM 2 activities, the CPHDs focused on internal referral and follow-up systems: creating new ones; increasing usage with clients; training staff; and quality improvement, i.e., upgrading forms and process flows.

Seven of the CPHDs originally choosing SPM 2 for FFY 21 eventually made formal requests to redirect their MCHBG funding towards COVID-19 response efforts. These counties were: Big Horn, Carbon, Flathead, Glacier, Park, Richland, and Yellowstone. Their COVID-19 response efforts applied to addressing social determinates of health and family support.

Counties close to or sharing geographic areas with American Indian reservations were especially hard hit by the virus. The following is an excerpt from Big Horn CPHD's quarterly report. Big Horn County includes the Crow Reservation and is next to the Northern Cheyenne Reservation:

> *"During the first quarter of this cycle, our health department was answering questions about COVID19, arranging for testing, contact tracing positive cases, notifying individuals about their quarantine status, coordinating with the schools to identify students who were exposed to positive cases, and assisting school nurses in their investigations of positive cases. We also made home deliveries of school-supplied computers to those who were placed on quarantine, food boxes for families who were all quarantined, and activity kits for children who were quarantined at home for 14 days.*
> *Big Horn County Health Department coordinated daily, often several times each day, with the Crow & Northern Cheyenne Indian Hospital Service Unit's Public Health Nursing Department. We split up the cases according to where they lived and our own resources."*

In its report for the 1st quarter timeframe of October 1, 2020 through December 31, 2020, Lewis & Clark CPHD spoke about their focus on mental health:

> *"It is essential for families to find the proper supports for mental health issues. Mental health clinicians may have a wait time before a family can access their services. Providing other community supports can help resolve some issues that can cause anxiety for a family. During the first quarter 100% of clients requiring mental health services were referred to the proper clinician within 90 days of enrollment. In addition to mental health clinicians, home visitors are facilitating the connection of informal or secondary supports to their clients. These additional supports*

include, MOPS (Mothers of Preschoolers), NAMI (National Alliance for Mental Illness), the Food Resource Center, Helena Food Share, and The Awareness Network among many others."

Yellowstone CPHD was able to devote some staff time for implementing a new SPM 2-related activity, detailed as follows:

"We are also excited to be a partner in development and launch of the "Healthy Spark" program, which is a substance abuse prevention/intervention/treatment pilot project for pregnant mothers and those with infants at risk of substance abuse. This is a partnership between The Montana Healthcare Foundation, St. Vincent Hospital, RiverStone Health evidence-based programs, Rimrock Treatment Services, and Kurt Alme - US. Attorney General for Montana (subsequently chosen as Gov. Gianforte's Budget Director). Mothers enrolled in the St. Vincent Healthcare mid-wifery program will be enrolled to pilot this program.

The service consists of enrolling pregnant women, evaluating substance abuse risk and providing both virtual support via: a GoMo Health texting platform; RiverStone FHS home visiting; and, access to chemical dependency treatment options through the Rimrock Treatment Services. Clients are assessed in collaboration with client (self) feedback. The appropriate level of needed services and resources are provided. There is flexibility to take into account that a person's situation might change during the case life. The goal is to see if this combination provides an economically sustainable means to reduce the substance abuse impact on pregnant women.

A researched menu of texts are sent to women at timely intervals, depending on the status of their pregnancy, post-natal status, and chemical dependency status. The messages are designed to be in synchronicity with the persons needs and therein be of more interest and value."

In FFY 2022, the Family & Community Health Bureau (FCHB) contracted with and is supporting these CPHDs who chose to focus on SPM 2: Carbon, Glacier, Flathead, Hill, Lewis & Clark, Missoula, Park, Sanders, and Yellowstone. These counties are implementing and evaluating at least two community-level activities for the fiscal year. The FCHB is providing these counties with training, resources and support on evidence-informed activities, goal setting and evaluation.

Cross-Cutting/Systems Building - Application Year

(This narrative covers two State Performance Measures)

SPM 1 - Access to Care and 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.

The following table gives details on the planned activities of County Public Health Departments (CPHDs) choosing SPM 1 for FFY22. It also shows that almost 45% of those activities were redirected toward COVID-19 response by the beginning of the fiscal year, as Montana's cases and hospitalization numbers made a steep climb. Most CPHDs requesting to redirect MCHBG activities to COVID-19 response have expressed their hope to implement as many of their original activities as possible, especially if COVID-19 pressure eases. The purpose of the table is to show that COVID-19 is still having a significant impact on CPHDs ability to implement their activities for SPM 1.

MT MCHBG: County Public Health Department FFY 2022 Activities for SPM 1

As Originally Planned & Submitted on Pre-Contract Survey in June 2021, and After Redirect to COVID-19 Response

Activity Category	# of Activities Originally Planned	% of Activities Originally Planned	# of Activities Redirected to COVID Response	% of Activities Redirected to COVID Response
School-Based Health Education & Screenings	16	31%	7	44%
Immunization Related	9	18%	7	78%
Injury-Prevention	7	14%	4	57%
Oral Health Related	6	12%	2	33%
Women & Infant Health Related	6	12%	1	17%
Mental Health & Suicide Prevention	4	8%	2	50%
Public Health Services Awareness Campaign	3	6%	0	0%
	51		23	

CPHD reporting, on activities to-date in FFY22, gives insight into the span of services being delivered to their maternal and child populations through SPM 1:

- Chouteau (MCH population = 2,250):
  "The mental health program was active this quarter. We currently have 53 total clients. We have added 10 new clients. We are continuing to work with our local providers to educate the public on county wide services available. We have been posting mental health education on our Facebook page. We have reached 272 people with our most recent Facebook post.

  Chouteau County Foodbank program helps food insecure families. We provided 100 food baskets to families this quarter. Our Backpack Buddy program helps food insecure children and is working with 4 county schools, serving 78 students this quarter.
  We have been providing education and outreach regarding Covid-19 through our local newspapers, Facebook and phone discussions. We have been running Covid shot clinics 1-2 times a week as the schedule allows. We have reached 335 people with our most recent Facebook posts.

  We have 1 existing client involved in our Planned Parenthood Without Walls (PPWOW) program that receives contraceptive care. We gave 350 flu vaccines this quarter in 4 local schools and to the community at large. We are

currently serving 51 clients on WIC."

- Fallon (MCH population = 1,160):
  "We are working with the counselor at the school to start our puberty education classes later this semester, scheduled usually in May for 5th & 6th graders. We plan to show videos that are age appropriate. We will answer questions after the presentation. Parents have to sign consent for their child to participate. We then will give out gift bags with hygiene products.

  We are working toward our goal to gain 5 more family planning clients. We have added at least 2 so far. We have also added new WIC clients. We started our annual survey on the iPad for accurate information on our services offered. We plan to have at least 50 people to fill out our survey. We have also been having weekly COVID vaccination clinics while being short staffed.

  We are still working/planning our car seat safety program, plan on scheduling for the summer. We do promote that we offer car seats/installation at public health if needed. We have our public health specialist here that can set up an appointment.

  We are also planning on hosting water safety classes at the beginning of the summer, towards the end of the school year. We plan to have a game warden to go over boating safety, as well as a lifeguard for further safety information. We will have the participants pre-register with their life jacket sizes. Classes will be located at Baker Lake."

- Treasure (MCH population = 186)
  "Staff increased school nursing services by evaluating the current standing orders and updating guidance on responding to first aid emergencies when a nurse was not present in the building. Staff also participated in a school-based screening through the Coop to assess and identify students that would need referrals to outside sources. RN conducted 2 separate vaccine administration clinics and provided education on Youth Covid-19 vaccinations/availability. As Covid-19 vaccines for adolescents were not available in Treasure County, a referral guide was created with information from surrounding county providers. Staff maintained weekly contact with local school administration to offer assistance with a variety of projects/assess needs.

  WIC in-person services have not returned to Treasure County's satellite clinic at this time. Staff is currently in the planning stage to host monthly parenting luncheons as a support network for younger mothers in our community. Planning to utilize the Parenting Montana materials that were presented just prior to the start of the pandemic.

  Support services to low-income families included foster care review meetings (2), prenatal counseling (3), Medicaid applications (2), daycare visiting day (1), providing Safe Driving/Booster seat education, multiple visits for general nursing services (stitch removal, laceration follow-up, Covid testing (too many to count) and distribution of Binax take home test kits (58).

- Wibaux (MCH population = 417)
  "During this quarter, nine women were provided services including: Education, postpartum/Newborn visits, breastfeeding information, immunizations, and information to parents on services for CSHCN's. Select Parents As Teachers information was shared with the women to increase their knowledge of child development.

  Two infants received services for well child visits and immunizations. Both were assessed for appropriate development. Health services were provided to eight children. The services provided included: Immunization, health education, and medical evaluation for referral & outreach services.

  For Children and Youth with Special Health Care Needs, resource and referral services were provided to one child. Providing ongoing referrals for essential health matters. Health services were also provided to nine adolescents. These included: Adolescent Health Education, immunization screening and immunizations, and COVID information.

  For Cross-Cutting/Life Course: provided services across the board to the Maternal and child population in health and developmental education, immunization, and screening with resources and referral. We drafted and implemented an MOU with our schools to provide assistance with vaccine assessment, and have been assessing the vaccination status of our school-aged children and notifying parents of needed immunizations."

In the first quarter of FFY22, the Family & Community Health Bureau conducted a time-study of the effort necessary to fulfill CPHD deliverable requirements in their MCHBG Task Orders. As a result, State-level staff then wrote a decision brief to support raising the baseline amount to $4,000 for the smallest population counties. This was approved and will go into effect for FFY23. State staff also provided online annual training to all the CPHDs in May. In-person regional trainings and site visits are planned for FFY23, which are dependent on COVID-19 cases.

In FFY23, the FCHB will contract with twenty-five CPHDs who have chosen to focus on SPM 1. They will implement and evaluate at least two community-level activities during the fiscal year. The FCHB will provide these counties with training, resources, and support on evidence-informed or best-practice activities, goal setting, and evaluation.

SPM 2 – Family Support and 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 then placed into a referral and follow-up system, or provided with health education as needed.

FFY 2022 marks the seventh year of operation for SPM 2 in Montana. Many of the counties working on activities for SPM 2 this year have identified specific referral topic areas for quality improvement. Four of the County Public Health Departments (CPHDs) working on SPM 2 also chose to implement activities for NPM 5: Flathead, Glacier, Lewis & Clark, and Yellowstone. The following table outlines the activity categories based on their county's specific needs:

MT MCHBG: County Public Health Department FFY 2022 Activities for SPM 2
As Planned & Submitted on Pre-Contract Survey in June 2021
(Nine Counties Total, with Four Choosing NPM 5 for Additional Activities)

Activity Category	Number of Activities
CONNECT Electronic Referral System Support	3
Mental Health Emphasis	3
Client Needs Assessment Process - Quality Improvement	2
Referrals Tracking - Quality Improvement	2
Immunization Emphasis	1
Oral Health Emphasis	1
CPHD Services - Public Awareness Outreach Campaign	2
WIC Referral Emphasis	1
	15

Two of the CPHDs have chosen to redirect their activities toward COVID-19 response: Flathead and Sanders. These account for three of the activities listed in the above table. They intend to return to their SPM 2 specific work if COVID-19's impact lessens – releasing staff back to normal duties. However, the following excerpt from Park County's quarterly report gives essential insight into the reality that most of Montana's CPHDs are still facing:

> *"Park County Public Health Department continues to be understaffed with vacant nursing positions necessitating traditional nursing duties to be reassigned to other staff. Additionally, the department director position is vacant. The prolonged strain of COVID-19 has stressed our system and compromised the scope of services provided. The pandemic has affected employee health and decreased work satisfaction for many of our staff.*
>
> *Presently I am trying to function as a school nurse for all the rural schools in addition to fulfilling the duties historically completed by a lead nurse. Triaging an overwhelming number of students and staff in physical and emotional crisis while balancing priorities such as COVID -19 testing and vaccination clinics, school health screening, school immunization record keeping, FICMMR activities/meetings, attending 504 and IEP meetings, etc., leads to feelings of frustration and inadequacy caused by an inability to fulfill the requirements of the job.*
>
> *The frequent stream of negativity/anger/frustration directed toward the entire department is resulting in a higher stress and less effective work environment."*

Glacier CPHD (MCH population = 6,740) is still fairly new to SPM 2 this year, and they have an activity which supports onboarding processes to the CONNECT Electronic Referral System. Here is information from a recent report:

> *"We are working to coordinate testing with DPHHS for the new Glacier County Health Department CONNECT Coordinator. Additionally, we are working to establish a relationship with the regional DPHHS Chronic Disease program in Teton County by submitting the required paperwork to get Glacier County Health Department onboarded to the CONNECT program and networked with their office. I discussed the CONNECT program with two potential partners. I also attended the Hi-Line Community Connectors meeting and we discussed the importance of a referral*

system and possible partnerships."

Carbon CPHD (MCH population = 3,345) provided details into one of their efforts for outreach to agencies and providers, to increase awareness of their programs in the community:

> *"We had a meeting on December16, 2021, with: Abby Lotz the new CEO of Beartooth Billings Clinic; Dr. Oley from Beartooth Billings Clinic; Jessica Schwend the manager of the Riverstone Health clinics in Bridger and Joliet; and, Joliet EMS. The purpose was to discuss starting a quarterly check in meeting with all of the clinics to update them on where we are in the process of improving the services capacity of the department, and to begin networking with them to be able to collaborate on future projects with all clinics in Carbon County. We sent invites to all providers and healthcare entities in Carbon County and are hoping that more will be able to join our provider collaboration meetings in the future."*

State-level MCHBG staff provide all CPHDs with evidence-based/-informed health education resources across a broad range of maternal and child health topics. Of special note is injury-prevention training, as not already covered in the NPM 5 (Infant Safe Sleep) and NPM 9 (Bullying Prevention) narratives. These include:

- Adverse Childhood Experience (ACES)
- All-Terrain Vehicle Safety
- Bicycle Safety
- Car Seat Safety
- Farm Injuries Prevention
- Gun Safety
- Helmet Safety
- Mental Health Education
- Overdose Prevention
- Seat Belt Safety
- Suicide Prevention
- Teen Driving Safety / Distracted Driving
- Water Safety

SPM 2 has proven to be a flexible performance measure, helping to meet the needs of CPHDs seeking to address social determinant of health needs in their communities. Quality improvement projects and topic-specific activities continue to strengthen their referral systems and health education programs.

In FFY23, the FCHB will contract with nine CPHDs who have chosen to focus on SPM 2: Big Horn, Carbon, Glacier, Hill, Lewis & Clark, Lincoln, Missoula, Park, and Yellowstone. They will implement and evaluate at least two community-level activities during the fiscal year. The FCHB will provide these counties with training, resources, and support on evidence-informed or best-practice activities, goal-setting, and evaluation.

III.F. Public Input

Public input on the MCHBG Application & Report (MCHBG-AR) relies heavily on feedback and contributions solicited from committees, task force members, advisory councils, and stakeholders. Various associated entities are tasked with providing input, such as: the The Public Health System Improvement Task Force (PHSITF); County Public Health Departments (CPHDs); State Health Improvement Plan (SHIP) Workgroups; Montana Early Childhood Advisory Council, CSHS stakeholders and contractors; the Montana Council on Developmental Disabilities; and programs housed within the Family and Community Health Bureau (FCHB) which impact the maternal and child population.

The MCHBG Program Specialist serves as the liaison to the PHSITF, which is overseen by the System Improvement Coordinator in the Public Health & Safety Division. It has 14 members, representing a cross-section of agencies, statewide associations, and CPHDs with differing population levels. Created in 1995 when the Montana Legislature adopted the Public Health Improvement Act, it's Charter includes serving as the advisory board for the Title V MCHBG.

At the quarterly meetings, PHSITF members are offered the opportunity to provide input on MCHBG activities and are tasked with ensuring their constituents are made aware of the MCHBG-AR process. PHSITF members are provided with an initial copy of MCHBG-AR for additional input and comments and offered the opportunity to observe the federal review.

The MCH and CSHS Directors are also engaged as members of the SHIP Mothers, Babies, and Youth Community of Practice. The Workgroup meets quarterly to discuss progress and offer updates on the SHIP activities, which is an opportunity to obtain input from the 30+ other participants on improvements or future activities.

In December 2021, state-level MCHBG staff began working with the FCHB epidemiologists on the possibility of adding MCHBG related questions to Montana's 2022 Preganancy Risk Assessment monitoring System (PRAMS) questionnaire. PRAMS, funded by the Centers for Disease Control and Prevention (CDC), is a survey of women who recently gave birth about their experiences and behaviors before, during, and shortly after pregnancy. PRAMS samples between 15 to 20 percent of live births each year, with an anticipated sample size between 1,500 and 2,000 for the 2022 survey year.

State-added questions are appended to the end of the fixed main PRAMS survey. The purpose of state-added questions is to use the existing methodology of PRAMS to implement rapid surveillance of topics important to Montana programs. The data collected will be used to improve inclusivity in ongoing MCHBG needs assessment activities by collecting more public input data from mothers.

The PRAMS Steering Committee chose, and the CDC and IRB approved, one of two state-added questions proposed by the MCHBG. The following question will be added to the PRAMS 2022 survey:

> *Here is a list of problems some women can have getting prenatal care. For each item, circle Y (Yes) if it was a problem for you during your most recent pregnancy or circle N (No) if it was not a problem or did not apply to you.*
>
> - I couldn't get an appointment when I wanted one
> - I didn't have enough money or insurance to pay for my visits
> - I had no way to get to the clinic or doctor's office
> - I couldn't take time off from work
> - The doctor or my health plan would not start care as early as I wanted
> - I didn't have my Medicaid card
> - I had no one to take care of my children
> - I had too many other things going on
> - I didn't want anyone to know I was pregnant
> - Other – Please tell us:

The CPHDs which receive MCHBG funds are contractually required to conduct client satisfaction surveys and report the results to the FCHB. They also use the results for quality improvement in their MCHBG service delivery and for MCHBG program planning. The CPHDs provide feedback on the performance measure they are implementing, and on MCHBG priorities through online surveys; in-person site visits; annual training sessions conducted by the MCHBG Program Specialist, and Fetal, Infant, Child, and Maternal Mortality Review (FICMMR) Coordinator; and, through the Pre-Contract Survey (PCS).

The PCS gathers information such as populations served, hours of operation, and the needs of their community's maternal and child population. The PCS allows the CPHDs to: 1) identify their selected National or State Performance Measure (N/SPM) and the coming year's activities, goals and evaluation to address the N/SPM; 2) collect CPHD information such as

requests for program technical assistance or materials; and 3) gather information about emerging MCH issues which the CPHDs have identified through their own needs assessment.

All 56 counties in Montana are supported by the MCHBG PS and FICMMR Coordinator. The MCHBG PS directly supported the 49 CPHD MCH-focused programs that opted for FFY 22 Title V/MCHBG funding, and 31 FICMMR teams, some of whom serve more than one CPHD. In May 2022, the MCHBG PS facilitated three web-based Title V MCHBG Annual Trainings, which focused on: Results-Based Accountability; the June 2022 Pre-Contract Survey (PCS); and upcoming deliverables for FFY 2023. The FICMMR Annual Training was held in June 2022, which was one of the four webinar trainings required yearly for county FICMMR Liaisons.

On April 21, 2022, the MCHBG Program Specialist and the CYSHCN Director spoke to the twenty-seven members of the Montana Early Childhood Advisory Council (MECAC) on the MCHBG-AR process. The MECAC meets twice a year and serves as the formal advisory council to the Child Care Development Block Grant (CCDBG/CCDF), Healthy Montana Families (HMF) (Maternal, Infant and Early Childhood Home Visiting Program), Head Start Collaboration Office (HSCO) and "Act Early" ASD (autism spectrum disorder) State Team.

The strategic goal of the Montana Early Childhood Advisory Council is to ensure Montana has a comprehensive, coordinated, early childhood system that provides a governance structure and leads to strong collaboration in order to best meet the needs of Montana's youngest citizens.

MECAC members represent:

- Montana Child Care Resource and Referral Network
- Early Childhood Higher Education Consortium
- Montana Association for the Education of Young Children
- Head Start State Collaboration Project
- Head Start Association
- Child Care plus+ Center on Inclusion in Early Childhood (UM)
- Child and Adult Care Food Program
- Montana Department of Labor and Industry: Apprenticeship Program and Training
- Montana Department of Public Health and Human Services:
    - Early Childhood Services Bureau
    - Quality Assurance Division
- Office of Public Instruction

Information about MECAC can be found at: https://dphhs.mt.gov/ecfsd/MontanaEarlyChildhoodAdvisoryCouncil.
Children's Special Health Services (CSHS) supports the Consumer Advisory Council (CAC) of the University of Montana Rural Institute for Inclusive Communities (UMRI) in planning strategies to educate families about CYSHCN's transition to adult services. The CAC is made up of: four individuals with special health care needs who have utilized transition services; four parents of CYSHCN; and representatives from several agencies, including the Office of Public Instruction and Montana Vocational Rehabilitation. CSHS convened a Stakeholder's Group in the fall of 2021 with the goal to involve parents, agencies, providers, and state program staff in CSHS activities, and solicit engagement from the key stakeholders.

CSHS provided an in-depth overview of programs, presented a new resource guide, and led break-out groups to discuss provider engagement with the goal of identifying opportunities for support and overcoming barriers. Discussion included: how to improve communication with families; engage more family voices at the state level; and how to better organize resources for ease of family navigation. Based on this input CSHS has continued to grow its relationship with the *Montana Family to Family Health Information Center*, as detailed below.

CSHS utilizes the expertise of contractors when the opportunity presents itself, as many of them interface regularly with consumers. CSHS collaborates regularly with the Montana Family to Family (F2F) Health Information Center at the University of Montana Rural Institute for Inclusive Communities (UMRIIC). Two family members serve as a part of the Financial Assistance Committee, and engage in regular strategic planning and systems building conversations with CSHS. They highlight the ever present need for family voice to be a part of program creation, support, and delivery. CSHS and F2F are working to formalized the relationship between the programs through an MOU. Additionally, the AMCHP Family Delegate role will be housed as a part of the F2F through a contract between CSHS and F2F, continuing to emphasize the importance of lived experience influencing CSHS and related services The AMCHP Family Delegate will be hired on July 1st, 2022.

The Montana Access to Pediatric Psychiatry Network (MAPP-Net) recruited and maintains an Advisory Council that oversees the activities of the grant. Council members from across the state include: primary care providers; behavioral health providers; families of children and youth receiving behavioral health services; Medicaid representatives, Head Start Director, Child and Adolescent Psychiatrists (CAPs); and representatives from other grant programs working with similar populations.

The MAPP-Net Advisory Council met twice in FFY 2021. The goal of the Advisory Council is to seek stakeholder input from across the state on the activities of the MAPP-Net grant. MAPP-Net is in the process of appending the needs assessment conducted in 2019 to better include: youth experiencing homelessness; LGBTQI youth; American Indian Youth; and, the needs of primary care and behavioral health providers to better serve children and youth in their communities with mental healthcare. This needs assessment was a direct recommendation of the Advisory Council in 2020.

LGBTQI youth, American Indian youth, and youth who have or are experiencing homelessness will be directly engaged in providing feedback on access to, and quality of, behavioral health care in Montana. The FFY 2021 advisory meetings provided positive feedback and appreciation of the Pediatric Mental Health Symposium that MAPP-Net hosted in April 2022, and suggestions for future partnerships with the Montana Chapter of the American Academy for Pediatrics. Discussion also included a review of underutilization of the psychiatric access line in light of new telepsychiatry providers in the state, who may be reducing need for the access line. CSHS is planning a late summer/fall Advisory Council meeting to review the findings of the needs assessment.

CSHS has started the process of conducting a needs assessment to identify the optimal structure for cleft-craniofacial clinics beyond SFY23. The needs assessment will be led by a public health consulting firm, and will have participation from contractors including: three regional hospital systems; nurse clinic coordinators; and a variety of clinicians including plastic surgeons, pediatric dentists, speech language pathologists, social workers and others who comprise the interdisciplinary teams for cleft-craniofacial clinics. Families of children who receive services in the clinic, and possibly older children and youth, will participate in the needs assessment. The process of gathering the input from families and minors has not yet been established by an IRB. The needs assessment is expected to conclude in October 2022 and will inform further stakeholder engagement to determine the future of the cleft-craniofacial clinics.

The Early Childhood and Family Support Division (ECFSD) Leadership team is committed to and will continue to enhance ongoing and meaningful opportunities for public input. Examples of work in other areas of the division include a Home Visiting Strategic Planning Committee which held four public meetings with opportunity for public input, state plan public hearings for the child care state plan, and MECAC meetings with open public comment periods as regular agenda items. The ECFSD has continued to evolve since it’s formation two years ago, with focused energy on website modernization and social media strategies.

The Title V Director continued to seek input on the MCHBG activities and potential activities from her colleagues serving on the Montana Council on Developmental Disabilities. At the three FFY 2021 and two FFY 2022 meetings, the Title V Director briefed the members on the priority areas, domain related performance measures and the avenues for public input. One member, a state representative requested additional information on specific activities for the Blackfeet Reservation.

With strong emphasis on public input through DPHHS sponsored programs, MCHBG staff are continuously exploring opportunities to expand public input through needs assessment activities and other public input forums. The FCHB is reviewing the needs assessment activities that have been undertaken recently, and discussing optimal strategies to continue to ensure public input is gathered on all NPMs and domains, particularly from those being served by the programs involved.

III.G. Technical Assistance

Since January of 2020, the creation of the new Early Childhood Family Services Division (ECFSD) has been progressing. Technical assistance opportunities are being identified and pursued to support individual sections, division-wide collaborative efforts, and overall systems change. Identification of these topics has surfaced from internal discussion, stakeholder feedback, and Health Resources & Services Adminisitration (HRSA) staff input.

Technical Assistance Request Topics (**higher priority)*:

1. **Diversity and Health Equity Approaches* – Recognizing that Montana is a state with unique health inequities, due to it's racial and geographic disparities, ECFSD staff is participating in the Association of Maternal & Child Health Professionals (AMCHP) Region 8 Community of Practice regarding tribal relations. Technical assistance geared to identify upstream approaches to ensuring equitable care, and access for rural and reservation populations, is always welcomed.

2. *Strategic Planning* – Synergistic opportunities in ECFSD, specifically Maternal & Child Health (MCH), Children's Specials Health Services (CSHS), and Maternal, Infant, & Early Childhood Home Visiting (MIECHV), have been identified. Intentional collaboration, shared goals, and systems perspective will allow for the implementation of population health strategies, with the goal of positively impacting health outcomes. The Family and Community Health Bureau (FCHB) will go through internal strategic planning in the late Summer to identify logistical opportunities within it's structure.

3. **Data, Evaluation and Continuous Quality Improvement* - How to build internal capacity and build data infrastructure to support early childhood and maternal child outcome metrics. FCHB was awarded funding through the Association of State & Territorial Healthcare Officials (ASTHO), and two Graduate Student Epidemiology Program interns, to increase epidemiology capacity and work towards improved systems of surveillance through data linkages.

4. *Workforce Development*
    a. *CYSHCN Standards of Care:* Title V and ECFSD leadership training on national standards to inform program planning and decision making. This technical assistance is underway. A training on the CYSHCN standards of care for ECFSD staff will occur in late Summer 2022.

5. *Title V Technical Assistance*
    a. **Skills to Support National Performance Measures*
        1. *Medical Home indicators*- Structured support in how the Medical Home National Performance measure should be extrapolated to Title V MCHBG contractors.
    b. *Family and Youth Engagement* – Understand the most impactful way for families and youth to be engaged in systems-building work.

Each technical assistance topic will further Title V MCHBG goals. The MCH and CSHS sections have identified higher priority TA requests as indicated by the asterisks in the above list. CSHS is in the process of recieving technical assistance to further workforce development, and skills to support National Performance Measure 11.

IV. Title V-Medicaid IAA/MOU

The Title V-Medicaid IAA/MOU is uploaded as a PDF file to this section - MT_MCHBG_IAA_TitleXIX_TitleV_Aug22.pdf

V. Supporting Documents

The following supporting documents have been provided to supplement the narrative discussion.

Supporting Document #01 - ProgramAndStateOverviewSupportingDocuments.pdf

Supporting Document #02 - MT_DomainsSupportingDocuments.pdf

VI. Organizational Chart

The Organizational Chart is uploaded as a PDF file to this section - MT_MCHBG_FCHB_OrgChartAug22.pdf

VII. Appendix

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Form 2
MCH Budget/Expenditure Details

State: Montana

	FY 23 Application Budgeted	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 2,323,181	
A. Preventive and Primary Care for Children	$ 832,857	(35.8%)
B. Children with Special Health Care Needs	$ 765,410	(32.9%)
C. Title V Administrative Costs	$ 232,318	(10%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 1,830,585	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 3,343,517	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 3,441,756	
5. OTHER FUNDS (Item 18e of SF-424)	$ 0	
6. PROGRAM INCOME (Item 18f of SF-424)	$ 3,391,241	
7. TOTAL STATE MATCH (Lines 3 through 6)	$ 10,176,514	
A. Your State's FY 1989 Maintenance of Effort Amount $ 485,480		
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	$ 12,499,695	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.		
10. OTHER FEDERAL FUNDS(Subtotal of all funds under item 9)	$ 24,009,736	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 36,509,431	

OTHER FEDERAL FUNDS	FY 23 Application Budgeted
US Department of Agriculture (USDA) > Food and Nutrition Services > Women, Infants and Children (WIC)	$ 14,486,273
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Universal Newborn Hearing Screening and Intervention	$ 235,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Maternal Health Innovation Program	$ 1,944,429
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Primary Care Office (PCO)	$ 159,003
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	$ 100,000
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Pregnancy Risk Assessment Monitoring System (PRAMS)	$ 160,020
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Loan Repayment	$ 127,500
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Grants to States to Support Oral Health Workforce	$ 400,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Formula Grants	$ 4,350,895
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > State Personal Responsibility Education Program (PREP)	$ 250,000
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Rape Prevention and Education (RPE) Program	$ 522,622
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Sexual Risk Avoidance Education (SRAE)	$ 159,264
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Pediatric Mental Health Care Access Program	$ 444,883
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Preventive Health and Health Services Block Grant	$ 22,123
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees	$ 299,379

OTHER FEDERAL FUNDS	FY 23 Application Budgeted
US Department of Agriculture (USDA) > Food and Nutrition Services > Farmers Market, Fun03713-896HK	$ 107,382
US Department of Agriculture (USDA) > Food and Nutrition Services > WIC Peer Counseling, Fund 03146-896Hk	$ 240,963

	FY 21 Annual Report Budgeted		FY 21 Annual Report Expended	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 2,300,122 (FY 21 Federal Award: $ 2,281,009)		$ 2,281,008	
A. Preventive and Primary Care for Children	$ 839,680	(36.5%)	$ 804,087	(35.2%)
B. Children with Special Health Care Needs	$ 717,043	(31.2%)	$ 753,164	(33%)
C. Title V Administrative Costs	$ 125,602	(5.5%)	$ 228,100	(10%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 1,682,325		$ 1,785,351	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 3,013,111		$ 2,731,810	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 11,133,625		$ 3,441,756	
5. OTHER FUNDS (Item 18e of SF-424)	$ 0		$ 0	
6. PROGRAM INCOME (Item 18f of SF-424)	$ 6,574,458		$ 5,304,745	
7. TOTAL STATE MATCH (Lines 3 through 6)	$ 20,721,194		$ 11,478,311	
A. Your State's FY 1989 Maintenance of Effort Amount $ 485,480				
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	$ 23,021,316		$ 13,759,319	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.				
10. OTHER FEDERAL FUNDS (Subtotal of all funds under item 9)	$ 24,660,140		$ 28,037,700	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 47,681,456		$ 41,797,019	

OTHER FEDERAL FUNDS	FY 21 Annual Report Budgeted	FY 21 Annual Report Expended
Department of Health and Human Services (DHHS) > Office of Population Affairs (OPA) > Title X Family Planning	$ 3,141,400	$ 3,521,072
US Department of Agriculture (USDA) > Food and Nutrition Services > Women, Infants and Children (WIC)	$ 12,144,096	$ 14,571,230
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Universal Newborn Hearing Screening and Intervention	$ 235,000	$ 320,869
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Maternal Health Innovation Program	$ 1,831,770	$ 2,391,705
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Primary Care Office (PCO)	$ 159,003	$ 161,932
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	$ 100,000	$ 119,569
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Pregnancy Risk Assessment Monitoring System (PRAMS)	$ 172,500	$ 160,020
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Loan Repayment	$ 127,500	$ 127,500
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Oral Health	$ 400,000	$ 430,500
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Formula Grants	$ 4,497,053	$ 4,389,895
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > State Personal Responsibility Education Program (PREP)	$ 250,000	$ 250,000
US Department of Agriculture (USDA) > Food and Nutrition Services > The Loving Support Peer Counseling Program (Breastfeeding)	$ 245,123	$ 240,117
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Preventive Health and Health Services Block Grant	$ 22,123	$ 22,123

OTHER FEDERAL FUNDS	FY 21 Annual Report Budgeted	FY 21 Annual Report Expended
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Rape Prevention and Education (RPE) Program	$ 515,600	$ 522,622
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Pediatric Mental Health Care Access Program	$ 444,917	$ 534,317
US Department of Agriculture (USDA) > Food and Nutrition Services > WIC Farmers Market	$ 59,782	$ 89,476
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Teen Pregnancy Prevention	$ 153,085	$ 0
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Sexual Risk Avoidence Fund	$ 161,188	$ 184,753

Form Notes for Form 2:

None

Field Level Notes for Form 2:

1.	**Field Name:**	**Federal Allocation, C. Title V Administrative Costs:**
	Fiscal Year:	**2021**
	Column Name:	**Annual Report Expended**
	Field Note: Just $9 below 10%.	
2.	**Field Name:**	**4. LOCAL MCH FUNDS**
	Fiscal Year:	**2021**
	Column Name:	**Annual Report Expended**
	Field Note: This is the actual amount of local funds expended by County Public Health Department MCHBG contractors in support of their MCH population.	
3.	**Field Name:**	**6. PROGRAM INCOME**
	Fiscal Year:	**2021**
	Column Name:	**Annual Report Expended**
	Field Note: Difference is the result of no Program Income from Family Planning for FFY23, due to the grant ending.	

Data Alerts: None

Form 3a
Budget and Expenditure Details by Types of Individuals Served

State: Montana

I. TYPES OF INDIVIDUALS SERVED

IA. Federal MCH Block Grant	FY 23 Application Budgeted	FY 21 Annual Report Expended
1. Pregnant Women	$ 89,787	$ 93,047
2. Infants < 1 year	$ 172,449	$ 175,726
3. Children 1 through 21 Years	$ 832,857	$ 804,087
4. CSHCN	$ 765,410	$ 753,164
5. All Others	$ 230,360	$ 226,884
Federal Total of Individuals Served	$ 2,090,863	$ 2,052,908

IB. Non-Federal MCH Block Grant	FY 23 Application Budgeted	FY 21 Annual Report Expended
1. Pregnant Women	$ 217,538	$ 253,911
2. Infants < 1 year	$ 4,064,224	$ 3,922,299
3. Children 1 through 21 Years	$ 2,909,038	$ 3,618,470
4. CSHCN	$ 678,128	$ 314,990
5. All Others	$ 2,135,146	$ 3,446,668
Non-Federal Total of Individuals Served	$ 10,004,074	$ 11,556,338
Federal State MCH Block Grant Partnership Total	$ 12,094,937	$ 13,609,246

Form Notes for Form 3a:

None

Field Level Notes for Form 3a:

None

Data Alerts: None

Form 3b
Budget and Expenditure Details by Types of Services

State: Montana

II. TYPES OF SERVICES

IIA. Federal MCH Block Grant	FY 23 Application Budgeted	FY 21 Annual Report Expended
1. Direct Services	$ 50,000	$ 349
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	$ 0	$ 0
B. Preventive and Primary Care Services for Children	$ 0	$ 349
C. Services for CSHCN	$ 50,000	$ 0
2. Enabling Services	$ 1,321,289	$ 1,325,636
3. Public Health Services and Systems	$ 951,892	$ 955,023
4. Select the types of Federally-supported "Direct Services", as reported in II.A.1. Provide the total amount of Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		$ 116
Physician/Office Services		$ 117
Hospital Charges (Includes Inpatient and Outpatient Services)		$ 0
Dental Care (Does Not Include Orthodontic Services)		$ 0
Durable Medical Equipment and Supplies		$ 0
Laboratory Services		$ 116
Direct Services Line 4 Expended Total		$ 349
Federal Total	$ 2,323,181	$ 2,281,008

IIB. Non-Federal MCH Block Grant	FY 23 Application Budgeted	FY 21 Annual Report Expended
1. Direct Services	$ 315,000	$ 158,284
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	$ 0	$ 0
B. Preventive and Primary Care Services for Children	$ 0	$ 0
C. Services for CSHCN	$ 315,000	$ 158,284
2. Enabling Services	$ 5,114,512	$ 5,883,109
3. Public Health Services and Systems	$ 4,747,002	$ 5,515,599
4. Select the types of Non-Federally-supported "Direct Services", as reported in II.B.1. Provide the total amount of Non-Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		$ 0
Physician/Office Services		$ 1,475
Hospital Charges (Includes Inpatient and Outpatient Services)		$ 0
Dental Care (Does Not Include Orthodontic Services)		$ 0
Durable Medical Equipment and Supplies		$ 0
Laboratory Services		$ 86,002
Other		
Therapies		$ 70,807
Direct Services Line 4 Expended Total		$ 158,284
Non-Federal Total	$ 10,176,514	$ 11,556,992

Form Notes for Form 3b:

None

Field Level Notes for Form 3b:

None

Form 4
Number and Percentage of Newborns and Others Screened Cases Confirmed and Treated

State: Montana

Total Births by Occurrence: 11,249 **Data Source Year: 2021**

1. Core RUSP Conditions

Program Name	(A) Aggregate Total Number Receiving at Least One Valid Screen	(B) Aggregate Total Number of Out-of-Range Results	(C) Aggregate Total Number Confirmed Cases	(D) Aggregate Total Number Referred for Treatment
Core RUSP Conditions	11,186 (99.4%)	490	10	8 (80.0%)

Program Name(s)				
3-Hydroxy-3-Methyglutaric Aciduria	3-Methylcrotonyl-Coa Carboxylase Deficiency	Argininosuccinic Aciduria	Biotinidase Deficiency	Carnitine Uptake Defect/Carnitine Transport Defect
Citrullinemia, Type I	Classic Galactosemia	Classic Phenylketonuria	Congenital Adrenal Hyperplasia	Critical Congenital Heart Disease
Cystic Fibrosis	Glutaric Acidemia Type I	Glycogen Storage Disease Type II (Pompe)	Hearing Loss	Holocarboxylase Synthase Deficiency
Homocystinuria	Isovaleric Acidemia	Long-Chain L-3 Hydroxyacyl-Coa Dehydrogenase Deficiency	Maple Syrup Urine Disease	Medium-Chain Acyl-Coa Dehydrogenase Deficiency
Methylmalonic Acidemia (Cobalamin Disorders)	Methylmalonic Acidemia (Methylmalonyl-Coa Mutase)	Mucopolysaccharidosis Type 1	Primary Congenital Hypothyroidism	Propionic Acidemia
S, ßeta-Thalassemia	S,C Disease	S,S Disease (Sickle Cell Anemia)	Severe Combined Immunodeficiences	Spinal Muscular Atrophy Due To Homozygous Deletion Of Exon 7 In SMN1
ß-Ketothiolase Deficiency	Trifunctional Protein Deficiency	Tyrosinemia, Type I	Very Long-Chain Acyl-Coa Dehydrogenase Deficiency	X-Linked Adrenoleukodystrophy

2. Other Newborn Screening Tests

Program Name	(A) Total Number Receiving at Least One Screen	(B) Total Number Presumptive Positive Screens	(C) Total Number Confirmed Cases	(D) Total Number Referred for Treatment
Newborn Hearing Screening	10,246 (91.1%)	44	5	5 (100.0%)
Critical Congenital Heart Disease	10,197 (90.6%)	7	0	0 (0%)

3. Screening Programs for Older Children & Women

None

4. Long-Term Follow-Up

The Montana Newborn Screening Program does not provide or monitor long-term follow-up for all conditions identified through newborn screening. However, programs do provide family and clinical support for some conditions. The Universal Newborn Hearing and Intervention Program provides supportive services to families when a baby is diagnosed deaf or hard of hearing. This support is provided through family-led organizations. Any individual with a metabolic disorder (including infants diagnosed through newborn screening) can receive long-term follow-up services through a contractor funded by CSHS.

Form Notes for Form 4:

None

Field Level Notes for Form 4:

1.	**Field Name:**	**Core RUSP Conditions - Total Number Receiving At Least One Screen**
	Fiscal Year:	**2021**
	Column Name:	**Core RUSP Conditions**
	Field Note: Newborn Hearing Screening, and Critical Congenital Heart Disease data is reported in the "Other Newborn" category.	
2.	**Field Name:**	**Core RUSP Conditions - Total Number of Out-of-Range Results**
	Fiscal Year:	**2021**
	Column Name:	**Core RUSP Conditions**
	Field Note: Many of these were NICU babies whose initial screens have results that are most often out of range.	
3.	**Field Name:**	**Core RUSP Conditions - Total Number Confirmed Cases**
	Fiscal Year:	**2021**
	Column Name:	**Core RUSP Conditions**
	Field Note: Cases identified by bloodspot screening: PKU (2 infant) Galactosemia (1 infant) Sickle Cell Trait (2 infants) Cystic Fibrosis (3 infant) SMA (2 infants)	
4.	**Field Name:**	**Core RUSP Conditions - Total Number Referred For Treatment**
	Fiscal Year:	**2021**
	Column Name:	**Core RUSP Conditions**
	Field Note: 8/10 - have contacted the lab for an explanation.	
5.	**Field Name:**	**Newborn Hearing Screening - Total Number Receiving At Least One Screen**
	Fiscal Year:	**2021**
	Column Name:	**Other Newborn**
	Field Note: For 2021, one of the state's big hospitals (St Vincent's) did not report their newborn hearing screens for about a month. This make the numbers look worse than normal – about a 91% screen rate compared to 96-97% of years past.	

Data Alerts: None

Form 5
Count of Individuals Served by Title V & Total Percentage of Populations Served by Title V

State: Montana

Annual Report Year 2021

Form 5a – Count of Individuals Served by Title V (Direct & Enabling Services Only)

		Primary Source of Coverage				
Types Of Individuals Served	(A) Title V Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private / Other %	(E) None %	(F) Unknown %
1. Pregnant Women	989	61.7	0.7	14.3	8.3	15.0
2. Infants < 1 Year of Age	2,613	61.2	3.7	13.8	8.9	12.4
3. Children 1 through 21 Years of Age	13,552	36.7	2.8	27.3	7.3	25.9
3a. Children with Special Health Care Needs 0 through 21 years of age^	895	71.0	4.4	11.0	10.3	3.3
4. Others	5,532	18.4	1.6	39.1	7.2	33.7
Total	22,686					

Form 5b – Total Percentage of Populations Served by Title V (Direct, Enabling, and Public Health Services and Systems)

Populations Served by Title V	Reference Data	Used Reference Data?	Denominator	Total % Served	Form 5b Count (Calculated)	Form 5a Count
1. Pregnant Women	10,791	Yes	10,791	43.2	4,662	989
2. Infants < 1 Year of Age	10,820	No	16,184	100.0	16,184	2,613
3. Children 1 through 21 Years of Age	272,387	Yes	272,387	12.3	33,504	13,552
3a. Children with Special Health Care Needs 0 through 21 years of age^	55,048	Yes	55,048	22.6	12,441	895
4. Others	796,825	Yes	796,825	1.1	8,765	5,532

^Represents a subset of all infants and children.

Form Notes for Form 5:

None

Field Level Notes for Form 5a:

1.	**Field Name:**	**Pregnant Women Total Served**
	Fiscal Year:	**2021**
	Field Note: Number provided enabling services by County Public Health Departments using MCHBG funding.	
2.	**Field Name:**	**Infants Less Than One YearTotal Served**
	Fiscal Year:	**2021**
	Field Note: Number provided enabling services by County Public Health Departments using MCHBG funding.	
3.	**Field Name:**	**Children 1 through 21 Years of Age**
	Fiscal Year:	**2021**
	Field Note: Number provided enabling services by County Public Health Departments using MCHBG funding.	
4.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age**
	Fiscal Year:	**2021**
	Field Note: Number provided enabling services by County Public Health Departments using MCHBG funding.	
5.	**Field Name:**	**Others**
	Fiscal Year:	**2021**
	Field Note: Number provided enabling services by County Public Health Departments using MCHBG funding.	

Field Level Notes for Form 5b:

1.	**Field Name:**	**Pregnant Women Total % Served**
	Fiscal Year:	**2021**
	Field Note: Total Served = 4,660	
2.	**Field Name:**	**Infants Less Than One Year Total % Served**
	Fiscal Year:	**2021**
	Field Note: Infants less than one includes new births, plus all additional infants in the first year of life during the reporting year.	
3.	**Field Name:**	**Infants Less Than One Year Denominator**
	Fiscal Year:	**2021**
	Field Note: Infants less than one includes new births, plus all additional infants in the first year of life during the reporting year.	
4.	**Field Name:**	**Children 1 through 21 Years of Age Total % Served**
	Fiscal Year:	**2021**
	Field Note: Total Served = 33,494	
5.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age Total % Served**
	Fiscal Year:	**2021**
	Field Note: Total Served = 12,434	
6.	**Field Name:**	**Others Total % Served**
	Fiscal Year:	**2021**
	Field Note: Total Served = 8,369	

Data Alerts:

1.	Infants Less Than One Year Denominator is greater than or equal to 110 % of the Infants Less Than One Year Reference Data.Please double check and justify with a field note.

Form 6
Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX

State: Montana

Annual Report Year 2021

I. Unduplicated Count by Race/Ethnicity

	(A) Total	(B) Non-Hispanic White	(C) Non-Hispanic Black or African American	(D) Hispanic	(E) Non-Hispanic American Indian or Native Alaskan	(F) Non-Hispanic Asian	(G) Non-Hispanic Native Hawaiian or Other Pacific Islander	(H) Non-Hispanic Multiple Race	(I) Other & Unknown
1. Total Deliveries in State	10,730	8,701	61	602	902	93	15	316	40
Title V Served	10,617	8,612	60	598	893	91	15	314	34
Eligible for Title XIX	4,796	3,398	33	316	800	20	9	204	16
2. Total Infants in State	10,872	8,813	63	609	914	93	15	324	41
Title V Served	10,754	8,721	62	605	905	91	15	321	34
Eligible for Title XIX	5,474	3,959	37	385	813	30	11	220	19

Form Notes for Form 6:

None

Field Level Notes for Form 6:

1.	**Field Name:**	**1. Total Deliveries in State**
	Fiscal Year:	**2021**
	Column Name:	**Total**
	Field Note: Source: Montana Birth Certificate Vital Records. Records include all Montana resident mothers birthing a live infant in the state of Montana between 10/1/2020 - 9/30/2021.	
2.	**Field Name:**	**1. Title V Served**
	Fiscal Year:	**2021**
	Column Name:	**Total**
	Field Note: Source: Birth Certificate Vital Records and Public Health Laboratory Newborn Screening Bloodspot Results (Montana Minimum/Core Dataset). Records include a distinct count of mothers included in "deliveries in state" (as defined in field note 1) wherein the mother had an infant with a test result for the Newborn Screening bloodspot panel.	
3.	**Field Name:**	**1. Eligible for Title XIX**
	Fiscal Year:	**2021**
	Column Name:	**Total**
	Field Note: Source: Birth Certificate Vital Records and Medicaid Eligibility (Montana Minimum/Core Dataset). Records include a distinct count of mothers included in "deliveries in state" (as defined in field note 1) wherein the mother had a Medicaid eligibility span between the estimated last menstrual period (date based on obstetrical estimate of gestational age and date of birth) and the date of birth.	
4.	**Field Name:**	**2. Total Infants in State**
	Fiscal Year:	**2021**
	Column Name:	**Total**
	Field Note: Source: Montana Birth Certificate Vital Records. Records include all live infants born to a Montana resident in the state of Montana between 10/1/2020 - 9/30/2021.	
5.	**Field Name:**	**2. Title V Served**
	Fiscal Year:	**2021**
	Column Name:	**Total**

	Field Note: Source: Birth Certificate Vital Records and Public Health Laboratory Newborn Screening Bloodspot Results (Montana Minimum/Core Dataset). Records include a count of infants included in "infants in state" (as defined in field note 4) wherein the infant had a test result for the Newborn Screening bloodspot panel.	
6.	**Field Name:**	**2. Eligible for Title XIX**
	Fiscal Year:	**2021**
	Column Name:	**Total**
	Field Note: Source: Birth Certificate Vital Records and Medicaid Eligibility (Montana Minimum/Core Dataset). Records include a count of infants included in "infants in state" (as defined in field note 4) wherein the infant had a Medicaid eligibility span between the infant's date of birth and the infant's first birthday (note not all infants were older than 1 year at time of report).	

Form 7
State MCH Toll-Free Telephone Line and Other Appropriate Methods Data

State: Montana

A. State MCH Toll-Free Telephone Lines	2023 Application Year	2021 Annual Report Year
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 362-8312	(800) 362-8312
2. State MCH Toll-Free "Hotline" Name	Montana Healthcare Programs Help Line	Montana Healthcare Programs Help Line
3. Name of Contact Person for State MCH "Hotline"	Heather Monday	Heather Monday
4. Contact Person's Telephone Number	(406) 444-1220	(406) 444-1220
5. Number of Calls Received on the State MCH "Hotline"		237,219

B. Other Appropriate Methods	2023 Application Year	2021 Annual Report Year
1. Other Toll-Free "Hotline" Names	Children's Special Health Services, 800-762-9891	Children's Special Health Services, 800-762-9891
2. Number of Calls on Other Toll-Free "Hotlines"		198
3. State Title V Program Website Address	DPHHS.mt.gov	DPHHS.mt.gov
4. Number of Hits to the State Title V Program Website		1,471,743
5. State Title V Social Media Websites	https://www.facebook.com/MTDPHHS	https://facebook.com/MTDPHHS
6. Number of Hits to the State Title V Program Social Media Websites		26,600

Form Notes for Form 7:

DPHHS Website stats are for "Visits."
DPHHS COVID-19 Specific Webpage Visits = 1,659,281 (not included in stats for MCH webpages)

The State MCH Toll-Free Hotline changed it's Interactive Voice Response (IVR) System options, which resulted in a change in how calls are tracked.

Facebook stats are for "Visits."

Other statistics for the DPHHS Facebook page:
Total followers for FFY21 = 13,569
Posts = 48
Reach = 1,317,284
Likes = 1,058
Female followers = 82%
Male followers = 17%

DPHHS Twitter:
Followers = 959
Total Tweets = 58
Total Likes = 76
Female followers = 74%
Male followers = 26%

DPHHS YouTube Channel:
Total subscribers = 250
Total views FFY21 = 9,560
Top 3 subjects watched in FFY21:
1. Father / Daughter Anti-Smoking = 601
2. Let's Chat About Early Intervention = 467
3. Suicide Prevention - Firearm Specific = 436

Public Health & Safety Division Facebook:
PHSD FFY21 Posts = 1,600
Total Likes = 4,470
Total Followers = 4,825
Female = 86.7%
Male = 13.3%

Form 8
State MCH and CSHCN Directors Contact Information

State: Montana

1. Title V Maternal and Child Health (MCH) Director	
Name	Ann Buss
Title	Title V Director
Address 1	1625 11th Avenue
Address 2	
City/State/Zip	Helena / MT / 59620
Telephone	(406) 444-4119
Extension	
Email	abuss@mt.gov

2. Title V Children with Special Health Care Needs (CSHCN) Director	
Name	Mackenzie Petersen
Title	CSHCN Director
Address 1	1625 11th Avenue
Address 2	
City/State/Zip	Helena / MT / 59620
Telephone	(406) 444-3716
Extension	
Email	mackenzie.petersen@mt.gov

3. State Family or Youth Leader (Optional)	
Name	Tarra Thomas
Title	HALI Project Parent Partner and State Coordinator
Address 1	229 Avenue D
Address 2	
City/State/Zip	Billings / MT / 59106
Telephone	(406) 697-4631
Extension	
Email	tarrathomasfa@outlook.com

Form Notes for Form 8:

None

Form 9
List of MCH Priority Needs

State: Montana

Application Year 2023

No.	Priority Need
1.	Women's Preventive Healthcare
2.	Infant Safe Sleep
3.	Bullying Prevention
4.	Medical Home
5.	Children's Oral Health
6.	Access to Public Health Services
7.	Family Support and Health Education

Form Notes for Form 9:

None

Field Level Notes for Form 9:

None

Form 9 State Priorities – Needs Assessment Year – Application Year 2021

No.	Priority Need	Priority Need Type (New, Revised or Continued Priority Need for this five-year reporting period)
1.	Women's Preventive Healthcare	New
2.	Infant Safe Sleep	Continued
3.	Bullying Prevention	New
4.	Medical Home	Continued
5.	Children's Oral Health	New
6.	Access to Public Health Services	Continued
7.	Family Support and Health Education	Continued

Form 10
National Outcome Measures (NOMs)

State: Montana

Form Notes for Form 10 NPMs, NOMs, SPMs, SOMs, and ESMs.

None

NOM 1 - Percent of pregnant women who receive prenatal care beginning in the first trimester

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	79.6 %	0.4 %	8,585	10,781
2019	78.7 %	0.4 %	8,714	11,066
2018	77.5 %	0.4 %	8,884	11,465
2017	77.4 %	0.4 %	9,106	11,765
2016	75.3 %	0.4 %	9,205	12,232
2015	74.6 %	0.4 %	9,340	12,525
2014	75.2 %	0.4 %	9,258	12,317
2013	71.1 %	0.4 %	8,700	12,235
2012	73.5 %	0.4 %	8,774	11,941
2011	73.4 %	0.4 %	8,757	11,928
2010	73.9 %	0.4 %	8,654	11,718
2009	73.4 %	0.4 %	8,074	10,996

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM 1 - Notes:

None

Data Alerts: None

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	52.8	7.2	54	10,229
2018	38.6	6.0	41	10,613
2017	37.4	5.9	40	10,696
2016	57.5	7.3	63	10,963
2015	64.8	8.8	54	8,338
2014	50.4	6.9	53	10,509
2013	66.1	8.0	69	10,440
2012	71.6	8.4	73	10,192
2011	68.9	8.2	72	10,449
2010	77.7	8.5	84	10,814
2009	70.1	8.0	77	10,977

Legends:

Indicator has a numerator ≤10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 2 - Notes:

None

Data Alerts: None

NOM 3 - Maternal mortality rate per 100,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2016_2020	22.6 ϟ	6.3 ϟ	13 ϟ	57,464 ϟ
2015_2019	16.9 ϟ	5.3 ϟ	10 ϟ	59,256 ϟ
2014_2018	NR ⚑	NR ⚑	NR ⚑	NR ⚑

Legends:

⚑ Indicator has a numerator <10 and is not reportable

ϟ Indicator has a numerator <20 and should be interpreted with caution

NOM 3 - Notes:

None

Data Alerts: None

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	7.7 %	0.3 %	830	10,786
2019	7.3 %	0.3 %	804	11,074
2018	7.4 %	0.2 %	855	11,505
2017	8.0 %	0.3 %	942	11,793
2016	7.9 %	0.2 %	966	12,273
2015	7.1 %	0.2 %	887	12,575
2014	7.4 %	0.2 %	920	12,429
2013	7.4 %	0.2 %	913	12,370
2012	7.4 %	0.2 %	891	12,109
2011	7.2 %	0.2 %	867	12,061
2010	7.5 %	0.2 %	901	12,054
2009	7.1 %	0.2 %	865	12,247

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM 4 - Notes:

None

Data Alerts: None

NOM 5 - Percent of preterm births (<37 weeks)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	9.8 %	0.3 %	1,059	10,788
2019	9.6 %	0.3 %	1,064	11,075
2018	9.1 %	0.3 %	1,047	11,507
2017	9.5 %	0.3 %	1,118	11,794
2016	8.8 %	0.3 %	1,074	12,271
2015	8.4 %	0.3 %	1,059	12,575
2014	9.3 %	0.3 %	1,157	12,423
2013	9.0 %	0.3 %	1,111	12,356
2012	9.4 %	0.3 %	1,136	12,099
2011	8.8 %	0.3 %	1,065	12,052
2010	10.1 %	0.3 %	1,222	12,042
2009	9.0 %	0.3 %	1,101	12,225

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM 5 - Notes:

None

Data Alerts: None

NOM 6 - Percent of early term births (37, 38 weeks)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	27.9 %	0.4 %	3,006	10,788
2019	27.1 %	0.4 %	3,005	11,075
2018	24.8 %	0.4 %	2,858	11,507
2017	23.7 %	0.4 %	2,795	11,794
2016	23.8 %	0.4 %	2,915	12,271
2015	22.7 %	0.4 %	2,855	12,575
2014	22.9 %	0.4 %	2,849	12,423
2013	23.0 %	0.4 %	2,837	12,356
2012	23.8 %	0.4 %	2,879	12,099
2011	24.5 %	0.4 %	2,953	12,052
2010	25.0 %	0.4 %	3,008	12,042
2009	26.2 %	0.4 %	3,197	12,225

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM 6 - Notes:

None

Data Alerts: None

NOM 7 - Percent of non-medically indicated early elective deliveries

Data Source: CMS Hospital Compare

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020/Q3-2021/Q2	1.0 %			
2019/Q4-2020/Q3	1.0 %			
2019/Q1-2019/Q4	2.0 %			
2018/Q4-2019/Q3	2.0 %			
2018/Q3-2019/Q2	2.0 %			
2018/Q2-2019/Q1	2.0 %			
2018/Q1-2018/Q4	2.0 %			
2017/Q4-2018/Q3	3.0 %			
2017/Q3-2018/Q2	3.0 %			
2017/Q2-2018/Q1	4.0 %			
2017/Q1-2017/Q4	3.0 %			
2016/Q4-2017/Q3	4.0 %			
2016/Q3-2017/Q2	3.0 %			
2016/Q2-2017/Q1	3.0 %			
2016/Q1-2016/Q4	3.0 %			
2015/Q4-2016/Q3	2.0 %			
2015/Q3-2016/Q2	2.0 %			
2015/Q2-2016/Q1	2.0 %			
2015/Q1-2015/Q4	3.0 %			
2014/Q4-2015/Q3	3.0 %			
2014/Q3-2015/Q2	4.0 %			
2014/Q2-2015/Q1	4.0 %			
2014/Q1-2014/Q4	4.0 %			
2013/Q4-2014/Q3	5.0 %			
2013/Q3-2014/Q2	7.0 %			
2013/Q2-2014/Q1	8.0 %			

Legends:

NOM 7 - Notes:

None

Data Alerts: None

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	5.2	0.7	58	11,115
2018	4.9	0.7	56	11,540
2017	4.3	0.6	51	11,823
2016	5.0	0.6	61	12,312
2015	4.8	0.6	61	12,615
2014	6.4	0.7	80	12,470
2013	5.3	0.7	66	12,415
2012	6.4	0.7	78	12,158
2011	5.9	0.7	72	12,103
2010	5.5	0.7	66	12,094
2009	5.5	0.7	68	12,294

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 8 - Notes:

None

Data Alerts: None

NOM 9.1 - Infant mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	4.8	0.7	53	11,079
2018	4.8	0.7	55	11,513
2017	5.5	0.7	65	11,799
2016	5.8	0.7	71	12,282
2015	5.8	0.7	73	12,583
2014	5.8	0.7	72	12,432
2013	5.6	0.7	69	12,377
2012	5.9	0.7	72	12,118
2011	6.0	0.7	72	12,069
2010	6.0	0.7	72	12,060
2009	6.2	0.7	76	12,257

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 9.1 - Notes:

None

Data Alerts: None

NOM 9.2 - Neonatal mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	2.5	0.5	28	11,079
2018	3.0	0.5	35	11,513
2017	3.1	0.5	36	11,799
2016	2.9	0.5	36	12,282
2015	3.5	0.5	44	12,583
2014	3.9	0.6	49	12,432
2013	2.9	0.5	36	12,377
2012	3.5	0.5	42	12,118
2011	4.4	0.6	53	12,069
2010	3.5	0.5	42	12,060
2009	3.3	0.5	41	12,257

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 9.2 - Notes:

None

Data Alerts: None

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2019	2.3	0.5	25	11,079
2018	1.7	0.4	20	11,513
2017	2.5	0.5	29	11,799
2016	2.8	0.5	35	12,282
2015	2.3	0.4	29	12,583
2014	1.9	0.4	23	12,432
2013	2.7	0.5	33	12,377
2012	2.5	0.5	30	12,118
2011	1.6	0.4	19	12,069
2010	2.5	0.5	30	12,060
2009	2.9	0.5	35	12,257

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 9.3 - Notes:

None

Data Alerts: None

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2019	NR	NR	NR	NR
2018	156.3	36.9	18	11,513
2017	93.2	28.1	11	11,799
2016	187.3	39.1	23	12,282
2015	79.5	25.1	10	12,583
2014	201.1	40.3	25	12,432
2013	113.1	30.3	14	12,377
2012	132.0	33.0	16	12,118
2011	124.3	32.1	15	12,069
2010	141.0	34.2	17	12,060
2009	146.9	34.6	18	12,257

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 9.4 - Notes:

None

Data Alerts: None

NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	126.4 ϟ	33.8 ϟ	14 ϟ	11,079 ϟ
2018	95.5 ϟ	28.8 ϟ	11 ϟ	11,513 ϟ
2017	127.1 ϟ	32.9 ϟ	15 ϟ	11,799 ϟ
2016	138.4 ϟ	33.6 ϟ	17 ϟ	12,282 ϟ
2015	182.8	38.2	23	12,583
2014	112.6 ϟ	30.1 ϟ	14 ϟ	12,432 ϟ
2013	129.3 ϟ	32.3 ϟ	16 ϟ	12,377 ϟ
2012	165.0	36.9	20	12,118
2011	132.6 ϟ	33.2 ϟ	16 ϟ	12,069 ϟ
2010	165.8	37.1	20	12,060
2009	228.4	43.2	28	12,257

Legends:

Indicator has a numerator <10 and is not reportable

ϟ Indicator has a numerator <20 and should be interpreted with caution

NOM 9.5 - Notes:

None

Data Alerts: None

NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy

Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	11.6 %	1.3 %	1,192	10,258
2019	9.0 %	1.1 %	957	10,689
2018	8.7 %	1.0 %	961	11,078
2017	10.5 %	1.0 %	1,185	11,319

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has an unweighted denominator between 30 and 59 or confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

NOM 10 - Notes:

None

Data Alerts: None

NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	8.3	0.9	87	10,462
2018	7.8	0.9	85	10,831
2017	9.0	0.9	98	10,855
2016	7.6	0.8	83	10,976
2015	8.3	1.0	68	8,154
2014	7.8	0.9	80	10,321
2013	7.2	0.8	75	10,470
2012	4.4	0.7	47	10,633
2011	4.2	0.6	45	10,603
2010	3.5	0.6	38	10,856
2009	4.5	0.7	48	10,581

Legends:

Indicator has a numerator ≤10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 11 - Notes:

None

Data Alerts: None

NOM 12 - Percent of eligible newborns screened for heritable disorders with on time physician notification for out of range screens who are followed up in a timely manner. (DEVELOPMENTAL)

Federally available Data (FAD) for this measure is not available/reportable.

NOM 12 - Notes:

None

Data Alerts: None

NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)

Federally available Data (FAD) for this measure is not available/reportable.

NOM 13 - Notes:

None

Data Alerts: None

NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	9.1 %	1.1 %	19,458	214,731
2018_2019	9.9 %	1.1 %	21,388	215,811
2017_2018	10.2 %	1.2 %	22,130	216,739
2016_2017	9.7 %	1.1 %	20,619	213,206
2016	11.8 %	1.5 %	24,614	209,436

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 14 - Notes:

None

Data Alerts: None

NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	22.9	4.5	26	113,380
2019	22.1	4.4	25	113,373
2018	14.9	3.6	17	113,963
2017	10.5	3.0	12	114,293
2016	27.1	4.9	31	114,264
2015	32.6	5.4	37	113,460
2014	13.3	3.4	15	112,885
2013	18.7	4.1	21	112,420
2012	25.2	4.8	28	111,151
2011	28.9	5.1	32	110,879
2010	29.7	5.2	33	111,031
2009	30.0	5.2	33	109,878

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 15 - Notes:

None

Data Alerts: None

NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2020	50.5	6.2	66	130,639
2019	50.2	6.2	65	129,384
2018	54.1	6.5	70	129,304
2017	42.3	5.8	54	127,681
2016	51.3	6.4	65	126,595
2015	52.2	6.4	66	126,408
2014	43.6	5.9	55	126,045
2013	48.4	6.2	61	125,995
2012	35.7	5.3	45	126,186
2011	46.9	6.1	60	127,899
2010	58.7	6.8	75	127,848
2009	51.7	6.3	67	129,656

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 16.1 - Notes:

None

Data Alerts: None

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2018_2020	23.4	3.5	45	192,579
2017_2019	21.4	3.4	41	191,418
2016_2018	18.8	3.1	36	191,102
2015_2017	24.1	3.6	46	190,925
2014_2016	29.3	3.9	56	191,405
2013_2015	32.3	4.1	62	192,049
2012_2014	28.0	3.8	54	193,188
2011_2013	25.0	3.6	49	196,016
2010_2012	26.2	3.6	52	198,457
2009_2011	31.3	3.9	63	201,589
2008_2010	33.3	4.0	68	204,191
2007_2009	33.7	4.0	70	207,573

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 16.2 - Notes:

None

Data Alerts: None

NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2018_2020	27.0	3.7	52	192,579
2017_2019	27.2	3.8	52	191,418
2016_2018	26.7	3.7	51	191,102
2015_2017	24.1	3.6	46	190,925
2014_2016	22.5	3.4	43	191,405
2013_2015	21.3	3.3	41	192,049
2012_2014	19.2	3.2	37	193,188
2011_2013	19.9	3.2	39	196,016
2010_2012	17.1	2.9	34	198,457
2009_2011	18.9	3.1	38	201,589
2008_2010	17.1	2.9	35	204,191
2007_2009	13.5	2.6	28	207,573

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 16.3 - Notes:

None

Data Alerts: None

NOM 17.1 - Percent of children with special health care needs (CSHCN), ages 0 through 17

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	19.4 %	1.5 %	43,992	226,218
2018_2019	19.6 %	1.5 %	44,583	227,910
2017_2018	19.6 %	1.6 %	44,607	227,585
2016_2017	19.3 %	1.5 %	43,541	226,022
2016	18.6 %	1.7 %	41,760	224,664

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 17.1 - Notes:

None

Data Alerts: None

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	13.5 %	2.4 %	5,934	43,885
2018_2019	14.4 %	2.7 %	6,433	44,583
2017_2018	13.9 %	2.9 %	6,223	44,607
2016_2017	14.9 %	2.7 %	6,499	43,541
2016	17.1 %	3.2 %	7,139	41,760

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 17.2 - Notes:

None

Data Alerts: None

NOM 17.3 - Percent of children, ages 3 through 17, diagnosed with an autism spectrum disorder

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	2.4 %	0.7 %	4,583	190,360
2018_2019	1.7 %	0.7 %	3,318	190,661
2017_2018	2.5 %	0.9 %	4,823	190,889
2016_2017	3.1 %	0.9 %	5,905	190,205
2016	2.8 %	0.8 %	5,255	190,286

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 17.3 - Notes:

None

Data Alerts: None

NOM 17.4 - Percent of children, ages 3 through 17, diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	9.9 %	1.4 %	18,688	189,471
2018_2019	8.4 %	1.3 %	15,679	187,491
2017_2018	8.9 %	1.5 %	16,795	187,997
2016_2017	9.7 %	1.5 %	18,430	189,336
2016	8.0 %	1.4 %	15,152	188,751

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 17.4 - Notes:

None

Data Alerts: None

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	64.1 %	4.6 %	21,560	33,655
2018_2019	62.2 %	4.9 %	20,154	32,404
2017_2018	54.2 %	5.5 %	14,813	27,339
2016_2017	62.7 %	5.1 %	18,112	28,889
2016	63.1 %	6.4 %	19,097	30,281

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 18 - Notes:

None

Data Alerts: None

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	93.1 %	0.9 %	210,278	225,966
2018_2019	92.5 %	1.1 %	209,356	226,386
2017_2018	89.5 %	1.5 %	202,292	226,045
2016_2017	89.2 %	1.4 %	201,219	225,626
2016	91.5 %	1.3 %	205,239	224,213

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 19 - Notes:

None

Data Alerts: None

NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)

Data Source: WIC

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2018	11.9 %	0.4 %	772	6,491
2016	12.1 %	0.4 %	801	6,647
2014	12.5 %	0.4 %	913	7,288
2012	11.3 %	0.4 %	893	7,886
2010	13.4 %	0.4 %	963	7,194
2008	13.5 %	0.4 %	1,096	8,142

Legends:

Indicator has a denominator <50 and is not reportable

Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

Data Source: Youth Risk Behavior Surveillance System (YRBSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	11.5 %	0.8 %	4,655	40,435
2017	11.7 %	0.7 %	4,739	40,406
2015	10.3 %	0.6 %	4,215	40,843
2013	9.4 %	0.5 %	3,866	41,112
2011	8.5 %	0.5 %	3,583	42,261
2009	10.3 %	1.1 %	4,474	43,345
2007	10.1 %	0.6 %	4,614	45,914
2005	9.3 %	0.7 %	4,312	46,302

Legends:

Indicator has an unweighted denominator <100 and is not reportable

Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	10.0 %	1.6 %	9,619	96,484
2018_2019	10.6 %	1.9 %	10,230	96,693
2017_2018	10.8 %	2.0 %	10,330	96,025
2016_2017	12.3 %	2.0 %	10,818	87,975
2016	12.4 %	2.2 %	10,317	83,358

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 20 - Notes:

None

Data Alerts: None

NOM 21 - Percent of children, ages 0 through 17, without health insurance

Data Source: American Community Survey (ACS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2019	6.6 %	0.8 %	14,902	227,442
2018	4.9 %	0.8 %	10,969	225,588
2017	6.4 %	1.0 %	14,636	229,879
2016	4.2 %	0.7 %	9,543	228,642
2015	7.6 %	1.1 %	17,206	225,498
2014	8.6 %	1.2 %	19,239	224,105
2013	10.3 %	1.5 %	23,082	223,805
2012	10.9 %	1.3 %	24,004	219,888
2011	12.7 %	1.3 %	28,123	220,707
2010	12.7 %	1.2 %	28,315	222,903
2009	13.3 %	1.2 %	29,339	220,142

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 21 - Notes:

None

Data Alerts: None

NOM 22.1 - Percent of children who have completed the combined 7-vaccine series (4:3:1:3*:3:1:4) by age 24 months

Data Source: National Immunization Survey (NIS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2017	64.1 %	3.8 %	8,000	12,000
2016	60.2 %	3.9 %	7,000	12,000
2015	64.6 %	3.9 %	8,000	12,000
2014	67.9 %	3.8 %	8,000	12,000
2013	57.8 %	4.0 %	7,000	12,000
2012	65.6 %	4.3 %	8,000	12,000
2011	65.3 %	3.9 %	8,000	12,000

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate >1.2

Estimates with 95% confidence interval widths >20 or that are inestimable might not be reliable

NOM 22.1 - Notes:

None

Data Alerts: None

NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza

Data Source: National Immunization Survey (NIS) – Flu

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	50.2 %	2.0 %	108,205	215,547
2019_2020	57.0 %	2.0 %	123,995	217,535
2018_2019	55.7 %	2.4 %	119,209	213,904
2017_2018	50.3 %	2.1 %	108,374	215,516
2016_2017	49.0 %	2.2 %	103,213	210,639
2015_2016	50.0 %	2.5 %	105,587	211,132
2014_2015	45.3 %	2.5 %	95,231	210,363
2013_2014	50.4 %	2.2 %	106,072	210,648
2012_2013	45.8 %	2.2 %	96,850	211,476
2011_2012	42.4 %	2.3 %	87,608	206,624
2010_2011	37.3 %	4.0 %	77,543	207,890
2009_2010	33.9 %	2.4 %	69,998	206,484

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or because the relative standard error is >0.3.

Estimates with 95% confidence interval half-widths > 10 might not be reliable

NOM 22.2 - Notes:

None

Data Alerts: None

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	73.7 %	3.2 %	48,275	65,513
2019	63.7 %	3.4 %	41,180	64,676
2018	66.4 %	3.3 %	42,323	63,771
2017	65.5 %	3.2 %	40,700	62,166
2016	55.3 %	3.3 %	34,816	62,957
2015	50.4 %	3.0 %	31,598	62,694

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate > 1.2

Estimates with 95% confidence interval widths > 20 or that are inestimable might not be reliable

NOM 22.3 - Notes:

None

Data Alerts: None

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	87.0 %	2.7 %	56,976	65,513
2019	90.1 %	2.1 %	58,274	64,676
2018	86.7 %	2.4 %	55,294	63,771
2017	90.4 %	2.0 %	56,211	62,166
2016	85.7 %	2.4 %	53,951	62,957
2015	89.5 %	1.9 %	56,095	62,694
2014	84.7 %	2.4 %	52,910	62,436
2013	84.3 %	2.6 %	51,921	61,570
2012	90.2 %	1.9 %	56,070	62,190
2011	85.0 %	3.1 %	53,577	63,063
2010	76.1 %	2.6 %	49,007	64,401
2009	63.8 %	3.1 %	41,526	65,085

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate > 1.2

Estimates with 95% confidence interval widths > 20 or that are inestimable might not be reliable

NOM 22.4 - Notes:

None

Data Alerts: None

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	75.8 %	3.1 %	49,690	65,513
2019	73.1 %	3.1 %	47,275	64,676
2018	75.6 %	3.0 %	48,189	63,771
2017	71.2 %	3.0 %	44,265	62,166
2016	67.6 %	3.1 %	42,555	62,957
2015	65.8 %	2.8 %	41,246	62,694
2014	60.3 %	3.3 %	37,615	62,436
2013	51.6 %	3.4 %	31,763	61,570
2012	58.7 %	3.4 %	36,472	62,190
2011	39.8 %	4.3 %	25,114	63,063
2010	40.2 %	3.0 %	25,884	64,401
2009	26.9 %	2.9 %	17,524	65,085

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate >1.2

Estimates with 95% confidence interval widths > 20 or that are inestimable might not be reliable

NOM 22.5 - Notes:

None

Data Alerts: None

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2020	13.2	0.7	411	31,200
2019	16.3	0.7	502	30,795
2018	17.2	0.8	531	30,787
2017	21.2	0.8	645	30,363
2016	23.7	0.9	720	30,382
2015	25.6	0.9	770	30,108
2014	26.6	0.9	807	30,342
2013	27.9	1.0	855	30,610
2012	28.7	1.0	892	31,106
2011	29.3	1.0	930	31,763
2010	35.2	1.1	1,128	32,089
2009	38.4	1.1	1,264	32,930

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 23 - Notes:

None

Data Alerts: None

NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	14.9 %	1.5 %	1,515	10,158
2019	15.2 %	1.4 %	1,612	10,606
2018	14.2 %	1.3 %	1,555	10,919
2017	15.0 %	1.2 %	1,688	11,239

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has an unweighted denominator between 30 and 59 or a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

NOM 24 - Notes:

None

Data Alerts: None

NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	2.8 %	0.5 %	6,264	225,323
2018_2019	2.4 %	0.5 %	5,452	227,328
2017_2018	2.6 %	0.7 %	5,990	227,168
2016_2017	2.7 %	0.7 %	6,196	225,698
2016	2.8 %	0.8 %	6,214	224,268

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 25 - Notes:

None

Data Alerts: None

Form 10
National Performance Measures (NPMs)

State: Montana

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Federally Available Data			
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)			
	2019	**2020**	**2021**
Annual Objective			70
Annual Indicator	73.3	69.3	68.6
Numerator	123,845	119,515	120,255
Denominator	168,903	172,352	175,425
Data Source	BRFSS	BRFSS	BRFSS
Data Source Year	2018	2019	2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	70.0	71.0	72.0	73.0

Field Level Notes for Form 10 NPMs:

None

NPM 5A - Percent of infants placed to sleep on their backs

Federally Available Data			
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)			
	2019	**2020**	**2021**
Annual Objective	82	83	84
Annual Indicator	84.3	81.7	87.4
Numerator	9,362	8,632	8,706
Denominator	11,104	10,565	9,958
Data Source	PRAMS	PRAMS	PRAMS
Data Source Year	2017	2019	2020

State Provided Data					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective	78	80	82	83	84
Annual Indicator	77.8	77.8			
Numerator					
Denominator					
Data Source	2015 Health Survey of Montana's Mothers and Babies	2015 Health Survey of Montana's Mothers and Babies			
Data Source Year	2015	2015			
Provisional or Final ?	Final	Provisional			

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	85.0	86.0	87.0	88.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**

Field Note:
2017 PRAMS raw data has finally been released to the FCHB. Analysis of the infant safe sleep information will be available for the next report.

NPM 5B - Percent of infants placed to sleep on a separate approved sleep surface

Federally Available Data			
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)			
	2019	**2020**	**2021**
Annual Objective	88	89	90
Annual Indicator	25.9	34.2	37.8
Numerator	2,795	3,557	3,578
Denominator	10,810	10,387	9,472
Data Source	PRAMS	PRAMS	PRAMS
Data Source Year	2017	2019	2020

State Provided Data					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective			88	89	90
Annual Indicator	86.5	86.5			
Numerator					
Denominator					
Data Source	2015 Health Survey of Montana's Mothers and Babies	2015 Health Survey of Montana's Mothers and Babies			
Data Source Year	2015	2015			
Provisional or Final ?	Final	Final			

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	38.0	39.0	40.0	41.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**
	Field Note: Sleeps in crib or portable crib	
2.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**
	Field Note: 2017 PRAMS raw data has finally been released to the FCHB. Analysis of the infant safe sleep information will be available for the next report.	
3.	**Field Name:**	**2022**
	Column Name:	**Annual Objective**
	Field Note: Changed to align with PRAMS as data source.	

NPM 5C - Percent of infants placed to sleep without soft objects or loose bedding

Federally Available Data			
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)			
	2019	**2020**	**2021**
Annual Objective	80	81	82
Annual Indicator	38.5	41.6	47.2
Numerator	4,169	4,335	4,472
Denominator	10,815	10,409	9,480
Data Source	PRAMS	PRAMS	PRAMS
Data Source Year	2017	2019	2020

State Provided Data					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective			80	81	82
Annual Indicator	78.6	78.6			
Numerator					
Denominator					
Data Source	2015 Health Survey of Montana's Mothers and Babies	2015 Health Survey of Montana's Mothers and Babies			
Data Source Year	2015	2015			
Provisional or Final ?	Final	Final			

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	48.0	49.0	50.0	51.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**
	Field Note: Sleeps without plush or thick blankets	
2.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**
	Field Note: 2017 PRAMS raw data has finally been released to the FCHB. Analysis of the infant safe sleep information will be available for the next report.	
3.	**Field Name:**	**2022**
	Column Name:	**Annual Objective**
	Field Note: Changed to align with PRAMS as data source.	

NPM 9 - Percent of adolescents, ages 12 through 17, who are bullied or who bully others

Federally Available Data			
Data Source: Youth Risk Behavior Surveillance System (YRBSS)			
	2019	**2020**	**2021**
Annual Objective			27
Annual Indicator	27.8	28.5	28.5
Numerator	11,393	11,853	11,853
Denominator	40,974	41,603	41,603
Data Source	YRBSS	YRBSS	YRBSS
Data Source Year	2017	2019	2019

Federally Available Data			
Data Source: National Survey of Children's Health (NSCH) - Perpetration			
	2019	**2020**	**2021**
Annual Objective			27
Annual Indicator	23.2	23.2	22.5
Numerator	16,058	16,805	17,091
Denominator	69,345	72,374	75,967
Data Source	NSCHP	NSCHP	NSCHP
Data Source Year	2018	2018_2019	2019_2020

Federally Available Data			
Data Source: National Survey of Children's Health (NSCH) - Victimization			
	2019	**2020**	**2021**
Annual Objective			27
Annual Indicator	45.2	48.9	48.1
Numerator	31,448	35,450	36,567
Denominator	69,617	72,511	75,967
Data Source	NSCHV	NSCHV	NSCHV
Data Source Year	2018	2018_2019	2019_2020

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	26.0	25.0	24.0	23.0

Field Level Notes for Form 10 NPMs:

None

NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - Children with Special Health Care Needs

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CSHCN					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective			49	50	51
Annual Indicator	47.5	39.9	36.8	43.5	45.5
Numerator	19,838	17,364	16,404	19,378	19,982
Denominator	41,760	43,541	44,607	44,583	43,885
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2016	2016_2017	2017_2018	2018_2019	2019_2020

State Provided Data					
	2017	**2018**	**2019**	**2020**	**2021**
Annual Objective			49	50	51
Annual Indicator	47.5				
Numerator	19,838				
Denominator	41,760				
Data Source	National Survey of Childrens Health NSCH				
Data Source Year	2016				
Provisional or Final ?	Final				

Annual Objectives				
2022	**2023**	**2024**	**2025**
Annual Objective	46.0	47.0	48.0	49.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**
	Field Note: This number is Percent of children with special health care needs (ONLY), ages 0 through 17, who have a medical home; NPM 11 - Percent of children without special health care needs, ages 0 through 17, who have a medical home is 54% (2016 National Survey of Children's Health Data)	
2.	**Field Name:**	**2022**
	Column Name:	**Annual Objective**
	Field Note: Changed to align with NSCH-CSHCN data source.	

NPM 13.2 - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year - Child Health

Federally Available Data			
Data Source: National Survey of Children's Health (NSCH)			
	2019	**2020**	**2021**
Annual Objective			83
Annual Indicator	82.6	82.1	80.4
Numerator	179,033	177,165	172,678
Denominator	216,777	215,773	214,747
Data Source	NSCH	NSCH	NSCH
Data Source Year	2017_2018	2018_2019	2019_2020

Annual Objectives				
	2022	**2023**	**2024**	**2025**
Annual Objective	81.0	82.0	83.0	84.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2022**
	Column Name:	**Annual Objective**

Field Note:
Changed to align with NSCH data source.

Form 10
State Performance Measures (SPMs)

State: Montana

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.

Measure Status:	Active

State Provided Data					
	2017	2018	2019	2020	2021
Annual Objective	30	29	30	30	30
Annual Indicator	27.9	37.1	35.5	41.4	40.4
Numerator	2,184	9,142	14,149	19,550	18,683
Denominator	7,839	24,666	39,874	47,216	46,279
Data Source	FCHB	FCHB	FCHB	FCHB	FCHB
Data Source Year	2017	2018	2019	2020	FFY 2021
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	35.0	35.0	35.0	35.0

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**

Field Note:
Number of CPHDs implementing changed from 6 to 10. Original objective for 2016 was 19.3.

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.

Measure Status:	Active

State Provided Data					
	2017	2018	2019	2020	2021
Annual Objective	40	40	40	40	45
Annual Indicator	40	39.5	51.1	70.1	66
Numerator	2,663	2,004	7,166	7,513	7,047
Denominator	6,658	5,077	14,036	10,714	10,677
Data Source	FCHB	FCHB	FCHB	FCHB	FCHB
Data Source Year	SFY 2017	SFY 18	FFY19	FFY20	FFY 2021
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	45.0	45.0	45.0	45.0

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**
	Field Note: Number of counties implementing SPM 2 changed (from 6 to 9), encompassing different population levels and numbers per MCH categories.	
2.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: Number of counties participating increased from 6 to 9. Also, moved tracking from state fiscal year to federal fiscal year.	

Form 10
Evidence-Based or –Informed Strategy Measures (ESMs)

State: Montana

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.

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			80
Annual Indicator			100
Numerator			4
Denominator			4
Data Source			FCHB
Data Source Year			FFY 2021
Provisional or Final ?			Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	82.0	83.0	84.0	85.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: Work on this ESM didn't begin until October 1, 2020, for FFY 2021.	
2.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: One County Public Health Department ended up having to redirect a portion of their MCHBG funding to COVID-19 response efforts. This also benefited their Women/Maternal population, but we have not included their activities here.	

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.

Measure Status:	Active

State Provided Data					
	2017	2018	2019	2020	2021
Annual Objective			80	83	92
Annual Indicator			100	91.7	100
Numerator			15	11	7
Denominator			15	12	7
Data Source			FCHB	FCHB	FCHB
Data Source Year			FFY 2019	FFY 2020	FFY 2021
Provisional or Final ?			Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	92.0	93.0	93.0	94.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**

Field Note:
This number of activities comes from 4 of 6 CPHDs who originally chose NPM 5 for their focus. The other two ended up having to redirect a portion of their MCHBG funding for COVID-19 response efforts.

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.

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			80
Annual Indicator			80
Numerator			12
Denominator			15
Data Source			FCHB
Data Source Year			FFY 2021
Provisional or Final ?			Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	82.0	83.0	84.0	85.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**

Field Note:
Work on this ESM didn't begin until October 1, 2020, for FFY 2021.

ESM 11.1 - Percent of CYSHCN receiving services from a Parent Partner.

Measure Status:	Active

State Provided Data					
	2017	2018	2019	2020	2021
Annual Objective			25	5	5
Annual Indicator			18.4	56.9	0.3
Numerator			36	132	159
Denominator			196	232	55,048
Data Source			FCHB	FCHB	FCHB
Data Source Year			FFY 2019	FFY 2020	FFY 2021
Provisional or Final ?			Final	Final	Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	18.0	19.0	20.0	21.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: With the increase of 36 more CYHSCN served by Parent Partners in FFY19, the percentage of increase is logically slowing, due to saturation at current locations. FFY20 numbers show that even more children are being reached, but objectives are being adjusted to reflect known population.	
2.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: 232 families of children with special health needs were served in FFY19. 364 families were served in FFY20. We believe the increase was partially due to COVID19 related impacts on families as many of the encounters were for an initial meeting and referral. As COVID19 continued into FFY21, the number of parent partners declined and new parent partners did not replace them. We anticipate the number served in FFY21 will be less than FFY19 or FFY20 due to the impact COVID19 had on the Parent Partner workforce and clinic priorities.	
3.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: The definition of the denominator was changed to improve the accuracy of the ESM title measure. Numerator is the total CYSHCN kids served by a Parent Partner, Denominator is total CYSHCN in Montana.	

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.

Measure Status:	Active

State Provided Data			
	2019	2020	2021
Annual Objective			80
Annual Indicator			87.5
Numerator			7
Denominator			8
Data Source			FCHB
Data Source Year			FFY 2021
Provisional or Final ?			Final

Annual Objectives				
	2022	2023	2024	2025
Annual Objective	82.0	83.0	84.0	85.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**

Field Note:
Work on this ESM didn't begin until October 1, 2020, for FFY 2021.

Form 10
State Performance Measure (SPM) Detail Sheets

State: Montana

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. Population Domain(s) – Cross-Cutting/Systems Building

Measure Status:	Active
Goal:	Support and sustain the public health system in counties with small population bases, and the ability of their health departments to serve the MCH population.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** 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 2,000 (4,500 starting in FY18) or less who choose SPM 1. **Denominator:** Total population ages 0 – 21, and women ages 22 – 44 in counties with a corresponding population of 2,000 (4,500 starting in FY18) or less who choose SPM 1.
Healthy People 2030 Objective:	ECBP-D07: Increase number of community organizations that provide preventive services.
Data Sources and Data Issues:	MCHBG County Public Health Department Annual Data Reports
Significance:	Access to care was consistently identified as a continuing health care need on the Needs Assessment Surveys and Key Informant Interviews. Montana faces a large geographic health disparity. Access to Care is a fundamental action area in five sections of the State Heatlh Improvment Plan, and one section is focused on strengthening the public health and health care system. It is also integral to a key results area of the Public Health & Safety Division Strategic Plan.

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.
Population Domain(s) – Cross-Cutting/Systems Building

Measure Status:	Active
Goal:	Address the social determinants of health by supporting County Public Health Department's ability to provide referrals to social services and health education to their clients.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Annual number of MCH clients referred to social services or provided health education by County Public Health Departments choosing SPM 2 **Denominator:** Annual number of County Public Health Department MCH clients in counties choosing SPM 2
Healthy People 2030 Objective:	ECBP-D07: Increase # of community organizations that provide prevention services.
Data Sources and Data Issues:	MCHBG County Public Health Department Annual Data Reports
Significance:	Family support and parental education have emerged as essentials which are increasingly unmet; and as having a major effect on the health of the whole MCH population, especially ages 0 to 19 years. Numerous strategies in the State Health Improvement Plan, and Public Health & Safety Division Strategic Plan address working to improve outreach in this area.

Form 10
State Outcome Measure (SOM) Detail Sheets

State: Montana

No State Outcome Measures were created by the State.

Form 10
Evidence-Based or –Informed Strategy Measures (ESM) Detail Sheets

State: Montana

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.
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>To support county public health departments who have identified increasing preventive medical visits for women as a priority need in their communities.</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Percentage</td></tr>
<tr><td>Unit Number:</td><td>100</td></tr>
<tr><td>Numerator:</td><td>Number of activity goals met to increase preventive medical visits for women, by county public health departments using MCHBG funding to support the work.</td></tr>
<tr><td>Denominator:</td><td>Total number of activity goals to increase preventive medical visits for women, by county public health departments using MCHBG funding to support the work.</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>FCHB - The number of counties choosing to use MCHBG funding to address this performance measure may change from year to year. Details on activities, goals, and evaluation plans are submitted by the CPHDs on their yearly pre-contract survey. Outcomes are reported on their annual Compliance & Activities report.</td></tr>
<tr><td>Evidence-based/informed strategy:</td><td>The CDC recognizes the value of state departments of health providing technical assistance to local health departments. The role includes help with: problem identification; problem analysis; strategy development; implementation; and evaluation.

Also, Montana's FCHB has a role similar to a backbone organization in a collective impact model. The CPHD's working on NPM 1 have these characteristics of agencies working in a collective impact framework: 1) common agenda; 2) shared measurement systems; 3) mutually reinforcing activities; 4) continuous communication; and 5) a backbone organization.

Research at the National Institutes of Health shows that improvements in health outcomes are associated with an increase in local health department expenditures, FTEs per capita, and location of health department within local networks. (https://pubmed.ncbi.nlm.nih.gov/22502924/)</td></tr>
<tr><td>Significance:</td><td>The FCHB will contract with CPHDs interested in increasing preventive medical visits for women. These counties will implement and evaluate at least two community-level activities during the fiscal year. As part of supporting these activities, the FCHB provides resources on evidence-based/informed strategies and best practices. This will raise community-level understanding on the importance of preventive medical visits for women, and the range of needs which can be addressed. The FCHB also provides training and support on community needs assessment, and on activity goal setting and evaluation.</td></tr>
</table>

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.
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

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>To support county public health departments who have identified decreasing infant deaths due to unsafe sleep conditions as a priority need in their communities.</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Percentage</td></tr>
<tr><td>Unit Number:</td><td>100</td></tr>
<tr><td>Numerator:</td><td>Number of activity goals met to decrease infant deaths due to unsafe sleep conditions, by county public health departments using MCHBG funding to support the work.</td></tr>
<tr><td>Denominator:</td><td>Total number of activity goals to decrease infant deaths due to unsafe sleep conditions, by county public health departments using MCHBG funding to support the work.</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>FCHB - The number of counties choosing to use MCHBG funding to address this performance measure may change from year to year. Details on activities, goals, and evaluation plans are submitted by the CPHDs on their yearly pre-contract survey. Outcomes are reported on their annual Compliance & Activities report.</td></tr>
<tr><td>Evidence-based/informed strategy:</td><td>The CDC recognizes the value of state departments of health providing technical assistance to local health departments. The role includes help with: problem identification; problem analysis; strategy development; implementation; and evaluation.

Also, Montana's FCHB has a role similar to a backbone organization in a collective impact model. The CPHD's working on NPM 5 have these characteristics of agencies working in a collective impact framework: 1) common agenda; 2) shared measurement systems; 3) mutually reinforcing activities; 4) continuous communication; and 5) a backbone organization.

Research at the National Institutes of Health shows that improvements in health outcomes are associated with an increase in local health department expenditures, FTEs per capita, and location of health department within local networks. (https://pubmed.ncbi.nlm.nih.gov/22502924/)</td></tr>
<tr><td>Significance:</td><td>The FCHB will contract with CPHDs interested in decreasing the rate of infant deaths due to unsafe sleep conditions. These counties will implement and evaluate at least two community-level activities during the fiscal year. This will raise community-level understanding on the importance of implementing safe sleep recommendations for infants.
The FCHB also provides training and support on community needs assessment, and on activity goal setting and evaluation.</td></tr>
</table>

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.
NPM 9 – Percent of adolescents, ages 12 through 17, who are bullied or who bully others

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>Support county public health departments who have identified decreasing the percentage of adolescents who are bullied or who bully others as a priority need in their communities.</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Percentage</td></tr>
<tr><td>Unit Number:</td><td>100</td></tr>
<tr><td>Numerator:</td><td>Number of activity goals met to reduce bullying, by county public health departments using MCHBG funding to support the work.</td></tr>
<tr><td>Denominator:</td><td>Total number of activity goals to reduce bullying, by county public health departments using MCHBG funding to support the work.</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>FCHB - The number of counties choosing to use MCHBG funding to address this performance measure may change from year to year. Details on activities, goals, and evaluation plans are submitted by the CPHDs on their yearly pre-contract survey. Outcomes are reported on their annual Compliance & Activities report.</td></tr>
<tr><td>Evidence-based/informed strategy:</td><td>The CDC recognizes the value of state departments of health providing technical assistance to local health departments. The role includes help with: problem identification; problem analysis; strategy development; implementation; and evaluation.

Also, Montana's FCHB has a role similar to a backbone organization in a collective impact model. The CPHD's working on NPM 5 have these characteristics of agencies working in a collective impact framework: 1) common agenda; 2) shared measurement systems; 3) mutually reinforcing activities; 4) continuous communication; and 5) a backbone organization.

Research at the National Institutes of Health shows that improvements in health outcomes are associated with an increase in local health department expenditures, FTEs per capita, and location of health department within local networks. (https://pubmed.ncbi.nlm.nih.gov/22502924/)</td></tr>
<tr><td>Significance:</td><td>The FCHB will contract with CPHDs interested in decreasing the percentage of adolescents who are bullied or who bully others. These counties will implement and evaluate at least two community-level activities during the fiscal year. As part of supporting these activities, the FCHB provides resources on evidence-based/informed strategies and best practices. This will raise community-level understanding on the importance of bullying prevention, and the related negative behaviors which can be reduced. The FCHB also provides training and support on community needs assessment, and on activity goal setting and evaluation.</td></tr>
</table>

ESM 11.1 - Percent of CYSHCN receiving services from a Parent Partner.
NPM 11 – Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Measure Status:	Active
Goal:	Increase number of CYSHCN receiving services from a Parent Partner in FFY 2021.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of Title V served CYSHCN receiving services from a Parent Partner in FFY21. **Denominator:** Number of CYSHCN receiving services from Title V FFY21.
Data Sources and Data Issues:	Child Health Referral Information System (CHRIS) and Montana NSCH Data
Evidence-based/informed strategy:	Family Peer support programs have been in existence for decades, building off of traditional workforces such as peers, community health workers and doulas. Evidence suggests that peer to peer relationships between parents and caregivers can provide benefits such as increasing the self-efficacy of families and decreasing social isolation (SAMSHA - https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/family-parent-caregiver-support-behavioral-health-2017.pdf) This ESM contributes to the wrap-around services for CYSHCN that their providers can have available. This expands the medical home support system.
Significance:	The definition for denominator was modified to accurately capture the equation needed to determine percent of Title V served CYSHCN who receiver services from a Parent Partner. The Montana Parent Partner Program will continue to expand in FFY 22 through increased operational efficiency and performance monitoring metrics. Parent Partners assist families with the 'non-medical' parts of the medical home, helping them to access much needed services and supports in their communities

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.
NPM 13.2 – Percent of children, ages 1 through 17, who had a preventive dental visit in the past year

Measure Status:	Active
Goal:	Support county public health departments who have identified increasing preventive dental visits for children as a priority need in their communities.
Definition:	<table><tr><td>**Unit Type:**</td><td>Percentage</td></tr><tr><td>**Unit Number:**</td><td>100</td></tr><tr><td>**Numerator:**</td><td>Number of activity goals met to increase preventive dental visits for children, by county public health departments using MCHBG funding to support the work.</td></tr><tr><td>**Denominator:**</td><td>Total number of activity goals to increase preventive dental visits for children, by county public health departments using MCHBG funding to support the work.</td></tr></table>
Data Sources and Data Issues:	FCHB - The number of counties choosing to use MCHBG funding to address this performance measure may change from year to year. Details on activities, goals, and evaluation plans are submitted by the CPHDs on their yearly pre-contract survey. Outcomes are reported on their annual Compliance & Activities report.
Evidence-based/informed strategy:	The CDC recognizes the value of state departments of health providing technical assistance to local health departments. The role includes help with: problem identification; problem analysis; strategy development; implementation; and evaluation. Also, Montana's FCHB has a role similar to a backbone organization in a collective impact model. The CPHD's working on NPM 1 have these characteristics of agencies working in a collective impact framework: 1) common agenda; 2) shared measurement systems; 3) mutually reinforcing activities; 4) continuous communication; and 5) a backbone organization. Research at the National Institutes of Health shows that improvements in health outcomes are associated with an increase in local health department expenditures, FTEs per capita, and location of health department within local networks. (https://pubmed.ncbi.nlm.nih.gov/22502924/)
Significance:	The FCHB will contract with CPHDs interested in increasing preventive dental visits for children. These counties will implement and evaluate at least two community-level activities during the fiscal year. As part of supporting these activities, the FCHB provides resources on evidence-based/informed strategies and best practices. This will raise community-level understanding on the importance of preventive dental visits for children. The FCHB also provides training and support on community needs assessment, and on activity goal setting and evaluation.

Form 11
Other State Data

State: Montana

The Form 11 data are available for review via the link below.

Form 11 Data

Form 12
MCH Data Access and Linkages

State: Montana

Annual Report Year 2021

	Access				Linkages	
Data Sources	(A) State Title V Program has Consistent Annual Access to Data Source	(B) State Title V Program has Access to an Electronic Data Source	(C) Describe Periodicity	(D) Indicate Lag Length for Most Timely Data Available in Number of Months	(E) Data Source is Linked to Vital Records Birth	(F) Data Source is Linked to Another Data Source
1) Vital Records Birth	Yes	Yes	Monthly	3		
2) Vital Records Death	No	No	Never	NA	No	
3) Medicaid	Yes	Yes	Daily	0	No	
4) WIC	Yes	Yes	Daily	0	No	
5) Newborn Bloodspot Screening	Yes	No	Annually	0	No	
6) Newborn Hearing Screening	Yes	Yes	Daily	0	Yes	
7) Hospital Discharge	Yes	Yes	Quarterly	6	No	
8) PRAMS or PRAMS-like	Yes	Yes	Annually	4	Yes	

Form Notes for Form 12:

None

Field Level Notes for Form 12:

Data Source Name:	**1) Vital Records Birth**
	Field Note: Vital Records Birth – read only access to VR Birth for connection with the CHRIS System
Data Source Name:	**2) Vital Records Death**
	Field Note: Vital Records Death – read only access to VR Birth for connection with the CHRIS System
Data Source Name:	**3) Medicaid**
	Field Note: Medicaid – Access through MPATH Enterprise Data Warehouse
Data Source Name:	**4) WIC**
	Field Note: WIC – ECFSD manages the M-SPIRIT database, primary data system for Montana WIC
Data Source Name:	**5) Newborn Bloodspot Screening**
	Field Note: Newborn Bloodspot Screening – currently no active connection. Data gathered manually on an annual basis.
Data Source Name:	**6) Newborn Hearing Screening**
	Field Note: Newborn Hearing Screening – Access via the CHRIS System
Data Source Name:	**7) Hospital Discharge**
	Field Note: Hospital Discharge – Epidemiologist has access.
Data Source Name:	**8) PRAMS or PRAMS-like**
	Field Note: ECFSD/FCHB manages the PRAMS project.