Maternal and Child Health Services Title V Block Grant

Montana

FY 2024 Application/ FY 2022 Annual Report

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I. General Requirements

I.A. Letter of Transmittal

MONTANA DPHHS
Healthy People. Healthy Communities.

Department of Public Health and Human Services
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Helena, MT 59620-4210 ♦ Phone: 406-444-1958 or 866-239-0458 ♦ Fax: 406-444-2750
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Greg Gianforte, Governor
Charles T. Brereton, Director

July 31, 2023

Shirley Payne, PhD, MPH
Director, Division of State and Community Health
Maternal and Child Health Bureau
Health Resources and Services Division
Rockville, Maryland 220857

Dear Ms. Payne:

Enclosed is Montana's application for the 2024 Title V Maternal and Child Health Block Grant (MCHBG) and 2022 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 workplace.

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

Sincerely,

Tracy Moseman, 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: January 31, 2024.

III. Components of the Application/Annual Report

III.A. Executive Summary

III.A.1. Program Overview

Introduction

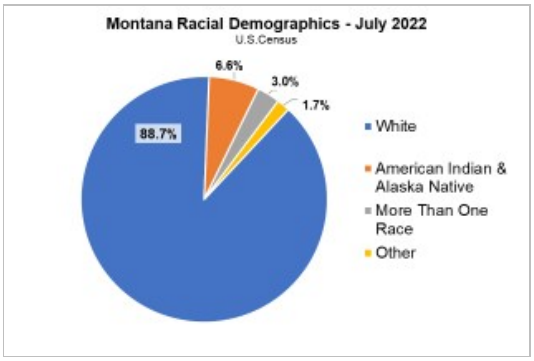
Montana's Title V Maternal & Child Health Block Grant (MCHBG) is administered by the Family & Community Health Bureau (FCHB), in the Early Childhood and Family Support Division (ECFSD) at the Department of Public Health & Human Services (DPHHS). Within the ECFSD, several programs and services aimed at 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 *2024 Application & 2022 Annual Report (A&R)* highlights the work to improve the health of Montana's (MT's) women, infants, and children; and covers the third year of a 5-year cycle. Priorities for Federal Fiscal Years (FFYs) 2021-2025 were selected as the result of the *2020 Statewide 5-Year Needs Assessment (NA)*. Key information on performance measures is presented under the following domain categories: Women & Maternal; Perinatal & Infant; Children; Adolescent; Children & Youth with Special Health Care Needs (CYSHCN); and, Cross-Cutting/Systems-Building.

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

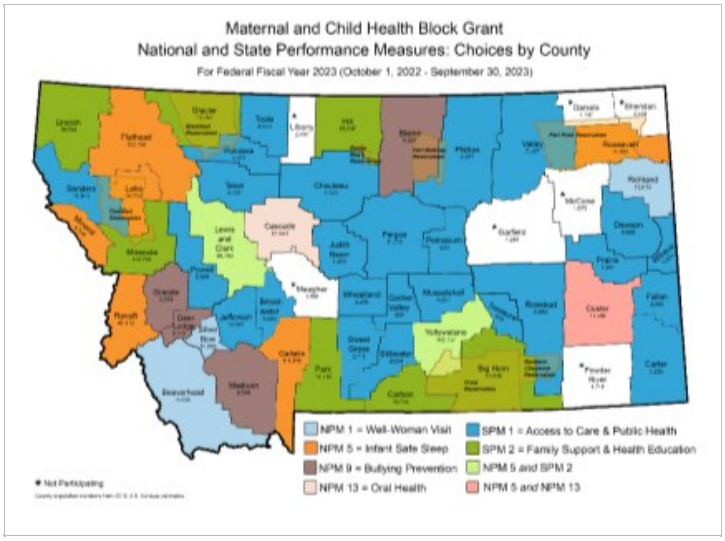
- Access to Public Health Services
- Bullying Prevention
- Family Support & Health Education
- Infant Safe Sleep
- Medical Home
- Children's Oral Health
- Women's Preventive Healthcare

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



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

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



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

Population Domains - Activities Report

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

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

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

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

The MT Obstetrics and Maternal Support (MOMS) Program is a NPM 1 partner, and has its own metric regarding annual well-woman visits. During FFY22, MOMS staff addressed NPM 1 through a partnership with Medicaid to increase the

number and quality of postpartum visits. MOMS also distributed mini-grants to organizations, which included six CPHDs, working to improve maternal health care delivery and outcomes. In FFY23, MOMS is contracting with the *University of Montana Rural Institute for Inclusive Communities* for research to gather more information on maternal health, focusing on the experiences of pregnant people and providers within the health system. Analysis and reporting on these studies is underway.

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

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

For FFY 2023, the nine CPHDs focusing on NPM 5 are implementing twenty activities. Fifteen are education-related, with most aimed at caregivers and parents. All of these education activities are using evidence-based/informed materials, the majority from the American Academy of Pediatrics, but also include: Cribs for Kids Safe Sleep Ambassadors; Safe to Sleep; and Charlie's Kids. Three CPHDs are working on infant safe sleep for their FICMMR injury prevention activity in FFY 2023. Their activities are also directed to education of participants at partner organizations: WIC; childcare facilities; pediatric physicians; and hospital staff.

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

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

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

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

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

education and materials to students, with links to online resources; and evidence-based suicide awareness and prevention training for students and staff.

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

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

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

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

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

Cross-Cutting/Systems-Building:

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

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

Family Support & Health Education *(SPM 2):*

SPM 2 was created for CPHDs to 1) refer vulnerable families to community services, with follow-up; and 2) provide basic health education, especially in caring for infants and children.
FFY22 marks the seventh year CPHDs could select SPM 2. Many CPHD's activities for this year have identified specific referral topic areas for quality improvement, such as internal business processes, and referrals tracking. SPM 2 has proven

to be a flexible performance measure, helping CPHDs to meet their client's social determinants of health needs. The number working on SPM 2 for both FFYs 22 and 23 is nine.

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

Closing

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

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

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

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

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

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

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

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

III.A.3. MCH Success Story

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

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

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

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

Screening and Services for Child's Hearing Impairment

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

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

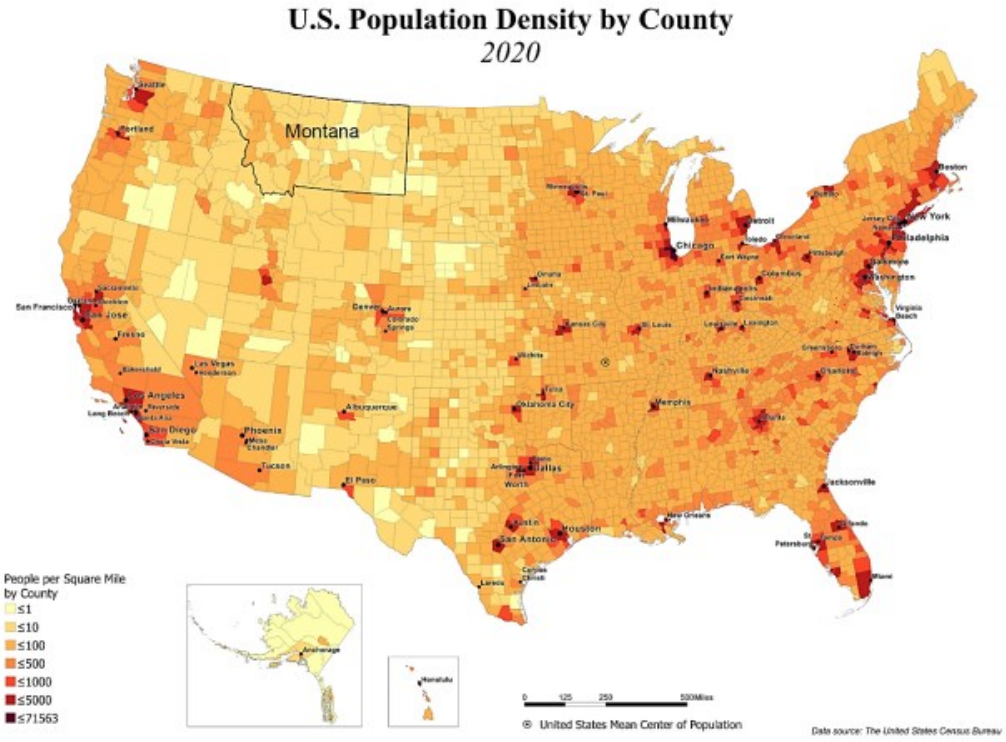
III.B. Overview of the State

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 MCHBG services.

Montana is the fourth largest state in size, at 145,546 square miles. As of July 2022, Montana's population was 1,122,867 – which averages to a population density of 7.7 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 U.S. Census American Community Survey 2017-2021 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: ACS 2017-2021 Estimate of Resident Population by Race for Montana		
Race	**Population Count**	**Population Percent**
White	916,524	88.7%
American Indian and Alaska Native	67,612	6.6%
Asian	8,300	1.0%
Black or African American	5,484	0.6%
Native Hawaiian and Other Pacific Islander	941	0.1%
Other Race	14,089	1.3%
Two or More Races	71,275	3.0%

Montana's seven American Indian reservations and the Little Shell Chippewa, a federally recognized landless tribe, are each 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 U.S. Census American Community 2017-2021 estimate, American Indians equal 6.6% of Montana's population, or approximately 67,612 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.

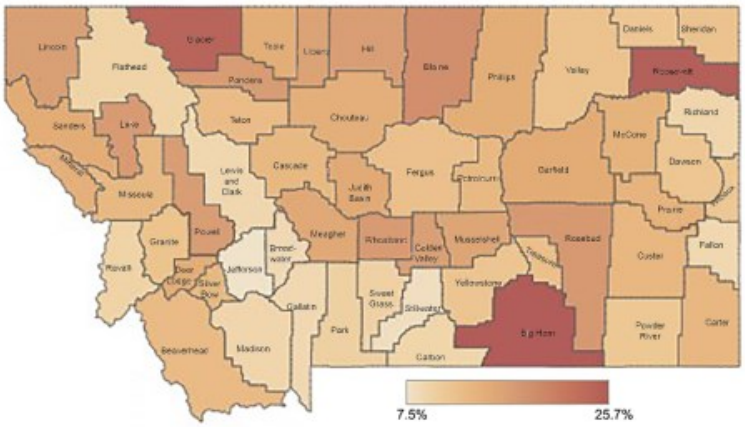
The Little Shell Chippewa Tribe, which received federal recognition in December 2019, is without a reservation or land base. With approximately 5,400 members, there are population concentrations in numerous cities and towns across Montana and in other states. Many changes are expected during the next decade as federal recognition is implemented. The legislation included 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, using 2021 American Community Survey (ACS) 5-year estimates. The median age for the whole state in 2021 was 40 years.

U.S. Census: American Community Survey 2021 Estimates **Montana's American Indian Reservations - Geographic Area Demographics** Selected Race and Maternal & Child Health Block Grant Population Categories							
Category	**Blackfeet**	**Crow**	**Flathead**	**Fort Belknap**	**Fort Peck**	**Northern Cheyenne**	**Rocky Boy's**
Total Population	10,706	7,351	31,631	3,627	10,366	4,749	2,341
Median Age*	30.6	28.3	41.0	26.8	30.0	23.0	22.4
Count A.I./A.N.	9,058	5,450	7,673	3,142	6,596	4,040	1,947
Percent A.I./A.N.	**84.6%**	**74.1%**	**24.3%**	**86.6%**	**63.6%**	**85.1%**	**83.2%**
Count White	1,195	1,228	19,507	132	2,558	222	29
Percent White	11.2%	16.7%	61.7%	3.6%	24.7%	4.7%	1.2%
Age Under 5 Years	900	680	1,823	327	1,051	558	320
Age 5-19 Years	2,735	2,222	6,641	1,126	2,786	1,576	684
Females Ages 15-44	2,215	1,425	5,306	801	1,984	1,048	562
A.I./A.N. = American Indian / Alaska Native * Median Age in U.S. is 38.4, and in MT 40.0							

The 2021 ACS 5-year estimated average median household income in Montana was $60,560 compared to the U.S. total average of $69,021. Under the same survey: Montana's per capita income was $34,423, compared to the U.S. average of $37,638; 15.2% of MT's children under age 18 were living below the federal poverty level compared to the US rate of 17%, and 17.7% of MT's children under the age of 5, compared to the US rate of 18.5%. Poverty rates vary greatly by county, from a high of 25.7% in Big Horn to a low of 7.5% in Jefferson. This is shown in detail on the following map.

Poverty in Montana: 2021 Relative Percent by County



Made by Montana Census & Economic Information Center. Sources: American Community Survey 5-Year Data Profiles; and Small Area Income and Poverty Estimates - U.S. Census Bureau.

According to Montana's Office of Public Instruction, the high school graduation rate in the 2020-2021 school year was 86.13%, and the overall dropout rate 3.75%. However, the dropout rate for the American Indian population over the same timeframe was 8%. The ACS 2021 5-year estimate for ages 25-plus in Montana with a bachelor's degree or higher was 35.7%, very similar to the U.S. rate of 35.4%.

Health Services Infrastructure

All of Montana's counties are designated as medically underserved in at least one of the three disciplines: Primary Care, Mental Health, and Dental Health. According to the 2021 Montana Behavioral Risk Factor Surveillance System (BRFSS) Annual Report, the prevalence of no personal health care provider among Montanans ages 18 and older was 19.1%, compared to the U.S. percentage of 16.0%.

Up until 2023, there were no medical schools in Montana. However, now there are two medical schools opening in the state: a satellite campus of the for-profit Rocky Vista University College of Osteopathic Medicine in Billings will accept its first class of students in July 2023; and a non-profit school in Great Falls, anchored by the Touro College and University System opening in the Fall.

Since 1971, Montana has been a part of a cooperative program between the University of Washington School of Medicine and the Montana University System. Known as the WWAMI Medical Education Program, it makes it possible for thirty Montana students per year to enter the University of Washington School of Medicine. The Montana students who are admitted to this program complete the first one and a half years of medical school at Montana State University and the final two and a half years at the University of Washington in Seattle, Washington. During their third and fourth years students work in hospitals and clinics rather than classrooms. Students in the WWAMI Program can take third and fourth year courses not only in the Seattle area but also in a number of other sites in the states of Washington, Wyoming, Alaska, Montana, and Idaho.

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 twenty-two with 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. The Primary Care Office (PCO) annually reviews the 56 counties' HPSA scores. Currently, 51 are a mental health HPSA, 49 are a primary care HPSA, and 38 are a dental health HPSA, which indicates that the county experience challenges to access healthcare.

Since 2013, the Oral Health Program has used dental HPSA scores to determine the location of the University of Washington-School of Dentistry (UWSOD) 4th year students to complete their dental rotation. During FFYs 2018-2022, the UWSOD blended their HRSA Grants to States to Support Oral Health Workforce Activities funding to support 51 student rotations in 17 HPSA sites. These students reported 2,607 patients who received one or several of the 4,846 preventive oral

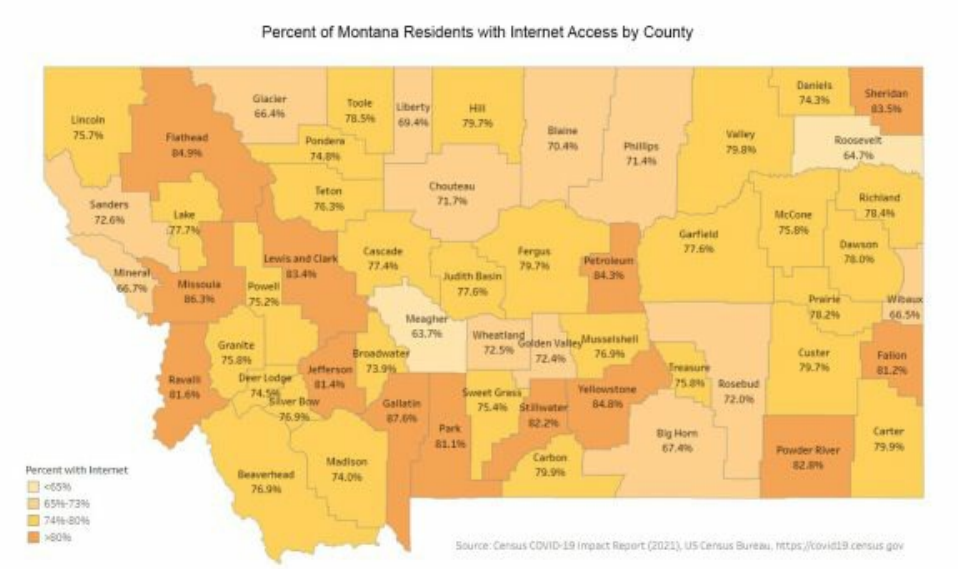
health procedures.

Healthcare specialties may be available in more populous areas of the state, or out-of-state travel may be required to access appropriate care. For example: a child living in Plentywood (the star on the following map) has an asthma attack and requires specialized medical attention. Their access options are to either drive 353 road miles or fly 220 aeronautical miles to the closest provider and level IV NICU in Billings. The nearest FQHC is in Glendive only 137 miles away. The numbers on the map represent counties with less than 2,000 residents: from 496 in Petroleum (#1) to 1,959 in Liberty (#12).

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 PCO oversees the J-1 Visa Waiver Program that relies on HPSA scores to determine if a specialist can practice in the area. In FFY 21, six of the ten slots were filled by hospitalists, pulmonologists, psychiatrists, and a rehabilitation specialist practicing in Billings and Great Falls.

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; what is the level of community and support services; is there any system of care for Children & Youth with Special Health Care Needs; what is the availability of telehealth services; is internet and cell phone coverage adequate; and, how built environment, which looks quite different in rural towns, impact their family?

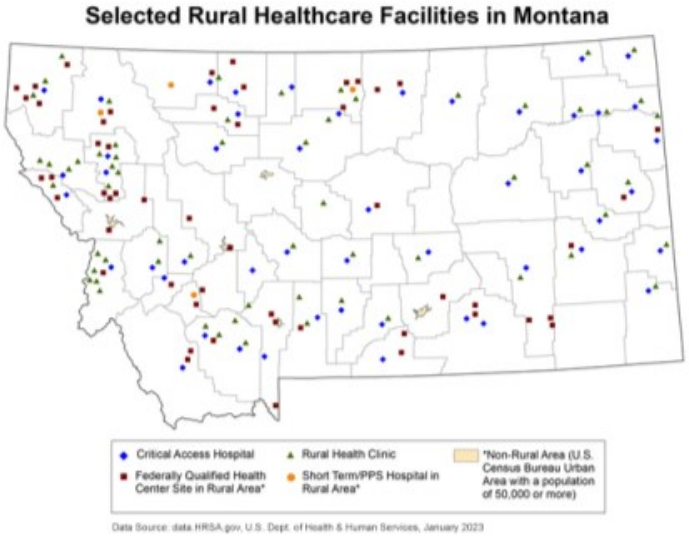
The following map shows the 2021 percentage of residents who have internet access by county for the state. It ranges from a high of 87.6% in Gallatin, to a low of 63.7% in Meagher.



Montanans have several options for accessing affordable healthcare services, which include; Indian Health Services; Critical Access Hospitals, and Tribal Health Departments.

While Montana's larger rural communities are served by hospitals, most of rural Montana is served by Critical Access Hospitals (CAH). According to the 2021 Montana's Rural Health Plan, there are 66 licensed hospitals, of which 49 are designated as Critical Access Hospitals (CAH) which have a 25-bed limit, and even among those communities with CAHs there is great disparity in the services offered, and the depth of the medical delivery system. Montanans can also access services at one of the 61 rural health clinics; four Short Term/Prospective Payment System (PPS) hospitals; one of the 15 Federally Qualified Health Centers and their Satellites, Seasonal and Migrant Clinics; American Indians are able to access care at their Reservation's Indian Health Services and Tribal Health Departments, and at Urban Indian Health Centers located in Billings, Butte, Missoula, Helena, and Great Falls.

However, the map on the next page shows the maldistribution of these services, and lack of options in the eastern third of the state:



School nurses are not mandated by Montana Law. Montana has one of the highest school nurse to student ratios in the country: 1 school nurse to nearly 2,000 students. Twenty-six of 56 counties have no school nurse at all, and 98% of Montana students have no registered professional school nurse or too few school nurses in their county. Many school nurses serve more than one school and spend precious time travelling between campuses.

Many CPHDs that selected SPM 1, reported that their nurses provided services in their local schools which help to bridge gaps in care, such as: administering medication; vaccinations; hearing and vision screening; disease surveillance; and health education. They also provide services such as immunizations, and family planning to county residents, as well as providing education and referrals to social services.

Detailed characteristics of Montana's maternal and child population groups are described in the 2020 Statewide 5-Year MCH Needs Assessment Summary and 2023 Needs Assessment Update. This includes: health status; needs; and emerging issues and factors impacting service delivery. Seven priority areas were identified, listed here by population domain:

- Perinatal & Infant: *Infant Mortality*
- Children: *Oral Health*
- Adolescent: *Bullying Prevention*
- Women & Maternal: *Annual Preventive Healthcare Visit*
- Children and Youth 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 Maternal & Child Health Block Grant (MCHBG) Service Delivery

Montana's MCHBG 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 for providing public health services (https://www.cdc.gov/publichealthgateway/sitesgovernance/index.html), which 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 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 MCHBG funding is directly supporting CPHDs in 49 counties in FFY 2023 and is 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; 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 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 2022, Montana received a total of $2,315,433.

Historically, based on the funding formula, the CPHDs have received 45% of the state's total. In FFY 2022, the counties received $972,236 in MCHBG funding to provide services to their county's maternal and child population. Other expenditure categories were as follows: the CSHS section expended $773,939 providing services to *Children & Youth with Special Health Care Needs (CYSHCN);* $231,543 was spent on state-level administrative costs; and $337,715 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.

On March 31, 2023, the Medicaid waivers ended which were put into place during the COVID-19 pandemic to make sure people had Medicaid or CHIP coverage. States then began deciding who still qualifies for coverage. Beginning in April, and over the course of 2023, DPHHS is evaluating current Medicaid and HMK members' eligibility for continued coverage. It is renewing or terminating coverage as appropriate.

Montana Medicaid includes the following coverage groups that all have different eligibility requirements: Infants and Children including Newborn Coverage, Healthy Montana Kids Plus (Children's Medicaid), Healthy Montana Kids (Children's Health Insurance Program), Subsidized Adoptions, Subsidized Guardianship and Foster Care; Pregnant Women; Low Income Adults with a Severe Disabling Mental Illness (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 November 2022, 62,552 adult women were enrolled in Montana Medicaid Expansion, and 39,662 adult women were enrolled in all other (traditional) Medicaid programs. Additionally, 1,353 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.

The 2023 Montana Legislature voted for a state budget that contains $6.2 million in state and federal funds over the next two years to extend continuous postpartum eligibility from 60 days to 12 months after pregnancy. That would ensure coverage for between 1,000 and 2,000 additional parents in the state each year, according to federal and state estimates.

As of November 2022, there were 28,733 children enrolled in the Healthy Montana Kids (HMK) (CHIP) and the HMK Plus CHIP Expansion population, and there were 120,510 children ages 0-20 enrolled in all other Medicaid programs, including: Blind and Disabled; and Foster Care.

In addition to public insurance options, private insurance also covers much of the population. The ACA Federally Facilitated Marketplace enrollment for 2022 was 51,134. Table 3. outlines sources of health insurance for Montana, as reported by the Montana Healthcare Foundation:

Table 3: 2021 Estimates of Resident Population by Insurance Coverage Type for Montana

Insurance Coverage Type	Population Count	Population Percent
Employer-Based Alone	440,313	40.45%
Direct-Purchase Alone	86,382	7.94%
Medicare Alone	79,102	7.27%
Medicaid Alone	158,456	14.56%
TRICARE / Military Alone	16,224	1.49%
VA Care Alone	4,133	.38%
Two or More Types of Health Insurance	214,454	19.7%
No Health Insurance Coverage	89,432	8.22%
Total Noninstitutionalized Population	1,088,496	100.00%

III.C. Needs Assessment
FY 2024 Application/FY 2022 Annual Report Update

Maternal & Child Health Partner Programs: FFY 2022 Needs Assessments

For ongoing needs assessment work in the interim years between Title V MCHBG 5-Year Statewide Needs Assessments, Montana's program benefits from partnerships with other maternal and child health programs housed in the Family and Community Health Bureau (FCHB). This narrative begins with brief summaries of several needs assessments completed in FFY 2022.

Children's Special Health Services Section (CSHS): Cleft Clinic Needs Assessment 2022

The current system of state-funded Cleft Clinics (Clinics) was established many decades ago, and the landscape of healthcare and available providers has changed significantly since then. In recent years, several trends have emerged that prompted the need for this assessment. These concerns include a lack of consistent state-based funding, a burdensome administrative system, decreasing ability for providers to volunteer their services at the Clinics, and a decreasing number of participants attending the Clinics.

Today, the Clinics still provide a convenient way for 150 patients each year to see approximately 8-10 providers in a single day, receive basic evaluations from each, and then receive a plan of care for Cleft Lip and Palate (CL/P) or other craniofacial conditions, based on the team of providers seen. Within MT there are approximately 800-850 people aged 0-17 years old with CL/P who would benefit from annual team-based care planning. While ACPA still recommends team-based care as best practice, there are alternative and improved ways to achieve an interdisciplinary approach to CL/P that would better fit the existing healthcare landscape.

Montana now has: greater access to pediatric specialists across the state; improved access to specialists outside of Clinics; increasing telehealth capacity; and larger, more complex medical systems forming networks across the state for coordinating and maintaining care. Together, all these factors improve patient CL/P care and access. When considering a redesign of the Clinics statewide, however, numerous differences across communities and healthcare systems make it unlikely that one model would be the best option across all communities in MT.

The Cleft Clinic Needs Assessment identified the following general opportunities for improvements:

Increase Access

- Consider telehealth options for access to Clinics in rural areas.
- Investigate low-cost ways to establish Clinics in population centers that currently lack Clinics (Helena, Kalispell, Bozeman).
- Provide additional support to American Indian / Alaska Native communities to narrow racial disparities in CL/P access and specialized care.

Establish Strategic Partners

- Study establishing a connection or partnership with MT State University College of Nursing to support a Bozeman-based Clinic or statewide care coordination center.
- Determine whether MT School for the Deaf and Blind (Great Falls) could provide the necessary screenings and evaluations at the Clinics at little or no charge.
- Intermountain Healthcare, based in Salt Lake City, has recently merged with St. Vincent's Healthcare in Billings, MT. They provide ACPA-standard CL/P care and may be able to make this CL/P care available to patients in the Billings area.
- Shriners Hospital for Children provides CL/P nationally and internationally. It may be possible to establish MT-

based access through a combination of telemedicine and financial support.
- Work with Office of Public Instruction and local school districts to ensure that they understand how to support patients in using the Clinics, and that individualized education plans and legal implications of *Section 504 of the Rehabilitation Act of 1973* are applied equitably to people with CL/P.

Ensure Stable Funding for SFY 2027 and Beyond

- Work with MT Medicaid to increase reimbursement rates billed for HCPCS T1025 and T1024.
- Increase the number of private insurers that cover the HCPCS T1025 and T1024.
- Understand all of the possible procedures that could be conducted at the Clinics by each participating provider type and provide education to providers.
- Improve and ensure adequacy of MT Medicaid reimbursement rates for those specific procedures that could be conducted and billed at Clinics (if billing by individual provider and procedure).
- Consider applying for grants that could contribute to "baseline" funding for Clinics starting in SFY 2027.
- Engage in continuous research and conversation with healthcare partners to identify long-term or consistently sustainable financial structures for Clinics.

Improve Quality in Clinics

- Use an Electronic Health Record system.
- Research and replace the CHRIS system with one that better suited to the needs of the Clinics. Consider a system that will allow each provider to electronically chart in real time and access the charts between Clinics. Review providers note templates and work with providers to improve and modernize these.
- Further investigate the lack of participation from orthodontic specialists and support changes to incentivize their involvement.
- Advocate for the presence of mental health professionals on the Clinic team.
- Encourage the inclusion of pediatricians on the Clinic team.
- Promote CL/P continuing education opportunities for all providers who participate in Clinics.
- Consider creating a Community of Learning (COL) or other quality improvement collaborative to bring Clinic site Coordinators and teams together to collaborate on QI projects across sites.
- Develop and use a robust patient registry that can follow patients from infancy to adulthood.

Increase Public Knowledge

- Update the Department of Public Health & Human Services (DPHHS) website with additional information, including: how the Clinics are administered; what is covered by insurance; and the providers that families will have access to through the Clinics.
- Consider regular press releases or other media stories that promote CL/P general knowledge and Clinic awareness specifically.
- Provide suggested information and wording to participating Clinic sites for their websites and patient materials.

MT Access to Pediatric Psychiatry Network Access Line: 2022 Needs Assessment

The purpose of the MT Access to Pediatric Psychiatry Network (MAPP-Net) 2022 Needs Assessment was to update the 2019 MAPP-Net Needs Assessment, with a specific focus on the MAPP-Net Access Line. Since its implementation in 2019, the MAPP-Net Access Line has been under-utilized in MT, despite the broad support and enthusiasm indicated by participants in the 2019 Needs Assessment. The information in the 2022 Needs Assessment was intended to identify the reasons for underutilization and to inform programmatic changes.

To gather and report data on the under-utilization of the MAPP-Net Access Line, the University of MT Rural Institute for

Inclusive Communities (UMRIIC) Evaluation Team developed and implemented evaluation activities, including a statewide survey of MAPP-Net enrollees and MAPP-Net Project ECHO participants. They also conducted 12 key informant interviews with stakeholders identified in collaboration with MT DPHHS and the coordinating organization.

The UMRIIC Evaluation Team sent the Access Line Survey to 107 MAPP-Net enrollees and 256 Project ECHO participants between October 3, 2022 and October 21, 2022. In total, there were 65 responses. Of those, 24 (37%) were MAPP-Net enrollees and 41 (63%) were Project ECHO participants.

Drawing on the data collected in this evaluation of the MAPP-Net Access Line, the UMRIIC Evaluation Team made the following recommendations for the MAPP-Net Program with the objective of improving utilization of the Access Line.

1. Increase awareness of the MAPP-Net Access Line and work to build trust within the community of mental/behavior healthcare providers. Strategies for improving awareness of the program may include expanding outreach to wider-audiences, developing audience-specific messaging, and collecting and sharing success stories from providers who utilize the Access Line.
2. Designate a program champion. This person should be a Child and Adolescent Psychiatrist or a Primary Care Physician who serves as the face of the program, helps staff the Access Line, and assists with outreach efforts across the state.
3. Improve the efficiency of the enrollment process for utilizing the Access Line. Improvements to the call service process should take into consideration the following:
    - All requests submitted online are directed to the Child and Adolescent Psychiatrist staffing the line.
    - When providers submit an online request, provide an opportunity for the provider to schedule a time to speak with the Child and Adolescent Psychiatrist directly.
    - For providers phoning into the Access Line, prioritize the shortest call back time possible.

4. Maintain an Advisory Board consisting of diverse group of key stakeholders (mental/behavioral health care providers, physicians, pediatricians, parents, and youth) to guide MAPP-Net decision-making and inform program strategies.

Montana Obstetrics & Maternal Support (MOMS) Program

The MOMS Program supported the MCHBG with several studies aimed at informing challenges and nuances related to NPM1: Well-Woman Visit, with the ultimate aim to elevate maternal health as a priority health issue in Montana.

The MOMS Program contracted with the University of Montana Rural Institute for Inclusive Communities (UMRIIC) for data collection and analysis, evaluation, and research services. Their staff launched several research projects to gather more information on maternal health, focusing on the experiences of pregnant people and providers within the health system:

- A provider survey: *Understanding and Improving Barriers to Treatment and Care of Postpartum Depression* aimed to identify provider bias related to the treatment and care of pregnant women with substance use disorder.

- A study: *Facilitators and Barriers to Seeking Postpartum Care* aimed to identify risk and protective factors associated with seeking care for postpartum depression symptoms among Montana women who use substances.

- A patient survey: *Maternal Health Care Experiences* gathered information on patient experiences interacting with the healthcare system before, during, and after pregnancy to identify unmet needs. The information from these surveys was used for Year-4 MOMS Strategic Planning in June 2022, which included staff representing Billings Clinic, UMRIIC, the MOMS Program Coordinator, and the Title V Director/MCHC Supervisor. Additionally, the results are being considered as a part of ongoing Title V MCHBG needs assessment data collection.

Maternal & Child Health Partner Programs: Current Needs Assessment Activities

This portion of the narrative details several needs assessment activities by partner programs which are currently underway.

Adolescent Health Needs Assessment

Work on the Adolescent Health Needs Assessment began in earnest in January 2023, with partial funding support from the MCHBG. To begin, Adolescent Health Program staff created, modified, and edited a list of health indicators to guide the assessment. The list has been organized based on a social-ecological model to ensure a holistic approach. Substantial secondary data has been collected from several sources, including Youth Risk Behavior Surveillance System; Behavioral Risk Factor Surveillance System; and Prevention Needs Assessment Youth Survey. To help shape and inform the focus group questions, seven key informant interviews were conducted.

Institutional Review Board (IRB) approval for statewide adolescent focus groups was obtained from the University of Montana IRB. Only one focus group has been conducted, although significant efforts continue to be made to recruit adolescents from across the state for these groups. Individual IRB applications were also written and submitted to seven tribal college IRBs. Conversations with tribal leaders (with additional approvals needed at the tribal level) are being conducted on behalf of the team by the DPHHS American Indian Health Director.

Finally, two surveys were created and sent out to collect additional primary data. The first survey, S*ex Education in Montana Schools*, was sent out to all public and private middle and high school principals or superintendents listed in the OPI Directory of Montana Schools. To-date, 44 responses have been received. The second survey titled *Montana Adolescent Health Survey for Educators, Healthcare Professionals, and Community Members*, was also initially sent to all public and private high school and middle school principals. The email asked those recipients to please forward the email/survey on to anyone in their school district, healthcare system, or clubs/groups/organizations in their community that routinely interact with adolescents. To date, 86 responses from this second survey have been received.

By late September 2023, it is expected that primary data collection will be complete, and a preliminary report provided for review. A final report will be completed in November 2023, and dissemination to stakeholders will occur in December. All Tribal data collected on tribal lands will be given to those individual tribal nations.

Oral Health Program (OHP)

The OHP began work on the 2024 Oral Health Workforce Assessment with *WIM, LLC* in March 2023, during an OH Partner's Stakeholder meeting attended by 40+ individuals and organizations all with a vested interest in improving access to oral health services. These stakeholders included: advocates and families for adults and children with disabilities and special healthcare needs; dentists; dental hygienists; university systems; and tribal public health.

The 2024 Oral Health Workforce Assessment aims to provide additional insight to trends in the oral health workforce in Montana, and the impact of COVID-19 on the field. The OHP will use the 2024 Assessment as a guide for future workforce development projects, which includes targeting the areas and populations most in need of oral health providers.

Title V MCHBG: Current Needs Assessment Activities

Statewide 5-Year 2025 Needs Assessment: Phase 1 and 2 Activities and Purpose

In January 2023, Montana's Title V MCHBG Program began discussion with UMRIIC on Phase 1 of work for the Statewide 5-Year 2025 Needs Assessment. The purpose of Phase 1 is to help prepare and lay the groundwork for Phase 2, which has an overall purpose to collect primary data from key groups (parents/caregivers, maternal health stakeholders, and tribal communities) on maternal and child health in Montana through a statewide survey and qualitative interviews. It is also to

improve the representation and inclusion of service recipients in the MCHBG needs assessment process.

As part of Phase 2 activities, UMRIIC will conduct a statewide survey with parents/caregivers to collect information on the health needs of families across Montana. UMRIIC created a draft survey based on the Minnesota Department of Health and Human Services Discovery Survey. Phase 1 covers continued survey development, with UMRIIC hosting listening sessions to engage parents/caregivers in further designing the survey questions and recruitment plan. UMRIIC will integrate their feedback into a revised version. They will be sharing the updated materials with the Title V Needs Assessment Team for discussion at a meeting on August 8th. This team includes the American Indian Health Director for Montana's Department of Public Health & Human Services. The feedback from the parents/caregivers and needs assessment team will shape the final survey for the beginning of Phase 2 implementation in the fall of 2023.

Health Status and Needs of Montana's Title V MCHBG Population

Results from the ongoing Needs Assessments previously detailed in this narrative offer insights regarding the priorities identified in the Statewide 5-Year 2020 Needs Assessment. These priorities continue to remain pertinent: Access to Public Health Services; Bullying Prevention; Family Support & Health Education; Infant Safe Sleep; Medical Home; Children's Oral Health; and Women's Preventive Healthcare.

In Montana, County Public Health Departments (CPHDs) are the primary providers of Title V MCHBG services to their residents. Information gathered from the CPHDs also indicate that Access to Public Health Services and Family Support & Health Education remain priorities. On the FFY 2024 CPHD Pre-Contract Survey, 31 counties choose SPM 1: Access to Public Health Services for their performance measure, and 12 choose SPM 2: Family Support & Health Education, which addresses social determinants of health.

The FCHB and its MCH programs were key contributors to the 2019-2023 Montana State Health Improvement Plan. FCHB staff continue to be key partners for addressing the objectives found in the Priority Area 4: Healthy Mothers, Babies, and Youth section, and the Priority Area 5: Adverse Childhood Experiences section. The 2020 Montana State Health Improvement Plan report offered a snapshot of the MCH population's health status on these key objectives: infant mortality rate for all Montanans; sleep-related infant deaths; births from unintended pregnancy; prenatal care for pregnant women; breastfeeding for WIC-participating infants; and postpartum depression screening. Even though improvement is being met, ongoing needs continue in the areas of: infant safe sleep; women's preventive healthcare; access to public health services; family social services support; and health education for families.

Capacity Changes in Title V MCHBG Programs and Systems of Care, Especially for CSHCN, and Impact on Service Delivery

Staff turnover has been a challenge for both the Children's Special Health Service (CSHS) Section, and the Maternal & Child Health Coordination (MCHC) Section. CSHS is currently conducting a third round of interviews to try and fill the Nurse Consultant position. Previously, CSHS had a Program Assistant position; however, the position will not be refilled.

Both the MCHBG and FICMMR programs rely on contracts with the CPHDs for implementation of population-level services. These local departments are still experiencing staffing shortages related to fallout from COVID-19 stresses, and difficulty with recruitment for relatively low-paying positions for nurses. From 2020-2022 there was a thirty percent turnover rate in CPHD staff tasked with implementing the programs at the local level, which impacts the CPHDs' ability to provide services in a consistent manner.

Montana's Title V MCHBG Partnerships and Collaborations with other Federal, State, Local, and Tribal Entities

As detailed in the narratives for: the National/State Performance Measures; Health Care Delivery Public & Private Partnerships; Family Partnership; and Public Input; collaborations are extensive and extend beyond the state borders. Many

of these are long standing partnerships which have evolved with the changing composition of Montana's population, such as: the University of Washington School of Dentistry; Montana School for the Deaf and Blind; Comprehensive Statewide Cancer-Control Coalition; Montana Chapter of the American College of Obstetricians and Gynecologists; the Montana Breastfeeding Coalition; and Healthy Mothers Healthy Babies, These partnerships and collaborations are pivotal to address the health care needs of the MCH population.

The value of working within the realm of state government is significant for all FCHB programs' ability to connect with the eight American Indian Nations, each recognized as their own sovereign government. As noted in the AH Needs Assessment summary, the American Indian Health Director is key to involving Tribal input. Also, the Tribal Relations Manager's expertise is valued when establishing tribal government contracts, such as the home visiting contracts with the Blackfeet, Fort Peck, and Northern Cheyenne tribes.

In the last several months, the Title V MCHBG Director, FCHB Bureau Chief, MOMS Program Specialist, and the Maternal Mortality Review/Prevention Program Specialists have contributed to a workgroup aimed at addressing how to address the increase in the syphilis rate, especially congenital syphilis. Co-led by the State Medical Officer and the STD/HIV/Hep C Supervisor, over 350 healthcare professionals and local and tribal health department staff were made aware of the emerging health care crisis and CDC recommended protocols to decrease the rate.

Changes in Organizational & Structure and Leadership

The ECFSD has witnessed several changes in the past year. In August 2022, Tracy Moseman transitioned from her role as the *Director's Office of Faith and Community Based Services Coordinator* to the ECFSD Division Administrator. The ECFSD recently underwent an organizational structure analysis, and with the recent addition of the *Preschool Development Birth through Five Grant*, is undergoing reorganization.

Within the DPHHS Director's Office, David Gerard began as Director Charlie Brereton's Deputy Director in April 2023.

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

2023 Application/2021 Annual Report – Needs Assessment Update

2022 Application/2020 Annual Report – Needs Assessment Update

2021 Application/2019 Annual Report – Needs Assessment Summary

III.D. Financial Narrative

	2020		2021	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$2,323,181	$2,281,823	$2,300,122	$2,281,008
State Funds	$3,182,030	$3,197,388	$3,013,111	$2,731,810
Local Funds	$12,336,754	$5,666,253	$11,133,625	$3,441,756
Other Funds	$0	$0	$0	$0
Program Funds	$8,486,816	$6,598,569	$6,574,458	$5,304,745
SubTotal	$26,328,781	$17,744,033	$23,021,316	$13,759,319
Other Federal Funds	$23,766,761	$27,095,321	$24,660,140	$28,037,700
Total	$50,095,542	$44,839,354	$47,681,456	$41,797,019

	2022		2023	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$2,323,181	$2,315,433	$2,323,181	
State Funds	$3,170,955	$2,854,070	$3,343,517	
Local Funds	$5,644,793	$5,996,450	$3,441,756	
Other Funds	$0	$0	$0	
Program Funds	$6,548,111	$3,156,546	$3,391,241	
SubTotal	$17,687,040	$14,322,499	$12,499,695	
Other Federal Funds	$25,867,305	$27,370,474	$24,009,736	
Total	$43,554,345	$41,692,973	$36,509,431	

	2024	
	Budgeted	Expended
Federal Allocation	$2,323,181	
State Funds	$3,343,153	
Local Funds	$5,996,450	
Other Funds	$0	
Program Funds	$3,076,215	
SubTotal	$14,738,999	
Other Federal Funds	$24,076,318	
Total	$38,815,317	

III.D.1. Expenditures

Montana's Department of Public Health and Human Services (DPHHS) relies on federal funding, which provides a significant number of public health services to the 1.1 million plus citizens living in one of the state's 56 counties. In FFY 22, the state's Title V Maternal & Child Health Block Grant (MCHBG) expended $2,315,433. This spending provided Direct and Enabling Services to 21,276 pregnant women, infants, children, adolescents, children and youth with special health care needs (CYSHCN) and women of childbearing age (Form 5a). This number increases to 84,088 for the same group, when including Public Health Services and Systems (Form 5b).

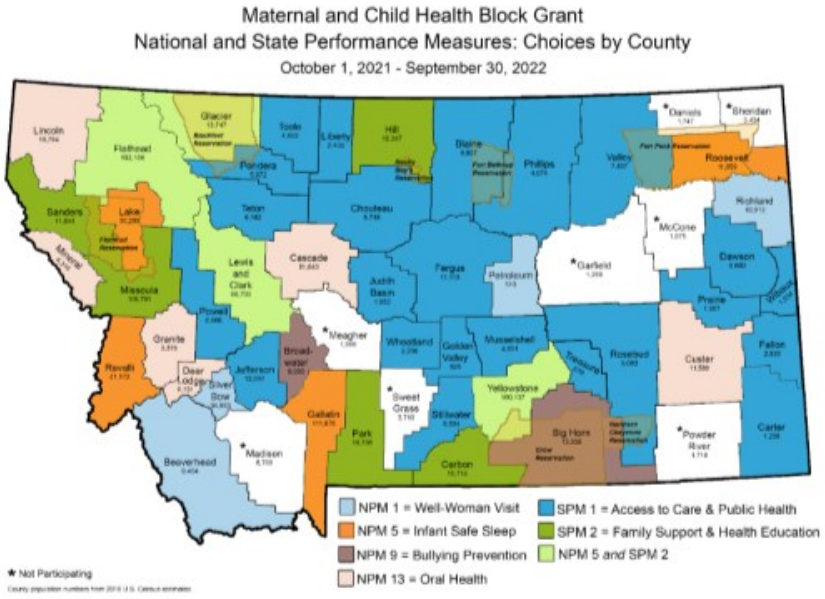
The MCHBG, housed within the Family and Community Health Bureau (FCHB) in DPHHS, relied on partnerships with private clinics, hospitals, community based-organizations, non-profits, Tribal Health Departments, colleges and universities, high schools, and County Public Health Departments (CPHDs) to serve these Montanans in FFY 22. These partnerships as well as the FCHB's other maternal and child health focused programs, focused on addressing Montana's FFYs 2021-2025 priority needs:

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

Montana's methodology to ensure that the 30%-30%-10% requirements are met for Preventive and Primary Care for Children; CYSHCN, and administrative expenditures, used the ratios of the total maternal and child population as a factor for determining state-level budget amounts for the demographic categories. In FFY 22:

- $836,601 (36.13%) was expended on Preventive & Primary Care for Children, which was slightly less than the budgeted amount of $848,546
- $773,939 (33.43%) was expended on Children with Special Health Care Needs, which exceeded the budgeted amount of $736,690
- $231,543 (10%) was expended on Administrative costs, which was greater than budgeted amount of $190,439. The increase was due to changes in: Administration; organizational structure; and personnel costs.

Funds are distributed to the CPHDs using a formula which considers the size of their maternal and child populations, along with oversampling for those who are at or below the federal poverty level. These CPHDs are often the only source for enabling and public health services for their community. In FFY 22, $975,421 (42%) was distributed to 48 CPHDs to address their selected National/State Performance (N/SPM) as illustrated in the following map:



The CPHDs reported $5,996,450 for their FFY 22 match amount. With the CPHD's match, combined with the State's MCH funds of $2,854,070 and program income of $3,156,546, the MCHBG total match far exceeded the $3 to $4 requirement. The state match was slightly over 24 times the required 1989 Maintenance of Effort of $485,480.

Estimating the FFY 22 budget relied on financial information and programmatic data previously collected and reported to complete Forms 3a, 3b, 5a, and 5b. The differences between budgeted and expended amounts were largely created by fluxuations in the numbers per populations served by the CPHDs.

Form 3a. Types of Individuals Served: Title V MCHBG		
Population	**Budgeted**	**Expended**
Pregnant Women	$119,962	$93,880
Infants < 1 year	$190,772	$189,556
Children 1 – 21 years	$848,546	$836,600
CSHCN	$736,690	$773,939
Others	$237,092	$189,915
Total	$2,132,742	$2,083,890
Form 3a. Types of Individuals Served: Non-Federal MCHBG Funds		
Pregnant Women	$198,731	$205,950
Infants < 1 year	$4,775,465	$3,882,228
Children 1 – 21 years	$3,570,375	$5,818,610
CSHCN	$266,406	$141,588
Others	$3,275,366	$1,895,533
Non-Federal Total	$12,086,343	$11,943,909
Federal/State Partnership Total	$14,219,085	$14,027,799

Form 3b: Types of Services: Title V MCHBG	Budgeted	Expended
Direct: Preventive/Primary Care Women, Mothers, Infants < 1	0	0
Direct: Preventive/Primary Care	0	0
Direct: CSHCN	$50,000	0
Enabling	$1,350,524	$1,368249
Public Health Services & Systems	$922,657	$947,184
Form 3b: Types of Services: Non-Federal MCHBG Funds		
Direct: Preventive/Primary Care Women, Mothers, Infants < 1	0	0
Direct: Preventive/Primary Care	0	0
Direct Services CSHCN: Physician/Office Services	0	$69,450
Direct Services CSHCN: Laboratory Services	0	$7,827
Direct Services CSHCN: Other Therapies	0	$51,796
Enabling	$7,721,968	$4,717,612
Public Health Services & Systems	$7,280,181	$7,130.010
Non-Federal Total	$15,317,149	$11,976,695

The CPHDs FFY 22 Financial & Data Reports stated:

- 31,327 Group Encounters (duplicated count)

- Unduplicated Number of Persons Served:
  - Pregnant Women 1,335
  - Infants 4,216
  - Children 1 through 21 20,492
  - CYSHCN 1,158
  - Others MCH 8,805

  Total 36,006

- Racial demographics (self-identified):
  - White: 26,244
  - American Indian: 2,917
  - More than one Race 695
  - Other/Unknown 6,150

  Total 36,006

In addition to MCHBG funding, the federal and state funds awarded in FFY 22 supported other FCHB programs focused on the maternal and child population. This is illustrated in the following paragraphs, and reported on Form 2. Additional details and specifics are in the FFY22 Annual Report N/SPM narratives.

The CSHS Section's MCHBG FFY 22 expenditures supported these activities for NPM 11: Medical Home:

- Contracted with the HALI Project: Montana Parent Partner Program to provide peer services to 275 families in one of five communities.
- Collaborated with the University of Montana Rural Institute for Inclusive Communities (UMRIIC) to host the Montana team's participation in the National Care Coordination Academy.
- Butte 4-C's facilitated the Circle of Parents (COP) peer support meetings in 12 sites, attended by 205 individuals.
- Funded two national COP trainers who offered training to 14 individuals.
- UMRIIC continued to:
  - Provide the Consumer Advisory Council (CAC) with evidence-based transition resources for their quarterly

meetings and distribution to the CAC interested parties.
    - Assist with the Montana Youth Transitions Conference.
- Contracted with the University of Utah to maintain and enhance the Montana Medical Home Portal website.
- Collaborated with the Family to Family Health Information Resource Center (F2F) on a resource guide for families of CYSHCN moving to Montana.
- Financial Assistance Program (FAP), which covered items that were not covered by Medicaid, Part C, or private insurance, such as: an adaptive backpack for a child to participate in family outdoor activities; and a mobility harness.

In addition to focusing on NPM 11, CSHS staff administered these Federal (F) and State (S) funded programs:

- Genetics, CSHS Clinic, and Newborn Screening Programs: $1,609,775 (S)
    - Supported Cleft/Craniofacial clinics in four regional locations.
    - Blood spot specimen is collected 24-48 hours from birth and sent to the DPHHS Public Health Laboratory within 3 days.
        - Children and families in need of follow up worked with Shodair Children's Hospital.
- MAPP-Net: $840,228 (F)
    - Sponsored the third annual Symposium of Pediatric Mental Health.
    - Promoted and facilitated mental and behavioral health screening and follow-up through trainings, resulting in 181 inter-disciplinary providers were trained through MAPP-Net programming.
- Newborn Hearing: $314,354 (F)
    - Ensured that all newborns had their hearing screened by 1 month, diagnosed by 3 months, and enrolled in early intervention by 6 months.

The MCHC Section ensured that the CPHD's expended their allocation on their selected N/SPM, and required Fetal, Infant, Child, and Maternal Mortality Review (FICMMR) Program injury prevention activities. Explained in detail in the Overview of the State, Montana has a "decentralized" system for providing public health services whereby local CPHDs are on the frontline for providing public health services.

Many CPHDs, especially in the smaller-populated counties and in counties with few social resources, are the initial and/or only source for enabling and public health services. For example: Petroleum is home to 161 women, infants, children, adolescents, and CYSHCN; whereas Yellowstone is home to 74,273.

The MCHBG and FICMMR Program Specialists (PS), both supported 100% with MCHBG funds, completed data quality reviews of the CPHD's reports: Quarterly; Annual Compliance & Activities; and Annual Financial & Data. The CPHDs' approved reports generated their MCHBG payments, with final authorization by the Title V MCHBG Director/MCHC Supervisor.

The MCHBG PS: worked directly with the 23 CPHDs that selected *SPM 1: Access to Care and Public Health Services,* and the 9 CPHDs that selected *SPM 2: Family Support and Health Education*; provided technical assistance (TA) as needed to all the CPHDs, i.e. completing their required reporting; training on evidence-based/informed activities; and was the Project Manager for the FFY 21 Annual Report & FFY 23 Application. The FICMMR PS: worked directly with the eight CPHDs that selected NPM 5: Safe Sleep; completed Quality Assurance on the 168 Child Death Review (CDR) reports submitted by the CPHD FICMMR Teams; ensured that the CPHD's injury prevention activity was evidence based or evidence informed; and throughout the year, provided feedback on their quarterly reports.

In addition to administrative oversight of the MCHBG funding, the Title V MCHBG/ MCHC Section Supervisor supervised staff responsible for the $3,405,327 in federal and state funds that supported the maternal and child population. These funds created the following programs and focus:

- Montana Obstetrics and Maternal Support (MOMS): $2,172,755 (F)
    - NPM 1: Well Woman Visit TA.
    - Raise and elevate the importance of woman's health.
    - Innovative approaches for accessing pre/post-natal care and substance abuse treatment for pregnant women.
- Grants to States to Support Oral Health Workforce: $400,000 (F) & $100,000 (S)
    - NPM 13.2: Children's Oral Health TA
    - Dental students provided oral health services in Dental Health Professional Shortage Areas (HPSA).
    - Graduate nursing students provided education, screenings, and referrals to American Indian Head Start Programs.
- Maternal Mortality Review and Prevention: $299,279 (F)
    - Data analysis and reporting can be used to support MOMS's activities and MCHBG 2025 Statewide Needs Assessment priority selection.
- Primary Care Office: $159,003 (F)
    - All the N/SPM.
    - Data analysis determined the Primary Care, Dental, and Mental HPSA designations.
- State Loan Repayment Program: $174,190 (F) & $100,000 (S)
    - All the N/SPM.
    - Healthcare providers practicing in a HPSA received loan repayment assistance.

The Adolescent Health PS expended $957,332 in federal funds by partnering with high schools, colleges and universities, non-profits, UMRIIC, and Yarrow. The funding streams were the Pregnancy Risk Education Program (PREP), the Prevention Health Block Grant, and Rape Prevention Education (RPE), and Sexual Risk Avoidance Program (SRAE). The SRAE/PREP PS worked with the two CPHDs that selected NPM 9: Bullying Prevention in FFY 22, and the CPHDs whose FICMMR injury prevention program focused on suicide prevention.

Referrals to, and providing educational materials about, the FCHB's Montana Healthy Families (MHF) and WIC Programs were often mentioned in the CPHDs' SPMs 1 and 2 reports. HMF and WIC also distributed FCHB and ECFSD specific programmatic resources, such as: suicide prevention, safe sleep, bullying prevention, Healthy Montana Mouths, childcare locations, and FAP information to their consumers. In FFY 22, WIC funding totaled $17,443,433 (F) and $7,627 (S) and HMF received $4,349,780 (F) and $592,329 (S).

The FFY 22 budget referenced the state funds, $499,903, that previously supported the Title X program that was in the FCHB. The competitive Title X grant was awarded to a non-profit clinic that began offering services July 1, 2022. The Title X staff provided technical assistance to the new awardee and worked with the state contracted CPHDs and clinics during the transition process. The FFY 22 budget also reflected the FCHB structure at the time, which included the epidemiology section, which was funded with SSDI and PRAMS federal monies.

III.D.2. Budget

For FFY 2024, Montana's Title V MCHBG Program (MCHBG), housed in the Family and Community Health Bureau (FCHB), is requesting $2,323.181. Administrative oversight of the FFY 24 budget is a collaborative effort by the Fiscal Bureau Analyst (FAB), and staff in the Maternal and Child Health Coordination (MCHC) and Children's Special Health Services (CSHS) Sections. The MCHC and CSHS MCHBG Program Specialists (PS), the Title V MCHBG and CYSHCN Directors, and FAB have monthly budget meetings which ensure the required 30%-30%-10% requirements will be met for: Preventive and Primary Care for Children; CYSHCN; and Administration. The FFY24 budgeted expenditures are as follows:

- Preventive and Primary Care for Children: $898,174 (38.66%)
- Children with Special Health Care Needs: $711,475 (30.63%)
- Title V Administrative Costs: $232,318 (10%)

Montana (MT) has always contributed the 1989 Maintenance of Effort amount of $485,480. The State Legislature establishes the biennial budget support for programs' state revenues. For FFY20 through FFY24, the state funding average was $3,210,553. For FFY24, FCHB programs will receive $3,343,153 in state funds. Certain state funds are tied to legislative rules, and are restricted in their expenditure, i.e., can only support state staff or be expended on contracted services. State funds will help support programs administered by FCHB, CSHS, MCHC; Healthy MT Families (HMF); WIC; and Adolescent Health (AH) staff. The state funds, when combined with the estimated $5,996,450 in matching funds from the 50 County Public Health Departments (CPHDs), and $3,076,215 in program income, will exceed the required $1,742,386 needed to meet the $3 match in non-federal funds for every $4 in MCHBG funding.

The CPHDs will receive $1M from the MCHBG, distributed per the funding formula as required by MCA Section 501 to 510 [42 U.S.C. 701 to 710]; and ARM 37.57.1001. CPHDs will utilize the funds in accordance with details submitted in their FFY24 Operational Plans (OP). The OP includes activities and evaluation plans to address their chosen National/State Performance Measure (N/SPM). The MCHBG funding also supports the CPHD's required *Fetal, Infant, Child, & Maternal Mortality Review* (FICMMR) injury-prevention activity. To ensure that the CPHDs' fiscal reporting accurately reflects their MCHBG expenditures, the MCHBG PS provides annual fiscal reporting training.

The Children's Special Health Services (CSHS) Section will provide services to all children with and without special health care needs, from their FFY24 budget of $3,682,955, which includes these funding streams: MCHBG: $711,475; State funds: $2,036,480; and Federal funds: $935,000.

The CSHS Section will continue their contractual oversight and partnerships, which provide gap-filling services, such as peer support and resource coordination, to address and ensure that CYSHCN have access to a medical home (NPM 11). In the coming year, MCHBG funding will support:

- Peer Support Services: offered by MT Peer Network (MPN) and the Early Childhood Coalition of Beaverhead County (ECCBC) Canvas Early Learning Center.
- Youth Peer Support: new partnership with the Great Falls Area Chamber of Commerce (GFACC) Leadership High School (LHS) program
- Transitions Project and program evaluation: University MT Rural Institute for Inclusive Communities (UMRIIC).
- Financial Assistance Program: for qualifying families of CYSCHN or foster care child, will provide assistance for services outside the scope of Medicaid, CHIP, or private insurance.
- Title V MCHBG Family Delegate role.
- Purchase of assistive equipment and adaptive technology for Mon-Tech's lending library
- Sponsorship of the half-day conference organized by the MT Chapter of the American Academy of Pediatrics.

MCHBG funding will support the CSHS PS (100%) and the CSHCN Title V Director/Section Supervisor (75%). In FFY24, these CYSHCN focused programs will receive support from the remaining CSHS state and federal funds. They will receive contract oversight and technical assistance from: the CSHS Nurse Consultant; the MT Access to Pediatric Psychiatry Network (MAPP-Net) PS and the Newborn Hearing Screening (NBHS) PS:

- Cleft/Craniofacial Clinics: An interdisciplinary care team will be selected based on their Request for Proposal (RFP) application to provide services to children and their families. Anticipated contract to be executed in December 2023.
- 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 additional

services based on 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.
- NBHS: All infants are provided with NBHS 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.

In FFY24, the MCHC Section will be supported with $200,000 in state, and $3,030,498 in federal funding. The Title V MCHBG Director/MCHC Section Supervisor will oversee the six following programs:

The *MCHBG* PS serves as the primary contact for the 50 participating CPHDs, which includes: providing training, technical assistance (TA), and resources on: their selected N/SPMs; Operational Plans; Contracts, Semi-Annual Reports; Annual Compliance & Activities Reports; and Annual Financial & Data Reports. The MCHBG PS will be the subject matter expert for 30 CPHD's working on SPM 1, and 13 CPHD's SPM 2; and refer the CPHDs to FCHB/MCHC staff who are positioned to address specific inquiries regarding NPMs 1, 5, 9, and 13.2. In FFY24, the MCHBG PS will schedule approximately 17 CPHD in-person site visits. These visits help to build working relationships, and increase understanding of local environments and challenges.

The MCHBG PS, who is 100% MCHBG-funded, will be the Project Manager for the *FFY25 Application & FFY23 Annual Report*. The PS is also the MCHBG 2025 Statewide Needs Assessment contract liaison with UMRIIC. The MCHBG and FICMMR PSs will provide their contractually required Annual MCHBG and Quarterly FICMMR Trainings, and offer new CPHD staff trainings on an as-needed basis.

The *FICMMR* PS will ensure that the required CPHDs' annual FICMMR injury-prevention activity has an evidence-based or informed foundation, and their Semi-Annual Reports and Annual Compliance & Activities Reports reflect their stated activity and evaluation plan. In FFY24, the FICMMR PS, who is 100% MCHBG-funded, will: be the subject matter expert to the seven CPHDs that opted for NPM 5; collaborate with the Department of Justice's Coroner Liaison upcoming local coroner's infant safe sleep training; and be a resource to the Maternal Mortality Review Program Nurse Consultant/Grant Administrator.

The *Oral Health* (OH) Program is funded by HRSA's *Grants to States to Support the Oral Health Workforce Activities* and supports NPM 13.2. The funding supports the OH PS, who is the contract liaison with these partners: University School of Washington/School of Dentistry; MT State University/College of Nursing; MT Office of Rural Health/Area Health Education Center; WIM; and Yarrow, LLC. MCHBG funds will support the 3rd Grade Basic Screening Surveillance in the 2023-2024 school year. The OH PS will provide technical assistance to the one CPHD that selected NPM 13.2, and the seven CPHDs that are focusing on oral health activities for SPM 1. WIM is conducting an OH Workforce Needs Assessment, to be completed in March 2024. WIM's needs assessment will also help inform the priority areas and N/SPM selections for the MCHBG 2025 Statewide Needs Assessment.

The *MT Obstetric and Maternal Support* (MOMS) Program is entering its fifth year, focusing on raising awareness about the importance of maternal health. The program's aim is to decrease the state's maternal mortality and severe maternal morbidity rates, by implementing and evaluating maternal health innovations. The funding supports the MOMS PS, who will provide: TA to the one CPHD that selected NPM 1, and two CPHDs that are focusing on women's preventive healthcare activities for SPM 1; and will continue to collaborate with the Public Health and Safety Division STD/HIV/Viral Hepatitis Section's effort to increase awareness on how to prevent syphilis. MOMS will continue to contract with the UMRIIC staff to conduct evaluation analysis of the Billings Clinic's (BC) MOMS-funded programs. In FFY24, BC will continue to offer ECHO clinics; Empaths Perinatal Substance Treatment System; and Cuddling Cubs, a virtual postpartum support group.

The *Primary Care Office* (PCO) *and State Loan Repayment Program* (SLRP) 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 county.

The MT Maternal Mortality Review and Prevention (MMRP) Program, funded by the *CDC Enhancing Reviews and Surveillance to Eliminate Maternal Mortality* (ERASE MM) *Initiative*, is recruiting for the Nurse Consultant/Grant Director position which became vacant on July 7, 2023. The previous Nurse Consultant completed abstracting all the available records for the Calendar Year 2020 maternal deaths. The MT Maternal Mortality Review Committee (MMRC) has discussed and provided prevention recommendations for nine of the 11 maternal deaths. The MMRC results have been documented in the CDC MMRIA data system.

UMRIIC's contract, to provide MMRC meeting facilitation and technical assistance, will be amended to include completing family member interviews, to further gauge the preventability of the maternal death. UMRIIC will analyze the 2020 MMRIA data and draft a report on the prevention recommendations. This additional tool will raise awareness on the importance and contributing effects social determinants of health have on optimal maternal health.

The MMRP and MOMS staff began collaborating with the DPHHS Director of the Office of American Indian Health to establish a formal data sharing agreement with each Tribal Government. A letter signed by the DPHHS Director was sent to the Chairman/woman of each tribe, requesting they ratify a resolution to recognize a partnership in reviewing tribal maternal deaths and sharing recommendations.

The FCHB also includes: Healthy MT Families (HMF) Home Visiting; the Supplemental Nutrition for Women, Infants, and Children (WIC) program; and two Adolescent Health PSs, who are supervised directly the Bureau Chief.

The *Healthy MT Families (HMF) Home Visiting* services will support maternal, infant, child, and CYSHCN populations by funding four evidence-based home visiting models: Parents as Teachers; Nurse-Family Partnership; SafeCare; and Family Spirit. In FFY24, state ($692,980) and federal MIECHV ($5,055,000) funding will support the HMF Supervisor and three PSs. The HMF staff will oversee 18 home visiting programs in 16 counties, three within tribal agencies.

The *WIC* Program will have 34 local WIC Agencies, which includes seven Tribal Agencies, and about 120 farmers participating in the WIC Farmer's Market Program. WIC's estimated $15M in federal funds, and $9K Farmer's Market match, also support: the WIC State Director; Nutrition Coordinator; two Public Health Nutritionists, one who is the Breastfeeding Coordinator; Marketing and Continuous Quality Improvement PS; Farmer's Market PS; Vendor Lead PS; and two Information Technology positions. Families will have access to WIC's: nutritional education; food packages; breastfeeding consultations; and fresh fruits and vegetables from Farmer's Markets.

Adolescent Health (AH) will continue their partnerships with community-based organizations; schools; Tribal Public Health Departments; and colleges. These partners will be contracted to provide services to ensure that Montana youth have optimal physical, mental, social, and reproductive health. Adolescent health is solely funded by federal grants that will total $873,010 in FFY24. The federal grant funds include Title V/Sexual Risk Avoidance Education (SRAE); Rape Prevention and Education (RPE); Personal Responsibility Education Program (PREP); and, by collaborating with the Public Health System Improvement Office, funds from the Prevention Health Block Grant.

As an example of AH partnerships, RPE's contracted partners include: 8 Colleges; 27 Middle Schools; The Montana Coalition Against Sexual and Domestic Violence; 1 non-profit organization (Domestic and Sexual Violence Services); and 2 private for-profit partners (Yarrow and Windfall). Missoula CPHD is a non-contracted partner.

The SRAE PS will support: the one CPHD that selected NPM 9 and two CPHDs that selected a bullying prevention activity for SPM1; and two CPHDs focusing on suicide prevention for their FICMMR activity. The RPE PS serves as the liaison with Yarrow, LLC for completing the Adolescent Health Needs Assessment.

The FCHB will receive $399,999 in state general funds in SFY24. During the June 2023 FCHB Strategic Planning, suggestions were proposed for how this funding could be used to support the FCHB's: focus on maternal and child health programs; to potentially expand the AH programmatic offerings; and to ease the supervisory burden caused by uneven distribution of programs in the existing sections. Further discussions will ensue at the August 2023 Early Childhood and Family Support Division's (ECFSD) strategic planning opportunity.

The new ECFSD structure has moved the State System Data Initiative, and Pregnancy Risk Assessment Monitoring System programs into the Business Systems/Operations Bureau. These programs are crucial for all of FCHB's federal reporting requirements. In FFY24, SSDI will receive $100K (federal only) and PRAMS $160,020-federal and $4,694-state special revenue.

In FFY24, the MCHBG and state partnership will obligate $38,815,317 across all FCHB's maternal and child health-focused programs. These programs seek to improve the lives of all women, infants, children, CYSHCN, and adolescents living in MT.

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

Montana's Title V Maternal & Child Health Block Grant (MCHBG) is housed in the Early Childhood and Family Support Division (ECFSD). Established In January 2020, ECFSD is one of 12 divisions in the Department of Public Health and Human Services (DPHHS). As it continues to evolve, its programs focus on early care and education, food security and nutrition education, violence and neglect prevention, family support, and preventative health care.

The ECFSD mission: "*provides coordinated services and resources to promote well-being and support the health and development of children, individuals, families, and communities."* aligns with the DPHHS mission "*Serving Montanans in their communities to improve health, safety, well-being, and empower independence."* To learn more about DPHHS go to: https://dphhs.mt.gov/AboutUs/index

Strategic planning by ECFSD leadership recognized the importance of data collection and analysis, and the connection to fiscal accountability for its family-focused programs. These programs garnered over $84 million from state general fund, state special revenue, and federal funds in FY 23. ECFSD leadership's recommendations, which were approved by DPHHS leadership, resulted in moving staff from the Fiscal Bureau (FB) to the new Business Systems/Operations Bureau (BSOB). These staff support: data collection; GIS mapping; data system creation and maintenance; and data evaluation and analysis.

All the ECFSD programs request FB and BSOB expertise when applying for new funding streams, and when completing non-competing progress reports and plans for the coming year. The FB staff work closely with ECFSD program staff on the division's 1,100+ contracts and agreements for service with various organizations, including universities, health care providers, local government, private nonprofit organizations, and small businesses throughout the state.

Currently the BSOB is recruiting for three positions in the Maternal and Child Health Epidemiology section: Research & Evaluation Supervisor, Maternal Mortality Review and Prevention/Adolescent Health Epidemiologist; and Preschool Development Evaluator. To fill the gap, FCHB 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).

ECFSD leadership acknowledged that all ECFSD programs needed assistance with data collection and analysis, to make data driven decisions for programmatic intervention and prevention services. Additionally, program staff were well positioned to implement evidence-based interventions; but they didn't have the capacity to also market and promote their programs to their target populations. A Request for Proposal (RFP) to engage an external partner to provide epidemiological and data focused needs, and program promotion, was approved and issued in early 2020. Yarrow, LLC and Windfall were selected, and have filled the capacity gap.

DPHHS leadership also acknowledged the challenges facing all DPHHS programs, which mirrors ECFSD's hiring challenges. DPHHS issued a Request for Proposal (RFP) for these services. The Montana Public Health Institute (MPHI) was one of four consulting firms who were awarded contracts to help fill the staffing gaps. These efforts are ensuring that the tenants of core public health functions are met.

Yarrow, LLC, a Montana-based consulting organization committed to empowering public health, with a focus on issues affecting rural and Native Communities, was selected to provide data collection, needs assessment, and data evaluation services. Additional data support has been received from the University of Montana Rural Institute for Inclusive Communities (UMRIIC) and WIM, LLC. Details of their contributions are in several of the other narratives in this application and report.

Montana's MCHBG is in the Family and Community Health Bureau (FCHB), one of five ECFSD bureaus. As the name indicates, the FCHB administers programs that provide services to the state's maternal and child population and their families. Direct MCHBG administrative oversight is shared by the Title V MCHBG and CSHS Directors, who are also Section Supervisors for the Maternal and Child Health Coordination (MCHC) and Children Special Health Services (CSHS) sections. The FCHB also includes the Supplemental Nutrition for Women, Infants, and Children (WIC), and Healthy Montana Families Home Visiting Sections, and the Adolescent Health Staff who report directly to the Bureau Chief.

The CYSHCN Title V Director and the CSHS staff members are focusing their *NPM 11: Medical Home* population health strategies by prioritizing: family engagement; provider engagement; coordinated care; and systems building in their activities. The activities are provided through partnerships, both long standing and new, to ensure that the 30% allocation CSHS receives from the MCHBG provides services to Montana's CYSHCN population and their families.

The NPM 11 narratives offer a glimpse of long-standing partnerships, with: the Shodair Children's Hospital; UMRIIC, the UM

Family-to-Family Health Information Center (F2F); and the Montana School for the Deaf & Blind. New partnerships were formed in response to CSHS seeking entities to provide Peer Support services. The *Montana Peer Network (MPN)* and *Early Childhood Coalition of Beaverhead County (ECCBC) - Canvas Early Learning Center* began providing Peer Support Services October 1, 2022.

CSHS relied on the relationship with the CEO of the HALI Project who aided in transitioning Peer Support Services to the MPN. The CEO has remained as a consultant. The ECCBC has eased into the role of continuing the Circle of Parents model as an option for CYSHCN families. Applying lessons learned from the previous Peer Support Services providers, CSHS staff are meeting quarterly with MPN and ECCBC to provide technical assistance and to ensure their expansion plans are met. Preliminary data indicates that both service providers are on track to meet or exceed the agreed upon number of families to receive services.

According to the American Academy of Pediatrics, challenges can occur if parents of children with disabilities lack respite, coping skills, or adequate social and community support. Education and support by peers for families of CYSHCN about a child or youth's medical condition may increase coping and resilience in some families. The core values of support include building on the strengths and needs of the youth and family. This approach has resulted in improvements in multiple domains of individual and family functioning, including the reduction of family stress and strain and increased behavioral and emotional strengths in children.

The CSHS' focus on Youth Peer Support has generated a new partnership with the Great Falls Area Chamber of Commerce (GFACC)' Leadership High School (LHS) program. The CSHS MCHBG Program Specialist is a LHS graduate. She recognized that by pairing a LHS student with a special education student, both students could benefit from the relationship. The evaluation plan will provide the data to determine if the special education student met their transition goals, and the impact on the LHS's understanding of special needs students. The data will aid in determining the potential for expanding the Youth Peer Support.

For several years the CSHS/Title V Director had been promoting the integration of the Title V MCHBG Family Delegate into F2F as a paid position, using MCHBG funding. On July 1, 2022, the Family Delegate became a F2F staff member, and has supported and advised the CSHS on policy and resource navigation and program alignment. Their lived experience, as a parent of a child with special health care needs, was valued by the 2023 MAPP-Net Symposium planners. She assisted with ensuring that the venue was optimally accessible, and the parent panel was comfortable being center stage as they shared about maneuvering the mental health system of care.

Montana's approach to providing public health services is prescribed 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.*** The decentralized system equates to each county having their own County Public Health Department (CPHD), which is governed by the elected county commissioners and local boards of health. MCA Rule: 37.57.1001, delineates the standards for how the Title V funds are allocated to the CPHDs. "*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."* The CPHDs are also required to implement an injury-prevention activity, as mandated by the Fetal, Infant, Child, & Maternal Mortality Review Program (FICMMR) MCA 50-19-401-406.

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. It is not lost on MCHBG staff that health disparities impact the American Indian population, which according to the ACS 2017-2021 Estimate of Resident Population by Race for Montana was 6.6%. CPHDs who elect to receive MCHBG funding collect data on the number of county residents they serve, which includes their self-identified race. In FFY 22, the 49 participating CPHD's total persons served included 8% who identified as American Indian.

Early discussions for the 2025 Statewide 5-Year Needs Assessment served as a springboard for internal conversations between MCHBG staff and the MCH lead epidemiologist, to determine which areas of the state should be prioritized in allocation formulas for MCHBG funding. The argument could be made that the larger populated areas may have more community resources than those with smaller populations. But without data to back up this theory, changing the funding allocation guidance would be difficult. These conversations continually resurface; however, staff capacity and competing data requests have shelved this idea.

It may be time to review the funding redistribution plan created several years ago. In the past year, the FCHB Bureau Chief has fielded a significant number of inquiries about including the Tribal Health Departments to receive MCHBG funding. The Technical Assistance narrative offers a more detailed look at what is necessary for a task of this magnitude to be completed.

Historically, 41% to 45% of annual MCHBG funding is allocated to the CPHDs, per the MCA Rule: 37.57.1001. As a

condition of receiving MCHBG funding, the CPHDs submit details for an annual Operational Plan (OP) for their National or State Performance Measure (N/SPM), and an injury-prevention activity. The OP encourages the CPHDs consider to the results their county health needs assessment to determine which N/SPM would be most beneficial for their residents.

The CPHDs have been presented with numerous annual trainings focused on evidence-based/informed or best practice activities, by the MCHBG and FICMMR Program Specialists (PS). The CPHDs are tasked to provide details on their planned activities; identify their goals and evaluation plans; and list data source(s). Most of the CPHD activities are evidence-based/informed or best practice, but they are allowed the opportunity to innovate on at least one if desired, and pilot new ideas for their unique operational environments. Their results are documented in Annual Compliance & Activities Reports, which captures the outcomes on their approved OP.

The MCHBG PS, FICMMR PS, and Adolescent Health PS, review the CPHDs Quarterly Reports. They provide technical assistance and feedback as needed. After the PSs approve the reporting deliverables, the Title V MCHBG Director authorizes the associated CPHD payment.

As reported in the ECFSD 2023 Legislative report: "*Coordination and collaborative partnerships are at the core of how ECFSD delivers services. This is seen through the various stakeholder committees, local teams and coalitions, and over 1,100 contracts and agreements for service with various organizations including universities, health care providers, local government, private nonprofit organizations, and small businesses throughout the state.*"

Being in the ECFSD has served the maternal and child population well. Monthly, ECFSD leadership host meetings for all program section supervisors. These meetings are a platform for the 20+ attendees to learn about new DPHHS or ECFSD resources and programs. This information is shared with the CPHDs and CSHS contractors. An unexpected, but welcome, bonus is the increased audience for sharing job position openings and program resources.

Partnerships, which are the foundation for the state-level Title V MCHBG Program, are also important to the CPHDs and their ability to make a difference in the lives of their county residents. The CPHDs report on their successes, challenges, and partnerships that have contributed to their OP in their Quarterly and Annual Reports.

A sample of the CPHD's FFY 22 partnerships include these state programs: WIC; Immunization; Oral Health; Public Health Emergency Preparedness; Healthy Montana Families; and Child Abuse and Prevention. The DPHHS electronic referral system, CONNECT, was also a popular partnership for CPHDs that selected SPM 2. The Healthy Mothers Healthy Babies (HMHB), Linking Infants & Families to Support (LIFTS) online resource search tool gained traction in FY 22 to seek services to address social determinants of health needs. The HMHB Safe Sleep for Baby Program was also frequently mentioned as an important partnership. In FFY 24, these partnerships, plus others too numerous to mention, will be pivotal for the 31 CPHDs focusing on SPM 1: Access to Public Health Services; and the 13 CPHDS who selected SPM 2: Family Support and Health Education (which helps to address social determinants of health).

Progress addressing NPM 1, relies on the Montana Obstetric and Maternal Support (MOMS) Program, a HRSA Maternal Health Innovation Grant. MOMS is entering its fifth year of partnering with the Billings Clinic (BC), for providing program services and the UMRIIC, who is evaluating the BC's programmatic activities. A sample of BC programs includes:

- **ECHO (Extension for Community Healthcare Outcomes) model ™**, an efficient model to meet the maternal health workforce needs. Over 150+ unique participants attended the 11 Project ECHO clinics in the past year. The participants included healthcare professionals, staff from social service agencies, and students enrolled in a tribal college nursing and medical residency programs.
- **Empaths,** a perinatal substance treatment system, which provided a streamlined path to substance use disorder (SUD) and mental health treatment for 432 patients who were screened with the 5P's rural pregnant/postpartum women. See the *ECFSD Division Presentation to the 2023 Health & Human Services Joint Appropriation Subcommittee* for details.
- **Cuddling Cubs** a virtual postpartum support group facilitated by the Rocky Mountain College's Occupational Therapy Doctorate program. To date 104 women, who are new to motherhood, have received support and education on their shared experiences transitioning to motherhood.

Raising awareness on the importance of maternal health was heightened with the *CDC Enhancing Review and Surveillance to Eliminate Maternal Mortality* (ERASE MM) grant, that formalized the creation of the Maternal Mortality Review & Prevention (MMRP) program. By working with the DPHHS American Indian Health Director, the MMRP began the required process to establish an official tribal resolution with each sovereign tribal government to partner *with the MMRP program to share records related to maternal deaths of tribal members.* The records would be used by the Maternal Mortality Review Committee (MMRC) to determine causes and develop prevention recommendations.

UMRIIC will also be instrumental in analyzing the MMRC prevention and recommendation results from the calendar year 2020 maternal death reviews. UMRIIC will draft a report for DPHHS approval and future distribution.

As noted in the NPM 5 narrative, the county coroners will be trained by the State Coroners Liaison on how to use their own safe sleep doll for death scene reenactments. This new partnership was an unexpected outcome of the FICMMR PS assisting with securing the state medical director to serve on the MMRC.

Additionally, plans are in place for the creation of an NPM 5 Infant Safe Sleep Data Dashboard by the 2022 summer Graduate Student Epidemiology Program (GSEP) intern. In 2022, the GSEP assisted with creating the Montana Healthy Families/MIECHV Needs Assessment dashboard. MCHBG funds are supporting the GSEP for this project with an anticipated completion date of October 1, 2023.

The advertising agency, Windfall, a new NPM 9 partner, is assisting state-level staff with a MCHBG-funded bully prevention media campaign. Yarrow, LLC is an additional new NPM 9 partner. Yarrow is finishing up the Adolescent Health Needs Assessment and these results will be incorporated into the MCHBG 2025 Statewide 5-Year Needs Assessment.

The Grants to States to Support the Oral Health Workforce Activities allows the state to address the oral health care needs of anyone living in one of the state's 38 counties with a dental Health Professional Shortage Areas (HPSA) designation. The Oral Health (OH) Program relies heavily on their partners: the University of Washington School of Dentistry; Montana State University College of Nursing; WIM LLC; Yarrow, LLC; and a new partner, the Montana Office of Rural Health/Area Health education Center.

In FFY 24, the OH program will support the technical assistance provided by Association of State and Territorial Dental Directors (ASTDD) for assessing the health care status of Montana's 3rd grade children. ASTDD will determine the random school sample for the Basic Screening Survey (BSS) of the 3rd grade children, which will be MCHBG-funded. The BSS survey results will update the CDC Oral Health Data, last updated with 2017-2019 data, and be used for the MCHBG 2025 Statewide 5-Year Needs Assessment.

MCHC and CSHS staff are gearing up for new partnerships that have developed over the past year. The 2023 Legislature passed HB 619, an act revising laws relating to the assessment of language development in deaf and hard-of-hearing children, which has laid the groundwork for the development of a new partnership. CSHS, Montana Milestones Part C Early Intervention, and the Office of Public Instruction staff will collaborate on establishing a Language Development Advisory Committee. The advisory committee will assist in the creation of a parent resource on language developmental milestones and establishing language assessment standards for deaf and hard of hearing children. CSHS took the lead and applied for the Early Hearing Detection and Intervention (EHDI) supplemental grant to fund the HB 619 provisions.

Currently, Montana is experiencing a significant uptick in the number of syphilis cases among pregnant women, especially concerning an increase in congenital syphilis cases. By partnering with the Public Health and Safety Division (PHSD) STD/HIV/Viral Hepatitis Section Supervisor, MCHBG supported the recent statewide awareness campaign that was planned and implemented by the MPHI and the Native American Development Corporation. Windfall's expertise was visible in the recent statewide syphilis awareness campaign, and they delivered on their website testimonial: "telling their stories in a way that sticks." Recognizing the need for ongoing collaboration to stem the syphilis increase, the Title V MCHBG Director, MOMS PS, FCHB Bureau Chief, STD/HIV/Viral Hepatitis Section's Supervisor and Epidemiologist, and Sate Medical Director will continue to meet in FFY 24.

There is no doubt that the federal, state, and local financial resources, which fund the 20+ programs for Montana's maternal and child population, are important. Equally, if not more, important is the ECFSD commitment: to support consistency, efficiency, and better-coordinated services for children and families across the state of Montana. This is the context within which Montana's Title V MCHBG Program functions and carries out its purpose.

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

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

Established In January 2020, the Early Childhood and Family Support Division (ECFSD) continues to evolve under the leadership of Tracy Moseman, who began as the Division Administrator (DA) in August 2022. The ECFSD is one of 12 divisions in the Department of Public Health and Human Services (DPHHS). To learn more about DPHHS go to: https://dphhs.mt.gov/AboutUs/index.

The ECFSD mission: "*To better coordinate existing services for children and families"* aligns with the DPHHS mission "*Serving Montanans in their communities to improve health, safety, well-being, and empower independence."*

In early 2023, ECFSD leadership determined it would be beneficial to split the Early Childhood Services Bureau (ECSB) into two bureaus: 1) Child Care; and 2) Early Childhood Services. The Child Care Bureau is charged with ensuring that all families in need of childcare are aware of the resources to aide in selecting a provider as well as offering financial assistance. The ECSB, which includes the Prevention and Early Intervention Unit, focuses on quality childcare services to ensure all children are cared for in an enriching environment that meets their physical, emotional, and social needs.

Additionally, ECFSD leadership recommended that the Fiscal Bureau include only staff responsible for the fiscal operations. The Fiscal Bureau is responsible for 30 funding streams, exceeding $84 million, which support over 20 programmatic activities through contracts. The contracts range from childcare providers; head start programs; universities; County Public Health Departments; healthcare providers; hospitals; community-based organizations; Tribal Health Departments; and middle and high schools. Data collection and data analysis staff were moved into their own bureau, due to the importance of their separate responsibilities, and the Business Systems/Operations Bureau (BSOB) was formed. The BSOB is home to staff responsible for managing ECFSD data systems and providing epidemiological support.

In response to the ongoing challenges in hiring a qualified administrative assistant, the ECFSD leadership team made a proposal to DPHHS leadership to reclassify the position as an executive assistant with supervisory duties. This was approved. A new FCHB Administrative Assistant has been hired, and will begin supporting the bureau on July 31, 2023.

In November 2020, the ECFSD 2020-2025 Strategic Plan was finalized by Bloom Consulting. The Strategic Plan provided Guiding Principles and Goals, Objectives, and Strategies to guide the work being done by the ECFSD programs. Over time, the ECFSD has experienced internal structural changes and been awarded new funding streams. This has led to new programs and partners. The result adds new challenges for recruiting qualified individuals, as well as retaining current staff. To learn more go to: https://dphhs.mt.gov/ecfsd/.
In August 2023, Bloom Consulting will conduct Phase 2 ECFSD Strategic Planning, which will includes addressing this guiding principle: "*We are committed to staff and workforce development to support professional growth and ensure our programs are administered innovatively and effectively*." In preparation for the Division Strategic Planning event, each Bureau sponsored their own Strategic Planning opportunities. Bloom's strategic planning will incorporate all the Bureau led Strategic Planning outcomes.

In June 2023, Yarrow, LLC lead the Family and Community Health Bureau (FCHB), through several activities. This included a SWOT Analysis that identified these FCHB priority areas: Programmatic Development, Data & Modernization, Staff & Culture, and Communications. Staff also drafted Objectives and Strategies for each priority area. After the ECFSD Strategic Planning, FCHB staff will regroup and further define these Staff & Culture objectives:

Objective 3.1: Recruitment - Successfully recruit and hire for open positions within three months.
Objective 3.2: Workplace Culture - Achieve a XX% staff retention rate by DATE.

An additional outcome of the FCHB planning process is to assess the current structure and organization of the bureaus programs, funding, and staff. An outcome of this process may be the addition of another section to the Bureau, to ease the burden caused by an uneven distribution of programs in the existing sections and to better align programs, funding, and staff within the Bureau.

The ECFSD Leadership Team created the ECFSD Workforce Development Policy and Procedure (WDPP), which outlines expectations for all the ECFSD positions and encourages individualized professional development. The WDPP aligned with TALENT, a State of Montana performance management resource that allows for each agency to develop agency-focused goals. The goals serve as a springboard for state employees to develop activities to track in alignment. DPHHS identified these organizational goals:

1. Increase Efficiencies *(examples: Digitization, Workflow Improvements, Business Process, Identifying Issues,*

Continuous Improvement)

2. Improve Customer Service *(examples: Decreasing Wait Times, Decreasing Error Rates, Customer Satisfaction Survey Results)*
3. Support a Strong, Healthy, and Resilient Culture *(examples: Improved Recruitment/Retention, Employee Recognition, Professional Development, Continuous Improvement)*
4. Improving Quality of Care *(examples: Care Coordination, Quality Measures, Data-driven Decisions)*
5. Improve the Well-Being, Independence, and Self-Reliance of Montanans *(examples: Increased Education and Training Programs, Increased Participation Preventive Services/Programs)*

Examples of Goal #3 professional development activities range from: attending online classes offered by the University of MT School of Public Health; experienced supervisors mentoring new supervisors; and participating in Public Health and Safety Division training opportunities. Several staff elected to create a Program Desk Manual, which could be described as "everything you wanted to know about the program but were afraid to ask."
The TALENT expectations have evolved to require all staff to review their progress twice a year, with their supervisor. Program work performance is also discussed at reflective supervision meetings held a minimum of twice per month with the immediate supervisor. These meetings are viewed as opportunities to identify emerging training needs, troubleshooting challenges, or to provide feedback on quality improvement endeavors.

Annually, all employees are required to complete refresher trainings from DPHHS Human Resource (HR), and the Technology Services Division, on topics such as: The Health Insurance Portability and Accountability Act (HIPAA); safety in the workplace; and internet security. All DPHHS Supervisors, Bureau Chiefs and DA are provided the opportunity to attend supervisor specific trainings offered by DPHHS HR. Topics have included " How To Complete TALENT," "ADA Rules", "Remote Supervision," and "Employee Assistance Program Resources."

In early 2022, the Department of Administration (DoA) conducted the Remote & Office Work Study (ROWS) to determine what occupational groups might be eligible for continued telework post COVID. In September 2022, the ROWS results were released, which identified the number of days a staff person would be allowed to request partial remote work from HR.

The 2023 Legislature recognized the workforce shortage across all State of Montana agencies, which resulted in the passage of House Bill 13. Starting July 1, 2023, each state employee received a raise of $1.50 per hour or 4%, whichever was greater. It also guaranteed that health insurance costs would remain level through 2025, one-time-only bonuses, and created an annual flexible holiday. Anecdotally, ECFSD staff have expressed their appreciation of being able to work remotely and it is a factor that keeps them employed. Plus, the benefits of HB 13 have been met favorably by all staff.

The Title V MCHBG Program, housed in the FCHB, is co-led by the Maternal and Child Health Coordination (MCHC) and Children With Special Health Care Needs (CSHS) Section Supervisors. In their roles as the Title V Director and the Title V/CSHS Director, they supervise staff who are responsible for programs that directly support the National Performance Measure (NPM) State Action Plans (SAP).

Recruitment is underway to fill several open MCHC Section positions, which became vacant in the last two months due to career advancements. The open positions are: the Nurse Consultant/Grant Administrator, who oversees the Maternal Mortality Review and Prevention Program (MMRP); and the Oral Health (OH) Program Specialist; and the Primary Care Office (PCO) Program Specialist. The MCHC Section also includes the Montana Obstetric Maternal Support (MOMS) Program Specialist, who is providing grant support to the MMRP; and the MCHBG and FICMMR Program Specialists (PS). Yarrow, LLC and WIM, LLC are assisting the Title V MCHBG Supervisor with the day-to-day operations of the OH and PCO Programs, pending the hiring of those positions.

In October 2022, the Title V CSHS Director/Supervisor resigned. The position was filled in December 2022, by the Newborn Screening Program Specialist (NBSPS), who was in the CSHS section for 8+ years. The NBSPS position was vacant for a short period of time, with the hiring of the previous MAPP-Net Program Specialist who opted to return to the CSHS Section from a different DPHHS Division. The CSHS Section, which also houses the MAPP-Net Program and the Title V Children & Youth with Special Health Care Needs (CYSHCN) Program Specialist, will be complete with the hiring of a nurse consultant. Because of the similarity of the CSHS and MMRP nurse consultant positions, the interview panel includes both the Title V MCHBG and CYSHCN Directors.

The DPHHS Human Resources (HR) Office assists with recruitment and hiring processes, and provides onboarding training for all new hires. In addition to the HR training, several programs have developed their own onboarding materials to support new employee training specific to program competencies, these include: CSHS, Oral Health, Maternal Review and Prevention, and the Primary Care Office.

Partnerships are key to addressing the National and State Performance Measures (N/SPM). As explained in the *Overview of the State* narrative, County Public Health Departments (CPHDs) are significant partners to provide health and social services to their residents. The MCHBG Program Specialist helps the CPHDs create an Operational Plan (OP) for the N/SPM that outlines their activities, evaluation plans, and goals. The MCHBG PS completes a QI review of each OP and offers state and community resources to the CPHDs. The CPHDs that select SPM 1 or 2 are guided by the MCHBG PS to ensure that they accomplish their goals and objectives as outlined on their Operational Plan (OP). The MCHBG PS also oversees the CPHD contracts and reporting.

The following table is a snapshot of Lead MCHC or CSHS Staff NPM expert and partners:

NPM	Lead MCHC or CSHS Staff	Partnerships
1	MOMS PS & MMRP Nurse Consultant	CPHDs, Billings Clinic (BC), University of MT Rural Institute for Inclusive Communities (UMRIIC), Maternal Mortality Review Committee; DPHHS' American Indian Health Director and Child & Family Services Division;
5	FICMMR PS	CPHDs, Cribs for Kids Safe Sleep; Healthy Mothers Healthy Babies; Coroner Liaison from the Department of Justice;
9	FICMMR and Adolescent Health PS	CPHDs, high schools; Windfall; DPHHS Suicide Prevention Coordinator, Yarrow, LLC
11	CSHS	UMRIIC, BC, Great Falls Area Chamber of Commerce, MT Peer Network; Early Childhood Coalition of Beaverhead County (ECCBC)- Canvas Early Learning Center, MT School for the Deaf and Blind
13	OH PS	CPHDs, University of Washington School of Dentistry, MT State University College of Nursing; MT Office of Rural Health/Area Health Education Center; Yarrow, LLC; WIM, LLC; 40 + Workforce Stakeholders; Blackfeet and Crow Tribal Headstart Programs

The FCHB programs that work directly with CPHD staff are well aware of the need to be flexible in response to the reality of the CPHD work environment. Many staff wear multiple program hats. Also, recruiting and retaining qualified staff to work in rural and frontier communities, where the nearest airport might be 200+ miles away, presents its own unique challenges. In calendar year 2022, the MCHBG Program Specialist provided training to eight new MCHBG/CPHD leads. And the FICMMR Program Specialist trained seven new FICMMR/CPHDs team leads.

As highlighted in the N/SPM narratives, the CPHDs receive numerous emails promoting educational and awareness materials on MCH topics. The 2020-2025 Needs Assessment results indicated that access to childcare services ranked as a high unmet need for all but the Adolescent domain. It was determined that the childcare access was better addressed by the other DPHHS divisions. Being co-located with the Early Childhood Services and Child Care Bureaus has allowed for an ease in learning about programs and materials that can be shared with the CPHDs. Impromptu interactions between staff, combined with the monthly ECFSD Management Meetings, have proven to be invaluable for the sharing of materials with the FCHB.

In response to workforce challenges facing CPHDs and local WIC clinics, the WIC state office contracted with a registered dietitian to assist in providing coverage for staffing shortages and vacancies. The purpose is to maintain access to WIC benefits for participants. This approach has proven to be a successful model in maintaining staffing coverage for local WIC clinics through staffing transitions.

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 Coordination Section (MCHC) 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 FFY22, which have been implemented in FFY23. These strategies include:

- Implementation of a contract with the Family to Family Health Information Centers (F2FHIC) for the AMCHP Family Delegate position, held by Tarra Thomas. This position is embedded within the F2FHIC. Two substantive changes to this contract include compensation for the Family Delegate position and a clear scope of responsibilities related to CSHS programs. This contract started July 1, 2022, and ends September 30, 2023, with potential for continuation. CSHS anticipates this contract to be continued.
- Working on special projects in collaboration with F2FHIC to advance the voice of families and address critical needs. Two examples that began in FFY22 and extended into FFY23 include: a pediatric mental health family panel held at the *Montana Access to Pediatric Psychiatry Network Annual Symposium,* and planning a family panel for a half-day training for providers, on transitions related to complex care patients. These transitions include hospital-to-home, and NICU- (Neonatal Intensive Care Unit) to-home.

Examples of parent engagement across MCHBG/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 2022, Deaf Mentor services were resumed in-person, as well as some being conducted over Zoom. Throughout 2022, services were provided to 15 families. Deaf Mentors also offered 39 online American Sign Language (ASL) classes, and 16 in-person.

    - In the summer of 2022, in-person activities were resumed by the MT Hands & Voices Chapter. An in-person parent advocacy training was held in March of 2023 and was attended by 22 parents. CSHS is continuing 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 2022, two professionals and three parents attended the Hands & Voices Family Leadership Conference in Fairport, New York. In March of 2023, two professionals and five parents attended the national Early Hearing Detection & Intervention (EHDI) conference in Cincinnati, Ohio.

- In FFY 2022, a Governor-appointed Newborn Screening Advisory Committee began convening at a minimum on a bi-annual basis. It was created by legislation in the 2021 legislative session and is supported by a partnership between CSHS and the Public Health & Safety Division's (PHSD) Metabolic Newborn Screening (NBS) Program. Committee membership includes two individuals affected by the condition under consideration, or two family members of individuals affected, regarding conditions screened through the Metabolic NBS Program. The committee met three times in 2022, and twice in 2023, with another meeting set for the fall. The focus of the first two meetings was to onboard the members and decide on by-laws, screening criteria and nomination process. In the following meetings, the committee started reviewing nominated conditions such as Krabbe and Adrenoleukodystrophy (ALD) and a third is on the fall 2023 agenda. The meetings are public and advertised on the DPHHS calendar.

- Beginning in FFY23, new contracts were opened for peer services across the state, which was initiated by a Request for Proposal (RFP) in FFY 22. The RFP was aimed toward organizations which could provide individual,

group or state-wide resource navigation peer services to CYSHCN families. Family-led organizations were prioritized in the process to achieve the goal to increase the delivery of family peer services in the state. CSHS received three replies to the RFP and awarded two contracts. Montana's Peer Network was selected to transition away from the Montana Parent Partner Program/ HALI Project; and Canvas Early Learning Center/ Early Childhood Coalition of Beaverhead County was selected to take over the existing Circle of Parents work done by Butte 4C's.

Family Peer Support is an individual direct service peer program, and the Montana Peer Network was contracted to facilitate the Family Peer Support Program in communities across Montana. Family Peer Supporters, 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 FFY22, 276 families across the state received Montana Parent Partner Program (MPPP) services in 1889 total encounters. In the first nine months of FFY23, 188 families across MT have received Family Peer Support services in 972 total encounters. The number of families served, and respective encounters, have decreased from FFY22 to FFY23 which CSHS suspects is due to a disruption in services from October to December of 2022 due to contract delays.

Circle of Parents, based on a national model of peer groups, is led by parents and other caregivers, and has a very strong emphasis on Parent Leadership. Circle of Parents groups are held in a variety of urban and rural counties across the state, and the program is led by two Parent Leaders. In FFY22 there were 12 groups across the state. As of June 1, 2023, there are eight groups and Canvas Early Learning/ Early Childhood Coalition of Beaverhead County is anticipating expanding to 11 groups before the end of FFY23.

- The CSHS Stakeholders' Group includes eight family members and one consumer. The most recent meeting was in August 2022 and was conducted virtually. The next meeting scheduled will occur in-person, in August 2023. 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 (UMRIIC), which is a key source of family and stakeholder input. The UMRIIC 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. UMRIIC 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.

- In FFY21, a committee was formed to assist the CSHS Financial Assistance Program with reviewing applications to the program. The committee is composed of: CSHS staff; parent leaders; two staff from the Family-to-Family Information Center; and the Title V Family Delegate. The committee continues to meet on a regular basis to discuss and review financial assistance applications, and determine how funding should be allocated.

- 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 FFY22. 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:

- County Health Public Departments (CPHD) which accept Title V MCHBG funding 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 FFY22, 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 has implemented a client/participant survey for those who utilize the cleft-craniofacial clinics in Great Falls.
- MOMS supported the MCHBG with several studies aimed at informing challenges and nuances related to NPM1: Well-Woman Visit. MOMS contracted with UMRIIC to conduct, administer, analyze, and report out the following:
    - *MOMS Postpartum Care and Contraception Study* to improve postpartum access to contraception; provider familiarity and expertise with postpartum contraception provision; and to understand behavioral health screenings provided during postpartum visits.

- *The Provider Survey: Understanding and Improving Barriers to Treatment and Care of Substance Use Disorder* to identify provider bias related to treatment and care of pregnant women with substance use disorder.
- *Facilitators and Barriers to Seeking Treatment and Care of Postpartum Depression* to identify risk and protective factors associated with seeking care for postpartum depression symptoms among Montana women who use substances or those with mental health concerns.
- *Maternal Health Care Experiences Survey – Wellness Visit Survey Module* to gather information on patient access to, and experiences with, the women's wellness visit to contribute to the Title V MCHBG Needs Assessment. The wellness visit survey module gathered information on health care utilization (annual wellness visit, and having a wellness visit the year before pregnancy); services included (physical exam, health history, health screening(s), reproductive life planning); health screenings (cervical cancer, depression and/or anxiety, sexually transmitted infections, substance use, breast cancer, and other screenings); patient satisfaction; and an open-ended question on areas for improvement.

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 three Maternal and Child Health Epidemiologist (MCHE) positions, two Program Evaluators, and one Data System Manager. Three of these positions have vacancies. The MCHE Section contains the following positions:

1. Research & Evaluation Supervisor, Vacant
2. Pregnancy Risk Assessment Monitoring System (PRAMS), Coordinator and Epidemiologist
3. MMRI/Adolescent Health Epidemiologist, Vacant
4. Spatial Epidemiologist
5. Early Childhood Program Evaluator
6. Data System Manager
7. Preschool Development Evaluator, Vacant

The Research & Evaluation Supervisor, formerly Senior MCHE Supervisor position, was created in 2018 and recently became vacant, in April 2023. The Research & Evaluation Supervisor 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; and ECFSD projects as assigned.

The PRAMS Coordinator/Epidemiologist was hired in October 2022. The PRAMS Coordinator duties include: acts as a liaison to the Centers for Disease Control and Prevention (CDC) for PRAMS; develops and revises the PRAMS data collection protocol and survey instrument; oversees sampling procedures and ensures that monthly samples are prepared in a timely manner; monitors PRAMS surveillance activity and oversees all PRAMS data collection activities; analyzes and disseminates PRAMS data results and responds to all PRAMS data requests. In addition, this position leads the PRAMS Steering Committee in planning program enhancements and methods of data dissemination and utilization.

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

The MMRI/Adolescent Health Epidemiologist position is vacant and is currently posted for recruitment. The MMRI/Adolescent Health Epidemiologist's primary responsibilities are to support MCHC Section in fulfilling their obligations regarding the MCH Block Grant. Contributions include but are not limited to: Develop surveillance plans; Conduct needs assessments; Program evaluation; Statistical analysis; and data interpretation.

The Spatial Epidemiologist was hired in December 2022. Duties include using geographic information systems and statistics to describe, analyze, and visualize program data for the Division. They also work on projects that include: PRAMS Breastfeeding Map; Food Access Map; and Maternal Health outcomes.

The Early Childhood Program Evaluator was hired in January 2023. This position's contributions include: designing and implementing program evaluations; analyzing data; and developing trainings related to program evaluation and quality improvement for ECFSD programs.

Montana has experienced fluctuations in MCHE capacity since its creation. The MCHE Section was formed in October 2018, when the Public Health and 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.

DPHHS underwent a restructuring in 2020 where the MCHEs were moved from the Public Health and Safety Division to the newly formed Early Childhood and Family Support Division. In 2022 the MCHE section had another restructure where the MCHEs were moved from the individual programs within the Division to the newly formed Business Systems and Operations Bureau.

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). Despite these efforts Montana has had very few applicants who meet the minimum qualifications for its MCHE positions (i.e., master's degree and a minimum of three years relevant experience).

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. Due to the position becoming recently vacant, the Business Systems and Operations Bureau Chiefs currently serves in this capacity.

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 MCHBG Statewide Needs 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 and 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, FICMMR dashboard, Safe Sleep Dashboard, and PRAMS dashboard. The PRAMS dashboard is currently live on the Division's website at https://dphhs.mt.gov/InteractiveDashboards/PRAMSDashboard.

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

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

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 and 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 Bureau 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 and 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. Currently there are 27 open contracts with participating schools for *Power Up, Speak Out*. There were an estimated 1200 students last year participating in the curriculum. Fewer students received parental consent to be part of the evaluation.

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 began drafting these measures for review and potential inclusion in the MCHBG Data Dashboard. The conversations will resume after the position is filled.

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) Bureau.

The BSO Bureau Chief directly supervises the following positions:

- WIC M-SPIRIT IT System Analyst;
- Child Care Under the Big Sky (CCUBS) Data System Manger;
- QA Analyst supports WIC M-SPIRIT System, Child Care Under the Big Sky (CCUBS), and other Division programs as needed;
- Children and Youth with Special Health Care Needs (CYSHCN) Database System Manager for CSHS HiTrack data system, the Child Health Referral Information System (CHRIS), and PCO Database;
- MT Maternal and Early Childhood Home Visiting (MTmechv) Database System Manager.

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;
- 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.
- PCO Database maintenance and support is provided by the BSOB staff versed in the CYSHCN data systems.

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 late 2023.

The current Electronic Benefits Transfer (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 and WIC Staff serving as partners. Requirements have been gathered and entered into the Technology Services Division Project Intake process in preparation for the Request for Proposal (RFP) process.

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 (NCFRP) 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.

ECFSD worked 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 of the project 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

Over the course of the past year and after conversations within OVR and DPHHS Technology Services Division (TSD), an OVR database schema was provided to ECFSD staff to identify the required tables to both satisfy the need and maintain Least Privilege best practices. Once specific tables were identified, TSD's Vital Statistics Database Administrator provided BSO staff with read-only access to the identified tables which allowed staff to 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.
The monthly data import into the National Fatality Review Case Reporting System began on Feb 1, 2023. Testing prior to the February launch date was done in the NCFRP test and training site. The import process for the death and birth certification numbers were formatted according to the format prescribed by the Lead MCH Epidemiologist. The end result was to reduce the errant entries into those fields as well as the other fields provided in the import and to reduce the data entry burden on the local FICMMR Team Lead.

The correction of historical death and birth certification numbers according to the approved format was launched May 31, 2023. This will be done yearly (on the last working day of May) to catch and correct those that are not in the correct format. The decision to do yearly updates was decided after phone and email discussions with the State FICMMR Coordinator and the Lead NCFRP Data Analyst.

Healthy MT Families (HMF) Home Visiting Program

HMF administers the federal Maternal Infant Early Childhood Home Visiting (MIECHV) program, 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 System Manager maintains and supports the main MIECHV data system from Clinisys. The MIECHV vendor contract with Clinisys ended on January 31, 2023 and a one year exigency extension has been secured to allow ECFSD the time to work through the state procurement process for a new contract. 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 Clinisys 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 Child Health Referral Information System (CHRIS) contract ended on June 30, 2023. 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 requested and was granted a one-year exigency contract renewal with the current vendor to allow for more time to procure a new system.

Because of frequent collaboration between the two programs, CSHS has engaged the Public Health and Safety Division (PHSD) Laboratory to identify lab system requirements for consideration when procuring a new system to replace the CHRIS system.

CSHS is exploring the option of consolidating systems and having audiologists enter data directly into HiTrack for newborn screenings. The necessary fields are in place and a pilot test has been conducted.

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 in the process of completing 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 Technology Services Division 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.

ECFSD has hired a Project Manager to navigate the procurement process to acquire a CCUBS replacement system. The Request for Proposal (RFP) was posted May 2023 and a successful bidder is expected to be announced September of 2023.

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. These reports have been deployed and quality improvement work continues.

Other Data Capacity Efforts

Data Governance: The BSO Bureau Chief is the Data Governance Lead for ECFSD. In that effort, the BSO Business Analyst, along with the Research and Evaluation Supervisor and ECFSD leadership, are in the process of creating a Data Governance Policy and Procedure document. This 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 2023.

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. Currently, half of the CCUBS data fields have been migrated and work continues to migrate the remaining data.

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. An example of this work is the addition of Snap Surveys as an Enterprise surveillance solution. Initially, ECFSD researched and inquired about Snap Surveys. TSD saw the value of the product for DPHHS as a viable replacement for Survey Monkey, and took over procurement as an Enterprise solution.

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, housed in the Public Health and Safety Division. 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 2023. DPHHS considers and includes all populations in all of its emergency preparedness plans as required by federal funding guidelines for the CDC PHEP cooperative agreement and embodied through its EOP development.

Emergency response operations for DPHHS includes coordinating reasonable modifications to programs, policies, procedures, architecture, equipment, services, supplies, and communication methods for Montana's access and functional needs population. For the purpose of public health emergency preparedness in Montana, this population is defined as people having access or functional health (i.e., mental or medical) or physical (i.e., motor ability) needs beyond their ability to maintain on their own before, during, and after an incident. These populations include medically vulnerable women, infants, and children.

In Montana, local health jurisdictions and healthcare organizations are responsible for managing events within their geographical boundaries. Sometimes those events develop into emergencies that might overwhelm or exhaust local health resources. DPHHS lends support and coordinates activities to fulfill their resource requests if appropriate and the Department's involvement is incident specific.

As an example of preparedness work happening at the local level, Bozeman Deaconess Hospital in Gallatin County hosted a *Pediatric Disaster Response and Emergency Preparedness* training on July 13, 2023. The course prepared students to effectively, appropriately, and safely plan for and respond to a disaster incident involving children, addressing the specific needs of pediatric patients in the event of a community based-incident. Pediatric specific planning considerations include mass sheltering, pediatric-triage, reunification planning, and pediatric decontamination considerations. This was a management resource course for stakeholders like pediatric physicians, emergency managers, emergency planners, and members of public emergency departments like EMS, fire, police, public health, and hospitals in the field of disaster response and preparedness work.

Every Division within DPHHS has set responsibilities for how to respond during an emergency and has the opportunity to participate in DPHHS'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.

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. Committee meetings are currently on-hold, pending the hire of a new Hospital Preparedness Program Manager.

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), known as the Montana Healthcare Emergency Response Coordination Center (MHERCC) does not directly include Title V MCHBG leadership. The Incident Command (IC) team is supported within its structure by the Health Advisory Committee (HAC) which consists of emergency response experts and *ad hoc* subject matter experts (SME) to give direction for specific events. A MCH SME would be part of the HAC to help develop

incident goals for an emergency, based on the populations impacted. Following all emergency responses, 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.

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

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

Montana's Title V Maternal & Child Health Block Grant (MCHBG) Program is in the Maternal Child Health Coordination (MCHC) Section, one of four in the Family & Community Health Bureau (FCHB), in the Early Childhood Family Support Division (ECFSD). MCHBG funding is co-administered by the Title V Director/MCH Supervisor, and the Children & Youth with Special Health Care Needs (CYSHCN) Director/Children's Special Health Services Section Supervisor.

Through public and private partnerships and collaborations with FCHB and ECFSD programs and the County Public Health Departments (CPHDs) contributions, the MCHBG program focuses on improving health care delivery for the maternal and child population. The MCHBG programs rely on partnerships with public and private entities, such as: universities, hospitals and health care systems, physicians, the MT Healthcare Foundation; Caring Foundation of MT, University MT Rural Institute for Inclusive Communities (UMRIIC); MT State University College of Nursing; Healthy Mothers Healthy Babies; Billings Clinic (BC); and the 40+ Maternal Mortality Review Committee (MMRC).

MCHC Section

The MCHBG Program Specialist (PS) and Fetal, Infant, Child and Maternal Mortality Review (FICMMR) PS, who both work directly with the CPHDs, report directly to the Title V Director/MCHC Supervisor. The MCHC Supervisor also oversees these federally-funded programs: Oral Health (OH); MT Obstetrics and Maternal Support (MOMS); Primary Care Office (PCO) and the Maternal Mortality Review & Prevention (MMRP).

The OH Program's partnerships continue to raise awareness about the importance of optimal oral health throughout the lifespan. Partnerships specific to oral health include Blue Cross Blue Shield, MT Dental Association, University of Washington School of Dentistry; CPHD-led WIC and home visiting programs, and MT Dental Hygienist Association. In-depth activity details are provided in the FFY 22 Children's Domain report. In FFY24, the OH program, partnering with the PCO, is conducting an in-depth workforce assessment that will contribute to the MCHBG 2025 5-Year Statewide Needs Assessment.

The FICMMR Program ensures that the CPHDs' local FICMMR teams, composed of local professionals, convene death review meetings that focus on determining death preventability. The review results are used for planning, implementing, and evaluating an injury prevention activity, which is a MCHBG contract requirement. The coordinator conducts a quality assurance review of the team's findings, prior to its submission to the National Child Death Review database.

The MOMS program implemented Empaths with the BC which streamlined paths to substance use disorder (SUD) and mental health treatment for rural pregnant/postpartum women. Across five sites in FY 22, 432 patients completed the 5P's (Prenatal Substance Abuse Screen for Drugs and Alcohol) screener; 172 screened positively. and received intervention from their provider or the Empaths care manager; and 77 patients were referred to the care manager for assessment and referral to treatment.

The MOMS/UMRIIC partnership produced the MOMS *Postpartum Care and Contraception Study, Maternal Health Care Experiences Survey – Wellness Visit Survey Module*, and *Facilitators and Barriers to Seeking Treatment and Care of Postpartum Depression.* These will be used to inform future health care priorities.

The MMRP is posed to partner with UMRIIC to conduct an in-depth analysis of calendar year 2020 maternal deaths to determine contributing medical and social factors, which appear to be prenatal and mental health care access. The analysis will guide the MMRC's discussion to determine prevention recommendations and be used to aide to inform future health care priorities.

The PCO focuses on ensuring that the 56 counties' Health Professional Shortage Areas (HPSA) in primary care, dental, and mental health designations are at their maximum score. The higher the score, the more appealing for a State Loan Repayment Program or National Health Service Corps awardee to practice in that county.

CSHS Section

The CSHS Supervisor oversees state and federal funded programs which focus on all children and their families having a medical home. (NPM 11)

Genetic Program: CSHS has a contract with the Shodair Children's Hospital. Shodair Children's Hospital provides clinical genetic and metabolic services to individuals or family members who are affected by or are at risk of developing a genetic or

metabolic disorder.

The goal of the Newborn Screening Program is to ensure every baby born in MT will receive these three essential newborn screenings: metabolic screening, newborn hearing and screening intervention, and critical congenital heart disease. Partnerships for the hearing screening include the MT School for the Deaf, and the MT Chapter of Hands & Voices. Shodair Children's Hospital provides follow up for the metabolic screening.

MT Access to Pediatric Psychiatry Network is a Pediatric Mental Health Care Access (PMHCA) HRSA-funded federal grant. It increases primary care providers' capacity to treat children and adolescents with behavioral health needs, through provider education and a provider consultation access line. Partners include the Billings Clinic, UMRIIC, the MT Chapter of American Academy of Pediatrics, WIM Tracking, Academy of Family Practitioners, and Catalyst for Change.

UMRIIC has been a long-standing partner with CSHS Programs to provide evidence-based transition resources to MT's youth and families. UMRIIC 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.

FCHB Programs

The FCHB includes the Healthy MT Families Home Visiting (HMF); Supplemental Nutrition for Women, Infants & Children (WIC); and adolescent health focused programs.

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 focus 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.

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 Title V MCHBG performance measure activities, breastfeeding, immunization services, and referrals to social service programs.

The mission of the adolescent health section (AHS) is to ensure that MT youth have optimal physical, mental, social, and reproductive health. AHS promotes awareness of current issues adolescents are contending with and strategizes with stakeholders to provide relevant services. Within AHS, there are two programs: Optimal Health for MT Youth (OHMY) and Sexual Violence Prevention and Victim Services (SVPVS).

ECFSD Programs

ECFSD programs, such as the Child & Adult Care Food Program; Child Care Development Fund; No Kid Hungry and Early Learning/Family Support, focus on lessening the impacts social determinants of health have on the division's shared populations: infants, children, and their families. The ECFSD has over 1,100 contracts and agreements with non-profits, healthcare providers, CPHDs, and small businesses that target early care and education, food security and nutrition education, violence and neglect prevention, family support, and preventative health care.

County Public Health Departments

The 56 CPHDs are key partners for addressing the MCH population's health care needs. State law directs that public health is decentralized, with much of the work done by CPHDs (https://www.cdc.gov/publichealthgateway/sitesgovernance/index.html). Annually, an average of 50 CPHDs participate in the MCHBG, who submit quarterly and annual reports on their 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 maternal and child health services to their county residents.

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

The Montana Medicaid Program is authorized under 53-6-101, Montana Code Annotated, and Article XII, Section XII of the Montana Constitution. The Department of Public Health and Human Services (DPHHS) administers the program. Each state Medicaid program is a combination of state plan and waiver authorities, allowing each state to meet the unique needs of their citizens.

Montana's Medicaid program is embedded in several DPHHS divisions and programs and is overseen by the Medicaid and Health Services Executive Director. The Medicaid Director's Office includes the following staff: Complex Case Coordinator; Operations Coordinator; Chief Financial Manager; Medicaid & CHIP State Plan Amendment & Waiver Coordinator; and the Healthcare Facilities Chief Operating Officer.

The Health Resources Division (HRD), Senior and Long-Term Care Division, and the Behavioral Health and Developmental Disabilities Division are responsible for administering the following coverage groups, each with specific eligibility requirements: Infants and Children, including Newborn Coverage; Healthy Montana Kids Plus (Children's Medicaid); Healthy Montana Kids (Children's Health Insurance Program); Subsidized Adoptions; Subsidized Guardianship and Foster Care; Pregnant Women; Low Income Adults with a Severe Disabling Mental Illness (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.

The signatories for the Title V/Title XIX Medicaid IAA are the respective division administrators (DA): Title V MCHBG is in the Early Childhood Family Support (ECFSD), and Title XIX/Medicaid is in the HRD. Currently, the HRD Member Services Bureau Chief is the Acting HRD DA. Title V MCHBG is within the Family Community Health Bureau (FCHB), one of six ECFSD bureaus.

In the Overview of the State narrative, specific enrollment data for Medicaid, Medicare, private insurance, and other insurance coverage is included in Table 3: *2021 Estimates of Resident Population by Insurance Coverage Type for MT*.

In the past year, four FCHB maternal and child health-focused programs have been working on specific projects with Medicaid:

Children With Special Health Care Needs

CSHS staff established and organized a quarterly inter-departmental meeting across DPHHS middle management, covering children's systems of care. This quarterly meeting includes various representatives from Medicaid regarding developmental disabilities and mental health; behavioral health prevention programs; Part C; and the Head Start Collaboration Director. The meetings are an opportunity to share information and identify areas of collaboration.

For example: A family that is deemed ineligible for the CSHS Family Assistance Program (FAP) is provided education and information about other potential programs that may be of assistance. The information sharing at the quarterly meetings assists the CSHS staff to directly refer a family to the specific Medicaid program that may be able to provide the services.

Housed in CSHS is the Montana Access to Pediatric Psychiatry Program (MAPP-Net). This program is focused on increasing primary care providers' capacity to treat children and adolescents with behavioral health needs, through provider education and a provider consultation access line. The Medicaid and MAPP-Net partnership is illustrated by their continued collaboration in the Perinatal Behavioral Health Initiative Program, housed in the Medicaid office. These programs meet monthly to identify areas of collaboration and sustainability pathways.

Montana Obstetrics and Maternal Support (MOMS)

MOMS partnered with Medicaid and the Child and Family Services Divisions (CFSD) on a standardized Family Plan of Safe Care (FPSC). Families with concerns related to substance use, family violence, and a history of CFSD involvement will get a plan to help them advocate for themselves and their families prior to delivery - if CFSD needs to intervene. If the FPSC indicates that the family would benefit from Empaths, the family is provided that assistance. Empaths provides a streamlined path to substance use disorder (SUD) and mental health treatment for rural pregnant/postpartum women. It also assures the patient and CFSD that a treatment plan is in place; and Empaths staff are there to help them meet goals and connect to resources.

MOMS staff has a monthly meeting including the CFSD division administrator, the bureau chief and project director over the HRSA-funded Perinatal Behavioral Health Initiative (PBHI), which includes the Meadowlark Initiative (details next paragraph), and staff from the Montana Healthcare Foundation who support Meadowlark sites with additional funds. They 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.

The Meadowlark Initiative provides funding and technical assistance to allow medical practices that provide prenatal and postpartum care to implement a coordinated, team-based approach that improves outcomes for women with substance use disorders and mental illness.

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. MOMS will continue to partner with PBHI in supporting the conference and attendees annually.

MOMS staff served a pivotal role in recent state legislative action and funding to extend Medicaid postpartum coverage from 60 days to 12 months. This was accomplished by providing data and talking points to advocacy partners, who worked with the Medicaid director in getting the information to lawmakers.

Primary Care Office (PCO)

The Title V/Title XIX Interagency Agreement continued to facilitate the PCO's mission; to increase and maintain access to primary and prevention health care in Montana to improve the health status of underserved and vulnerable populations. Yearly, the PCO requests updated Medicaid data, which is a variable for calculating a county's Health Professional Shortage Area (HPSA) designation score for three disciplines: mental health, dental health, and primary care.

The HPSA score itself is a variable for awarding healthcare providers loan repayment awards, from the following loan repayment programs: the federal National Health Service Corps (NHSC) Scholar and Loan Repayment, and the NHSC Nurse Corps; and the State Loan Repayment Program (SLRP). The higher the HPSA score, the higher the probability that a qualified healthcare provider will receive loan repayment funding, which results in that provider practicing between two to four years in that HPSA.

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

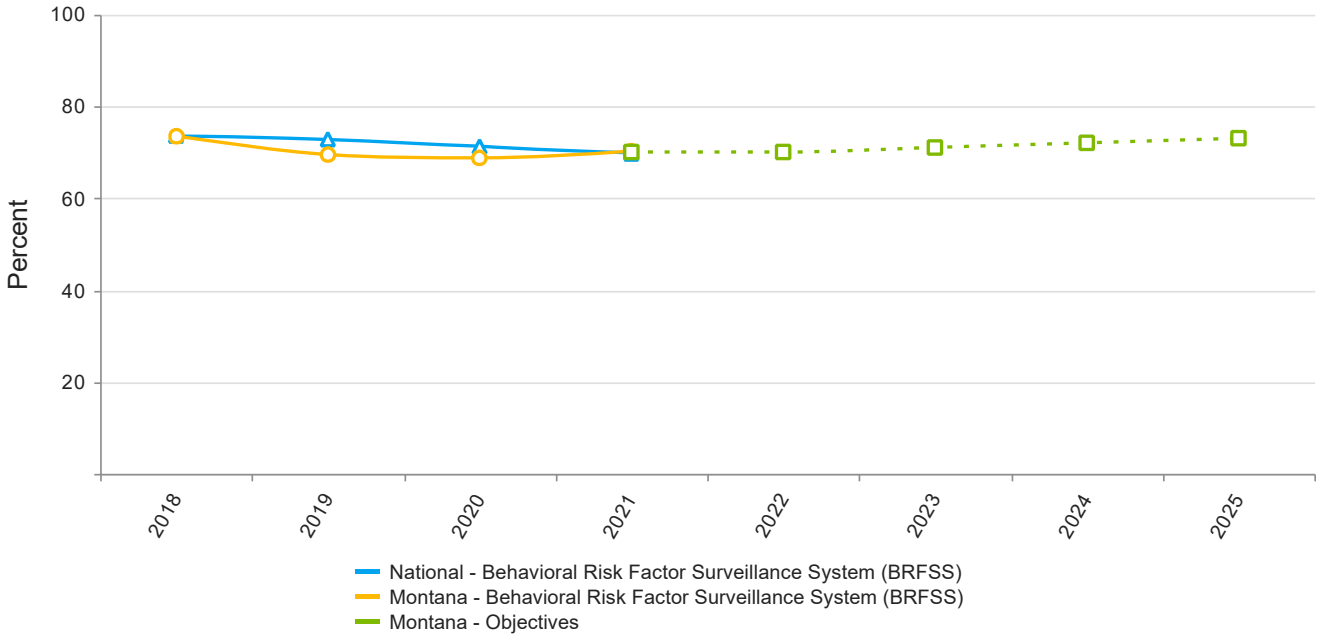
The WIC Program is required to meet with Medicaid at least annually to discuss coverage of medical formulas and nutritionals for mutual participants. MT WIC met with Medicaid in June 2023 to discuss this topic and other program updates. The meeting included CSHS to discuss the eligibility and payer distinctions 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 and Medicaid have updated and renewed the data-sharing agreement between the programs. The purpose of this agreement is to establish eligibility, conduct outreach, and enhance the health, education, and well-being of Montana families.

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**	**2022**
Annual Objective			70	70
Annual Indicator	73.3	69.3	68.6	70.1
Numerator	123,845	119,515	120,255	123,867
Denominator	168,903	172,352	175,425	176,723
Data Source	BRFSS	BRFSS	BRFSS	BRFSS
Data Source Year	2018	2019	2020	2021

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	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	2022
Annual Objective			80	82
Annual Indicator			100	33.3
Numerator			4	3
Denominator			4	9
Data Source			FCHB	FCHB
Data Source Year			FFY 2021	FFY 2022
Provisional or Final ?			Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	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, or include women's preventive health care activities in their SPM 1 operational plans. State staff will provide technical assistance and resources.	
In June 2023, the MOMS program awarded mini-grants to interested Critical Access Hospitals. 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 innovative birthing hospitals for equipment, and training in supporting healthy outcomes for women. This includes assessment for overall healthcare needs.	
MCHBG funding support for Syphilis Public Awareness Campaign: The campaign is focused on increasing awareness of Syphilis, and encouraging prenatal care, testing and treatment for the condition in the most impacted communities in the state. Outreach is through billboards, social media, radio Pubic Service Announcements, and digital ad placements.	
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.

The four County Public Health Departments (CPHDs) who picked NPM 1 for FFY22 were 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 contracted with Central Montana Family Planning to provide maternal and child public health services, which was a good fit for implementing activities associated with NPM 1. Petroleum's activities included: 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 (approximately 52 women).

Beaverhead CPHD is in the southwest corner of the state, with a MCH population of approximately 3,482. It 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 implemented a quality improvement project for their recall and reminder system for Human Papilloma Virus (HPV) vaccines and cervical cancer screenings. The project is continuing into FFY23, as they work to establish a baseline by tracking the number of women who receive these services because of the reminders. It includes offering county-specific education on cervical cancer and HPV, which includes information on local resources. This CPHD faced some staffing challenges during FFY22 due to continued effect from COVID stressors.

Richland CPHD, with a MCH population of approximately 4,764, is on the eastern side of the state next to North Dakota. They requested to redirect their MCHBG activity funding toward COVID-19 response for FFY22. As the situation eased, they returned to their planned activities in support of NPM 1 as capacity allowed. These included four meetings with local stakeholder partners to determine a baseline on the status of well-women visits in the county; and meetings with Family Planning partners for how to handle Title X reductions in funding.

Silver Bow County has a MCH population of 13,167 and is located in the south-central part of the state. The population qualifies the county to be considered large by Montana standards. The following information on their FFY22 NPM 1 activities is from their June 2021 Operational Plan, and November 2022 Annual Report:

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.
Outcome of Activity and Goal Results #1: Education regarding access to unmet reproductive healthcare was presented to 11 unique audiences, totaling approximately 150 individuals. Educational posters were distributed to 4 prominent businesses. 2 educational campaigns were displayed on the Butte Family Planning Clinic bulletin board.

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.
Outcome of Activity and Goal Results #2: 498,491 targeted mobile ads were delivered providing information about access to reproductive healthcare with a click through rate to our website of 31% to receive additional information. 498,303 non-skippable, 6-second videos played on streaming TV, computers, tablets, and mobile devices. 27% of Butte Family Planning clients learned about the clinic from these efforts.

In FFY23, the FCHB is contracting with three CPHDs who have chosen to focus on NPM 1: Beaverhead, Richland, and Silver Bow. They 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-based/informed or best-practice activities, goal setting, and evaluation.

Montana Obstetrics and Maternal Support Activities

Improving Postpartum Care Affinity Group

During FFY22, Montana Obstetrics and Maternal Support (MOMS) staff addressed 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 participated in monthly individual technical assistance (TA) calls with CMS and their consultant Mathematica. They also met monthly for TA and peer sharing with the other states in the affinity group.

This QI affinity group supported 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 tested 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 contracted 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* aimed 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* aimed to identify risk and protective factors associated with seeking care for postpartum depression symptoms among Montana women who use substances.

UMRI also utilized 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 was used for the Year 4 MOMS Strategic Planning in June 2022 that included staff representing Billings Clinic, UMRI, the MOMS Program Coordinator, and the Title V Director/MCHC Supervisor. Additionally, the results are being considered as a part of the ongoing Title V needs assessment data collection.

MOM Mini-Grants

During the reporting period, through a partnership with UMRI, the MOMS Program solicited applications to distribute MOMS funds via mini-grants to organizations working to achieve MOMS objectives to improve maternal health care delivery and outcomes. These organizations included: local hospitals, clinics, health departments, foundations, and non-profits. Preference was given to Primary Care Health Professional Shortage Areas (HPSA), with funding to be spent on training, programming materials, education resources, equipment, and other innovative responses to improve maternal health and well-being. Award amounts could be up to $20,000 per applicant.

Through supporting a variety of programming, the mini-grant activity was able to promote innovation in education; provide training opportunities for doulas, lactation counselors, clinical staff, health department staff, and expand community resources. This project allowed for necessary support services to meet postpartum people's needs by providing postpartum

resources (such as postpartum kits, gas vouchers to attend appointments, respite care, etc.) and bereavement services.

There were six CPHDs among the organizations that received MOMS mini-grant funds. Big Horn CPHD enhanced education programming and resources by purchasing birth education materials that included: *Understanding Birth PowerPoint;* yoga mats, birth balls, and rebozos; newborn care education video and workbooks; class handouts; positions video; dilation models; and an Antenatal PowerPoint.

The Gallatin CPHD invested in workforce development by helping to fund wages for: a Spanish-speaking Home Visitor; a Community Health Worker; and a Behavioral Health Consultant. This program was particularly helpful to enable the CPHD to better serve their Spanish-speaking population that has grown significantly over the past three years, and it led them to an opportunity to pilot technology used by the United Nations for real time translation.

The Richland CPHD used funds to purchase items that would address high rates of anemia in their population: postpartum education materials; prenatal vitamins and education; office supplies; testing materials for postpartum Hgb checks; and outreach postcards. Valley CPHD purchased education resources on: infant and postpartum maternal health; mental health; substance use; heart disease; diabetes; weight control; infectious disease prevention; and outreach media to promote the resources.

The Lewis & Clark CPHD invested in workforce development by receiving training and certification for a Breastfeeding Peer Counselor, who received a combo training of birth doula, postpartum doula, breastfeeding counselor, and childbirth educator. They also used funds for a WIC Aide and *Circle of Security* training. Park CPHD used MOMS funds to invest in workforce development by attending a two-day Postpartum Support International training on perinatal and postpartum mental health.

Women/Maternal Health - Application Year

County Public Health Department (CPHD) Activities

The overarching themes of the CPHD activities for FFY 2023 are partnerships and collaboration. Since a well-woman visit is clinical in nature, the three CPHDs working on NPM 1 are all meeting and consulting with many types of organizations and providers, i.e.: Title X Family Planning, Montana Women, Infants, and Children (WIC), hospitals, family-practice clinics, and colleges.

In 2017, Johns Hopkins University Women's and Children's Health Policy Center published a brief on how to *Strengthen the Evidence Base for Maternal and Child Health Programs*. "Scientifically Rigorous" evidence was identified for "Patient Reminder/Invitation." The brief stated: "There is strong evidence to suggest that patient reminders/invitations are effective, both on their own and in combination with other strategies." As an example of this strategy, Beaverhead CPHD is currently implementing a patient reminder and invitation activity. Their focus is specifically on HPV vaccine and cervical cancer screenings, and is targeting Family Planning and WIC clients.

According the Johns Hopkins brief, the evidence rating one step down from Scientifically Rigorous is "Moderate Evidence." At this level, it states: "Other interventions targeting the patient/consumer that appear to be effective are community-based group education and patient navigation…(and) on the provider/practice-level reminder/recall systems, provider education, and implementation of a designated clinic/extended hours appear to be effective." Richland CPHD is currently implementing examples of these strategies: 1) working with Family Planning (co-located with the CPHD) to increase the percent of women in their county who receive annual well-woman visits over the 2019 baseline, as pertains to improving their client services process; and 2) meeting with and educating local providers, and creating a plan that will encourage patients to seek annual visits.

In FFY24, the FCHB will contract with two CPHDs who have chosen to focus on NPM 1: Beaverhead, 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.

State-Level MCHBG Activities

Interim Needs Assessment: Phase One Survey Analysis

The state-level MCHBG Program is conducting an interim needs assessment with the assistance of the University Montana Rural Institute for Inclusive Communities (UMRIIC). Phase One of this work is taking place during FFY 2023. One of the deliverables is analysis of the wellness visit module from a survey looking at maternal health care experiences in Montana. The module on well-women visits gathered information on patient access to, and experiences with, the wellness visit. The initial survey work was supported by the Montana Obstetric and Maternal Support (MOMS) Program, a HRSA Maternal Health Innovation Grant.

The wellness visit survey module gathered information on *healthcare utilization* (annual wellness visit, and having a wellness visit the year before pregnancy), *services included* (physical exam, health history, health screening(s), reproductive life planning), *health screenings* (cervical cancer, depression and/or anxiety, sexually transmitted infections, substance use, breast cancer, and other screenings), *patient satisfaction*, and an open ended question on *areas for improvement*.

Data collection occurred from July 26, 2022 – September 14, 2022. The online survey targeted Montanans who have been pregnant in the last five years. UMRIIC used convenience and purposive sampling methods. Participants were recruited through social media platforms Facebook and Instagram via six custom images. The social media campaign included sponsored posts facilitated by the UM Rural Institute for Inclusive Communities platforms. A postcard was also sent to all WIC participants, totaling 8,800. Additional data analysis on this survey module is underway, with completion expected by the end of September 2023.

MCHBG-Proposed PRAMS Survey State-Added Question

In March 2022, the Montana PRAMS Steering Committee chose, and the CDC and IRB approved a state-added question that was proposed by the MCH Program Specialist. The PRAMS 2022 survey, which closed out on 6/9/2023, included this question:

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 data collected from this question will provide additional public input data for the upcoming needs assessment. It will also offer insights into regional differences across the state.

Montana Statewide Syphilis Symposium and Public Awareness Campaign

In response to syphilis spreading faster in Montana than it has in decades, a new partnership was formed with the Public Health and Safety Division (PHSD) STD/HIV/Viral Hepatitis Section. Montana's data indicated that during 2022, there were 602 cases of syphilis (all stages), with women of child-bearing age accounting for 281 of these cases, and there were 41 pregnant women. Preliminary 2022 data shows 15 cases of congenital syphilis, with three stillbirths.

The FCHB collaborated with the STD/HIV/Viral Hepatitis Section to sponsor a Montana statewide Syphilis Symposium held June 19-23, 2023. In partnership with the Native American Development Council (NADC) and the Montana Public Health Institute (MTPHI), four cross-sector community meetings were held in Tribal communities across the state, in addition to a full day clinical training hosted by Dr. Melanie Taylor, Medical Epidemiologist at the Centers for Disease Control & Prevention (CDC).

Nearly 300 providers and community partners, including Tribal Health, County Public Health, Indian Health Services (IHS), Urban Indian Health Centers, Tribal Councils, and social service providers were trained on syphilis testing, staging, and treatment. The next steps following the symposium include: providing more clinical training to healthcare providers across the state; increase public awareness; improve access to 340B drug pricing across the state; provide information regarding the Bicillin shortage to healthcare providers; provide recommendations to Fort Peck Tribal Council regarding their tribal code which impacts women seeking prenatal care; and the creation of the Congenital Syphilis Case Review Board to review all cases of Congenital Syphilis and provide prevention recommendations.

To increase public awareness, MCHBG funds were utilized to support the continuation (from July 1- Sept 30, 2023) of an existing Syphilis public awareness campaign. The campaign is focused on increasing awareness of Syphilis, and encouraging prenatal care, testing and treatment for the condition in the most impacted communities in the state. Outreach is through billboards, social media, radio Pubic Service Announcements, and digital ad placements.

Montana Obstetrics and Maternal Support (MOMS) Program NPM1 Activities

The MOMS Program contracted with the University of Montana Rural Institute for Inclusive Communities (UMRIIC) 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.

MOMS Postpartum Care and Contraception Study was administered for the following purposes: to improve postpartum access to contraception; provider familiarity and expertise with postpartum contraception provision; and to understand behavioral health screenings provided during postpartum visits. Half of the providers reported working in a hospital setting, with the other half reporting a primary practice setting in a rural health clinic or federally qualified health center. Results suggested a need for: provider education on insurance coverage for contraception; training in intrauterine device (IUD) and implant insertion and removal; and improved consistency of substance use screening. Survey results also pointed toward more training in the provision of contraception to individuals with disabilities.

Nine providers who completed the survey completed an interview to provide further contextualization of findings from the survey. The interview coding is underway. UMRIIC will create summary reports and submit manuscripts on these topics to a contraception-focused journal: 1) barriers and facilitators to contraception from a provider perspective; 2) long-acting reversable contraception for persons with disabilities; 3) provider attitudes toward IUDs and implants and how often they provide them; 4) reported provider adherence to contraceptive guidelines and contraceptive counseling; and 5) contraceptive care in a rural state.

The Provider Survey: Understanding and Improving Barriers to Treatment and Care of Substance Use Disorder was conducted to identify provider bias related to treatment and care of pregnant women with substance use disorder. The survey addressed provider knowledge, attitudes, and practice regarding substance use during pregnancy and the care of women who utilize substances during pregnancy to better understand implicit bias among obstetric care providers. Ninety-seven providers participated in the survey. The participants included multiple providers/professionals including OB/GYNs, RNs, APRNs, PAs, LCSWs, SW, therapists, and pharmacists providing maternal care within Montana. The provider survey data has been analyzed and is being formatted for submission to the Nursing for Women's Health journal.

Facilitators and Barriers to Seeking Treatment and Care of Postpartum Depression was studied to identify risk and protective factors associated with seeking care for postpartum depression symptoms among Montana women who use substances or those with mental health concerns. In partnership with Empaths, a MOMS perinatal substance use and mental health treatment system housed with the Billngs Clinic, pregnant women who qualified for services due to substance use or opt-in to the program due to mental health concerns, were invited to participate in a qualitative interview. Participants were interviewed using a qualitative descriptive approach informed by the Behavior Model of Health Services for Vulnerable Populations. These interviews provided an understanding regarding knowledge of and barriers to receiving care for postpartum depression. Four main themes arose from the interview process regarding barriers and facilitators to receiving care for postpartum depression: Family history of mental health concerns and/or substance use, stigmatization around mental health or substance use, lack of awareness surrounding postpartum depression, and isolation.

Maternal Health Care Experiences Survey – Wellness Visit Survey Module was conducted to gather information on patient access to, and experiences with, the women's wellness visit to contribute to the Title V MCHBG Needs Assessment. UMRIIC developed a series of questions on the wellness visit to include in the maternal health care experiences survey. The wellness visit survey module gathered information on: health care utilization (annual wellness visit, and having a wellness visit the year before pregnancy); services included (physical exam, health history, health screening(s), reproductive life planning); health screenings (cervical cancer, depression and/or anxiety, sexually transmitted infections, substance use, breast cancer, and other screenings); patient satisfaction; and an open-ended question on areas for improvement.

Partners at DPHHS contributed to the development of this survey module.The survey had 427 respondents. Most (65.7%) of participants reported having a wellness visit the year before pregnancy. Fewer (54.1%) reported having an annual wellness visit every year. Of those that reported having a wellness visit every year, about half (54.1%) stated this visit included a conversation on reproductive life planning. UMRIIC will complete additional analyses for the upcoming Title V MCHBG Needs Assessment and present the findings at the American Public Health Association Conference in November 2023.

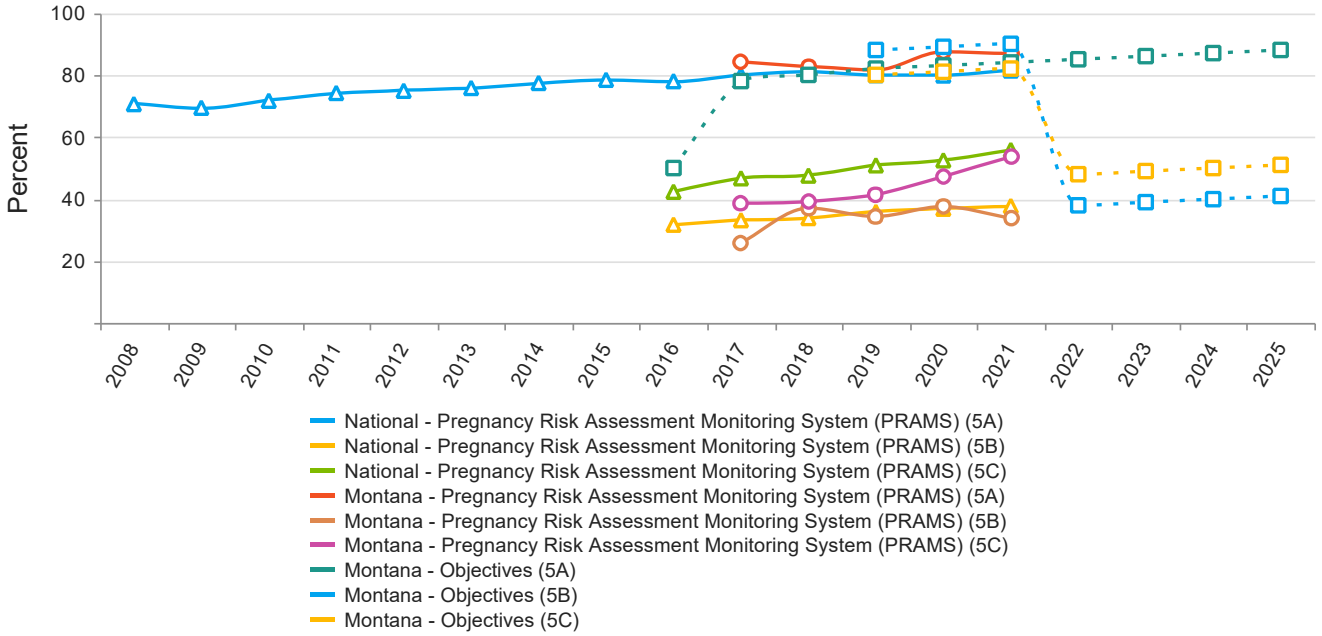
In FFY 24, MOMS will work with Billngs Clinic to ensure that their Year 5 activities are completed and that UMRIIC receives the necessary data to complete their analysis. BC will continue to offer ECHO clinics; the Empaths Perinatal Substance Treatment System, which streamlined a pregnant/postpartum women's access to substance use disorder (SUD) and mental health treatment; and, Cuddling Cubs, a virtual postpartum support group facilitated by the Rocky Mountain College's Occupational Therapy Doctorate program. UMRIIC, MOMS staff, and BC have collaborated on data collection tools for the purpose of determining these programs' impact and potential for other states to replicate. The MOMS PS will serve as a resource for the two CPHDs that have indicated maternal health as an area of focus by selecting NPM 1 or by reaching out for technical assistance from MCHBG staff.

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**	**2022**
Annual Objective	82	83	84	85
Annual Indicator	84.3	81.7	87.4	86.8
Numerator	9,362	8,632	8,706	9,165
Denominator	11,104	10,565	9,958	10,564
Data Source	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2017	2019	2020	2021

State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective	80	82	83	84	85
Annual Indicator	77.8				
Numerator					
Denominator					
Data Source	2015 Health Survey of Montana's Mothers and Babies				
Data Source Year	2015				
Provisional or Final ?	Provisional				

Annual Objectives			
	2023	2024	2025
Annual Objective	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**	**2022**
Annual Objective	88	89	90	38
Annual Indicator	25.9	34.2	37.8	33.8
Numerator	2,795	3,557	3,578	3,423
Denominator	10,810	10,387	9,472	10,126
Data Source	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2017	2019	2020	2021

State Provided Data					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective		88	89	90	38
Annual Indicator	86.5				
Numerator					
Denominator					
Data Source	2015 Health Survey of Montana's Mothers and Babies				
Data Source Year	2015				
Provisional or Final ?	Final				

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	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**	**2022**
Annual Objective	80	81	82	48
Annual Indicator	38.5	41.6	47.2	53.8
Numerator	4,169	4,335	4,472	5,432
Denominator	10,815	10,409	9,480	10,101
Data Source	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2017	2019	2020	2021

State Provided Data					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective		80	81	82	48
Annual Indicator	78.6				
Numerator					
Denominator					
Data Source	2015 Health Survey of Montana's Mothers and Babies				
Data Source Year	2015				
Provisional or Final ?	Final				

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	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					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective		80	83	92	92
Annual Indicator		100	91.7	100	91.7
Numerator		15	11	7	11
Denominator		15	12	7	12
Data Source		FCHB	FCHB	FCHB	FCHB
Data Source Year		FFY 2019	FFY 2020	FFY 2021	FFY 2022
Provisional or Final ?		Final	Final	Final	Final

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

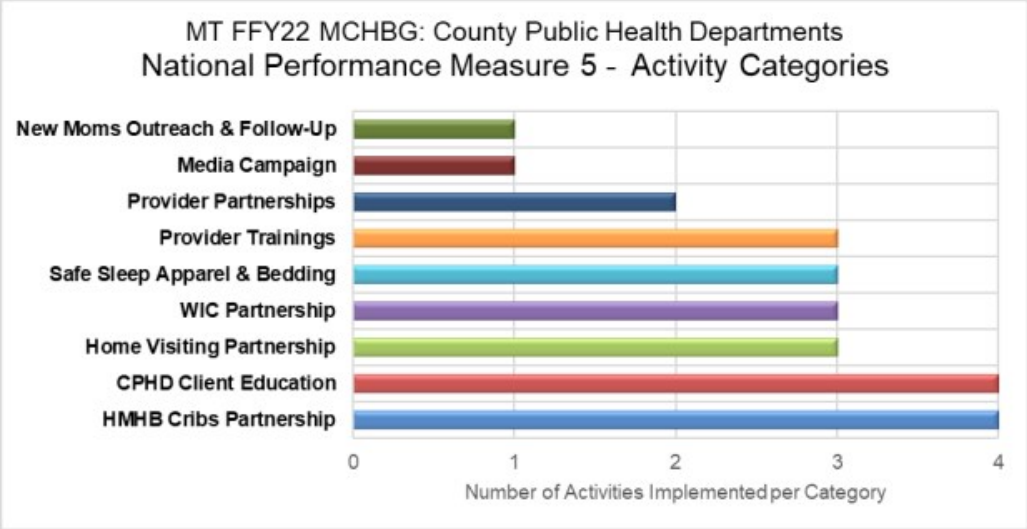
State Action Plan Table

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.	
Local county coroner's infant safe sleep training, in partnership with the Montana Department of Justice. Purpose is to help standardize completion of death certificates in cases of infant deaths occurring from unsafe sleep environments.	
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.

County Public Health Department NPM 5 Activities

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



The emphasis placed on partnership helped to facilitate 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 benefited 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 involved both licensed medical professionals and childcare providers. These partners sponsor training for their staff, and distribution of materials to their clients. This outreach resulted in greater awareness of the importance of infant safe sleep practices, and confidence in education efforts.

The following excerpt from a Flathead CPHD (MCH population = 38,653) 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 is contracting with nine CPHDs who have chosen to focus on NPM 5: Custer, Flathead, Gallatin, Lake, Lewis & Clark, Mineral, Ravalli, Roosevelt, and Yellowstone. They 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-based/informed or best-practice activities, goal-setting, and evaluation.

Fetal, Infant, Child & Maternal Mortality Review and Prevention Teams (FICMMR):

Early in FFY 2022, Flathead CPHD sought partnership opportunities with two local hospitals on infant safe sleep education. They approached both hospitals to gain an understanding about their current safe sleep practices and education. Logan Health-Whitefish modeled safe sleep while infants are in their care and pursued safe sleep recognition certification on their own. The other hospital, Logan Health Medical Center, (LHMC), didn't have a formal safe sleep program, although their labor and delivery nurses do provide safe sleep education. LHMC was open to discussion, which resulted in an agreement to work together with Flathead CPHD to strengthen the hospital's safe sleep education efforts for mothers of newborns before discharge.

Previously, LHMC hadn't tracked which percent of mothers of newborns received safe sleep education in the hospital before being discharged home. The two partners agreed to monitor the goal, Flathead CPHD would compare the total number of infants born at LHMC during the reporting period to the number of infants whose families received safe sleep education prior to discharge. The partners utilized the first quarter to focus on: logistics; planning; and providing orientations to the nursing staff on the new initiative which communicated expectations and coordinating efforts. During this time, Flathead CPHD purchased and assembled four hundred safe sleep resource kits.

The initiative was then launched in the second quarter. LHMC encouraged the mothers to watch two safe sleep videos, while labor and delivery nurses continued to discuss and model safe sleep practices. A short, anonymous survey was administered to capture safe sleep intentions. Upon completion of the videos, mothers received a complimentary safe sleep kit:

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

Numbers tracked are as follows:

- Second quarter - 146 total deliveries, 29 surveys received accounts for 19.5% of newborns discharged this quarter.
- Third quarter - 173 deliveries, 72 surveys collected for 41.6% of newborns discharged.
- Fourth quarter – 176 deliveries, 51 surveys collected for 29% of newborns discharged.
- Fourth quarter – Additional efforts were made and Logan Health NICU was approached to implement the same initiative. This quarter, the NICU reported 40 discharges, 22 surveys were collected accounting for 55% of newborns discharged.

Multiple unexpected challenges occurred:

- Labor & Delivery had extensive staff turnover impacting volatile schedules and work demands creating conditions where it was difficult for nurses to stay on top of the project and communicate with the FICMMR Team.
- Time consuming orientations meant gaps surfaced, with some new staff unaware of the new initiative.
- Survey questions weren't constructed as well as they could have early on, leading to skewed data. Surveys were re-written and staff was asked to reinforce the purpose.

Future Steps:

- The Flathead CPHD Maternal Child Health Nurse will work with their current hospital contacts, and the hospital education unit, so education nurses (who work a standard M-F schedule and do not have patient care responsibility) can provide much needed oversight for the initiative and shore up new staff training.
- While the goal of 75% mothers of newborns to receive safe sleep education before discharge was not met, the project was started in earnest, lessons were learned, and the initiative will go forward with adjustments and momentum on its side.

Custer CPHD (MCH population = 4,556) partnered with several key entities providing infant safe sleep education and materials: WIC program staff; local hospital obstetrics (OB) staff; and parent educators, who worked with eligible families of infants within the SPROUTS home visiting program. One-on-one dialogue was initiated with families of infants less than 1 year of age and educational fact sheets were provided for conversations to continue in the home. Custer CPHD reported these encounters:

- WIC: 163 eligible families engaged in safe sleep education during in-office WIC appointments.

- OB Hospital staff: 44 families of newborns received education prior to hospital discharge.
- SPROUTS families: 21 families received safe sleep education.

Materials were distributed to 21 families who utilized licensed childcare providers and 19 Head Start families in Custer County.

Two remote CPHDs in the western part of the state, Lincoln (MCH population = 5,869) and Glacier (MCH population = 6,749), conducted infant safe sleep outreach and education as follows:

- Lincoln inspected 10 daycare facilities on a number of criteria and they confirmed every facility was practicing safe sleep. Safe sleep materials were sent home to every family.
- Lincoln also provided safe sleep education to seventeen 8th and 9th graders in a Life Skills Class.
- Glacier CPHD provided six WIC clients with safe sleep information in a virtual format, followed by the mailing of education packets. Later in the year, they were able to meet in-person with eleven mothers of newborns and seven pregnant mothers discussing and encouraging safe sleep best practices. Two new staff members received comprehensive infant safe sleep education.

Two CPHDs with frontier-level populations continued to address safe sleep outreach:

- Toole CPHD (MCH population = 1,515):
    - Met with two local physicians and secured their buy-in to partner on infant safe sleep messaging. The CPHD provided ideas for conversation starters and provided safe sleep materials from the Eunice Kennedy Shriver National Institute of Child Health for families to take home.
    - 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. Five families received in-person, safe sleep education in the final quarter of FFY22.

- Sanders CPHD (MCH population = 3,508) :
    - As of June 2022, provided safe sleep education to 17 WIC mothers and pre- and post- safe sleep surveys were also administered. *NOTE:* Not all participants completed both surveys (refused, etc.). Results:
        - Eight moms knew about the ABC's of Safe Sleep
        - Fourteen laid their baby on back
        - Ten put baby in crib or Pack *n'* Plays in their bedroom. Two slept with baby, education provided, but neither mother completed post-survey.
        - Fourteen had a firm mattress and fitted sheets
    - Results of post-education survey:
        - Seven spelled out the ABC's of Safe Sleep
        - Nine stated their intentions to continue laying baby on back
        - Firm mattress and fitted sheet responses remained the same.

The two largest CPHDs, Missoula and Yellowstone, identified innovative, potential new partner agencies to connect with; and provided safe sleep education beyond the sphere of clients they would normally encounter. Some of these agencies included: a foster parent support group, a shelter for young mothers, Missoula Aging Services Grandparent Volunteer Program, and the YWCA.

While both struggled during the year to generate interest neither gave up. Instead of continuing to approach agencies individually, the Missoula CPHD announced two well publicized, safe sleep education seminars open to the public. In July 2022, fourteen participants attended the first seminar, representing these agencies: YWCA; Cougar's Den Childcare; and Mountain Home (shelter for young mothers).

The Yellowstone CPHD persisted throughout the year to set up training with Harmony House, a transitional living program for young women and their children and were eventually successful. Six clients and three staff attended the presentation which included the elements of safe sleep, a full-sized demonstration crib to illustrate a safe sleep environment, Charlie's Kids Books, and safe sleep reminder magnets. Yellowstone reported that as they were the only agenda item at the meeting, a lengthy discussion was held and several participants stated they had heard conflicting information about crib bumper pads. In conversation, Yellowstone was able to establish that each person was familiar with at least three components of safe

sleep.

The State FICMMR Coordinator distributed three safe sleep articles to the CPHDs, 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

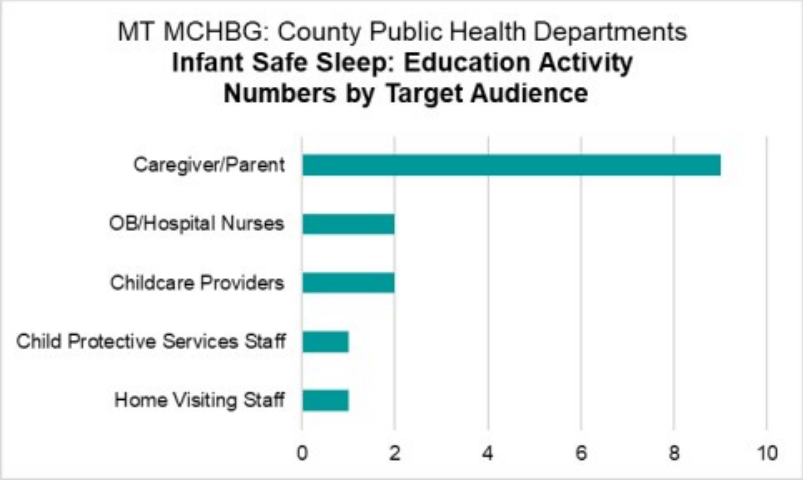
Additionally, an email from the regional director of the Northwest Infant Survival & SIDS Network (NISSA) was forwarded, which addressed the dangers of families using bedside sleepers instead of cribs. In the third quarter of 2022, the FICMMR Coordinator also shared the announcement of the new federal ban on crib bumper pads and certain inclined infant sleepers.

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 Activities

For federal fiscal year (FFY) 2023, the County Public Health Departments (CPHDs) focusing on NPM 5 are implementing twenty separate activities. Fifteen of those activities are education-related. The following chart shows the specific target audiences, with the overwhelming majority aimed at caregivers and parents.



All of these education activities are using evidence-based/informed materials, the majority from the American Academy of Pedicatrics Infant Safe Sleep Toolkit, as well as: Cribs for Kids Safe Sleep Ambassadors; Safe to Sleep; and Charlie's Kids.

- AAP Infant Safe Sleep Toolkit: https://www.aap.org/en/patient-care/safe-sleep/
- Cribs for Kids Safe Sleep Ambassador Training: https://cribsforkids.org/safe-sleep-ambassador/
- Safe to Sleep: https://safetosleep.nichd.nih.gov/
- Charlie's Kids: https://charlieskids.org/

Roosevelt CPHD provided the following report on a recent training at a hospital:

"RCHD RN gave a Safe Sleep presentation at the monthly nursing staff meeting at Trinity Hospital (only birthing hospital in Roosevelt County). She shared the 2022 AAP safe sleep recommendations. Nurses expressed thanks, saying much of the information was new to them. 13 people were in attendance, not all were nurses. Nine (69%) correctly identified the 3 main safe sleep practices on a post-training survey."

Yellowstone CPHD reported on trainings to families and Child & Family Services staff:

"Two newly hired Registered Nurses have been fully trained, and now both have full caseloads, including several new pregnant women. Both RNs were trained on safe sleep practices per the Charlie's Kids program, and they provide that education to each family they see. Additional Safe Sleep activities this quarter included a presentation to Child & Family Services (CFS) staff during a staff meeting. The CFS staff were provided with both written materials and videos to help train their new employees on safe sleep practices."

Ravalli CPHD reported some challenges they are working to overcome with their infant safe sleep activities:

"Staff have identified some possible barriers to greater participation in the infant safe sleep program. One possible deterrent

could be the type of portable crib offered. We looked at what other counties are using and have identified 'cribsforkids.org.' Another identified barrier is challenges reaching our target audience. We identified that our social media is perhaps out of date with the demographic we are looking to reach. We quickly identified that most of our parents use Instagram. We started an Instagram page but within a few weeks were flagged and our account deleted after posting about our free vaccine mobile clinic. Vaccine is a hot topic in our county. One suggestion to rectify this would be to develop a social media platform that is specific to infant/ child/ mother safety promotion and not post any vaccine related promotions on that platform."

The FCHB is in the process of developing a web-based Infant Safe Sleep dashboard. Slated for release in FFY24, it will provide data on infant safe sleep behavior and related deaths. The dashboard will be updated annually, and available to the public.

State-level staff continue to provide technical assistance to the CPHDs, especially in regards to evidence-based/informed resources. During the development of NPM 5 activity details for FFY 2023, special attention was given to a source of materials which did not properly address the issue of co-sleeping. Any CPHD which had initially been considering that option changed over to using materials which follow the AAP guidelines.

In FFY24, the FCHB will contract with seven CPHDs who have chosen to focus on NPM 5. 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 Program: CPHD Injury-Prevention Activities

Three CPHDs are working on infant safe sleep as their designated Fetal, Infant, Child & Maternal Mortality Review (FICMMR) best-practice, injury prevention activity for FFY23.
Glacier CPHD is collaborating with the Cut Bank/Glacier County WIC office to provide infant safe sleep education and awareness to their participants. Through this collaboration, they have been able to reach more new mothers, as well as women who already have children. Three pregnant mothers, as well as four newer mothers, received education and information on infant safe sleep education. Specifically, they receive sleep sacks and the following materials:

- Safe Sleep For Your Baby: https://www.nichd.nih.gov/sites/default/files/publications/pubs/Documents/STS_DoorHanger_General_2013.pdf
- What Does A Safe Sleep Environment Look Like?: https://www.nichd.nih.gov/sites/default/files/2022-10/NICHD_STS_2022_Handout_English508_0.pdf
- Sudden Infant Death Syndrome (SIDS) flier - Noodle Soup: https://www.noodlesoup.com/product/sudden-infant-death-syndrome-sids-flier/
- Sleep Baby, Safe and Snug, Charlie's Kids Foundaton Book: https://charlieskids.org/order-books/

The Madison CPHD identified two key audiences to partner with on the goal to increase consistent, infant safe sleep messaging and best practices in their county: childcare facilities and primary care physicians. Madison took a warm-up approach by visiting nine childcare facilities to simply introduce their new public health nurse while providing small gifts. They communicated their desire to partner together on infant safe sleep education with each facility through dialogue and assessing current practices at the facilities. Madison is also working to build relationships between the CPHD and primary care physicians in the county on the topic. The CPHD visited both of the primary care physicans in the county as an introductory first step with follow-up plans to meet, discuss infant safe sleep and identify ways to work together.

The Roosevelt CPHD presented the revised 2022 American Academy of Pediatric Safe Sleep Recommendations to six physicians, physician assistants and nurse practitioneers from the Northeast Montana Health Services (NEMHS) in January 2023. In the county, and for most of the Fort Peck Reservation, NEMHS providers are the only source of: prenatal care; labor and delivery services; newborn care and assessment; and well-baby visits through six months of age.

The Fort Peck Indian Reservation consists primarily of the Assiniboine and Sioux Tribes. In early 2023, the CPHD sought advice on how to effectively approach infant safe sleep in a culturally relevant way with potential American Indian partners. They spoke to Stephanie Iron Shooter, the American Indian Health Director at Montana's Department of Public Health and

Human Services (DPHHS). Ms. Iron Shooter emphasized a strength-based approach, starting with traditional ways the tribes used to keep their infants safe in the past, followed by storytelling. Then, the discussions can move to current infant safe sleep guidelines.

To-date in FFY23, the state FICMMR Program Specialist has shared the following infant safe sleep resources with the CPHDs:

- *American Academy of Pediatrics:* Sleep-Related Infant Deaths, Updated 2022 Recommendatons for Reducing Infant Death in the Sleep Environment
- *The U.S. Food and Drug Administration Safety Communication:* Do Not Use Infant Head-Shaping Pillows to Prevent or Treat any Medical Condition
- *American Academy of Pediatrics Task Force on SIDS:* Infants Are Not as Reactive When Sick (impacting their ability to roust themselves if airways become blocked)
- *Cribs for Kids Organization.* Poster, 12 Steps for 12 Months
  - Safe Sleep Video Library
  - Songfinch: Just Baby: A Safe Sleep Lullaby
- *Eunice Kennedy Shriver National Institute of Child Health & Human Development (NIH):* Get a Head Start on Spring Cleaning: Clear Baby's Sleep Area
- *Eunice Kennedy Shriver NIH* - An Interactive Visual Tool: What Does A Safe Sleep Environment Look Like. Additional articles from NIH:
  - Ways to Reduce Baby's Risk
  - No Product Can Prevent SIDS

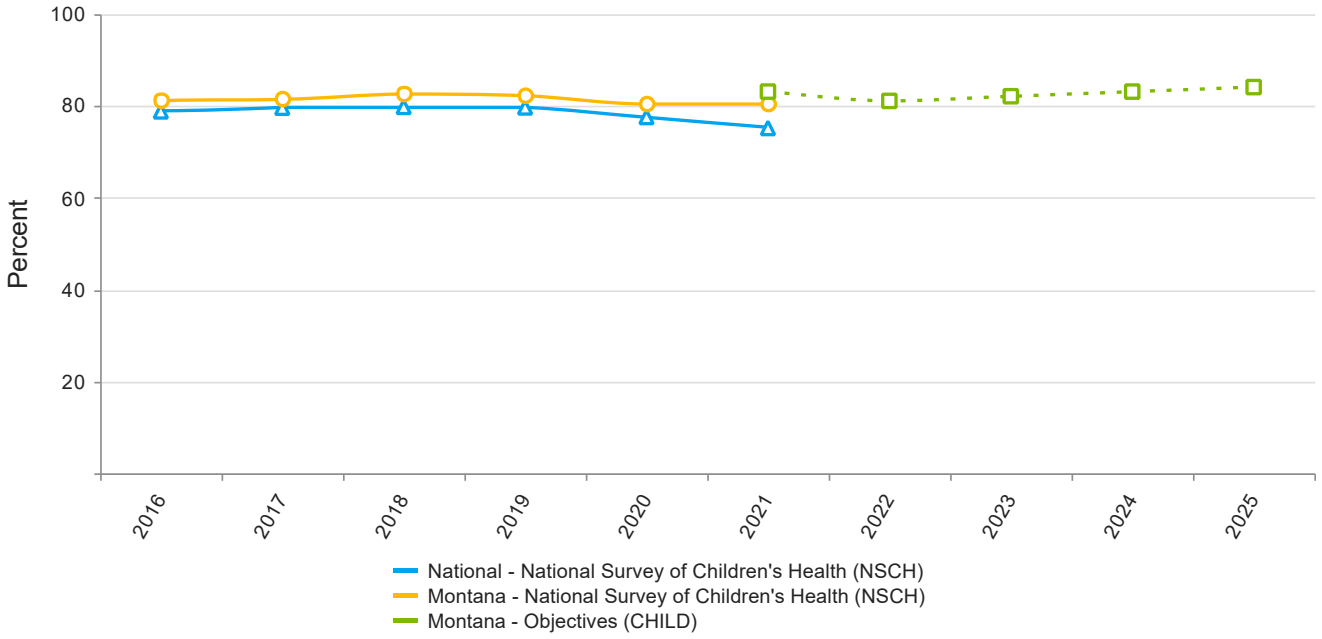
The State FICMMR Program Specialist recently established a relationship with the Coroner Liaison from the Department of Justice. This occured while conducting a quality assurance review on a CPHD FICMMR team's completion of the Child Death Review Report, and using input from the quarterly FICMMR Trainings. The relationship identified a mutual need: local county coroners, who complete their county's death certificates, needed infant safe sleep education training. Title V MCHBG funding supported the purchase of infant safe sleep training dolls for each county, which will be used by the Coroner Liaison at a Fall/Winter 2023 training.

Title V MCHBG funding is also supporting the creation of a safe sleep data dashboard by the 2022 summer Graduate Student Epidemiology Program (GSEP) intern. The GSEP is using data from the Child Death Review System and anticipates that the dashboard will be functioning on October 1, 2024.

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**	**2022**
Annual Objective			83	81
Annual Indicator	82.6	82.1	80.4	80.4
Numerator	179,033	177,165	172,678	171,786
Denominator	216,777	215,773	214,747	213,627
Data Source	NSCH	NSCH	NSCH	NSCH
Data Source Year	2017_2018	2018_2019	2019_2020	2020_2021

Annual Objectives			
2023	**2024**	**2025**	
Annual Objective	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	2022
Annual Objective			80	82
Annual Indicator			87.5	100
Numerator			7	11
Denominator			8	11
Data Source			FCHB	FCHB
Data Source Year			FFY 2021	FFY 2022
Provisional or Final ?			Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	83.0	84.0	85.0

ESM 13.2.2 - Complete the 3rd Grade Basic Screening Surveillance (BSS) to assess student's oral health status, and produce a report to inform needed oral health services.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives		
	2024	2025
Annual Objective	1.0	0.0

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 or include oral health activities in their SPM 1 operational plans. State staff provide technical assistance and resources.	
MCHBG funding will support a Basic Screening Survey for third grade students across the state in FFY24. Will partner with Association of State and Territorial Dental Directors for technical assistance, which includes guidance for conducting, analyzing, and reporting BSS data	
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
ESM 13.2.2 - Complete the 3rd Grade Basic Screening Surveillance (BSS) to assess student's oral health status, and produce a report to inform needed oral health services.	Active
NOMs	
NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year	
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 19 - Percent of children, ages 0 through 17, in excellent or very good health	

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

Six County Public Health Departments (CPHDs) chose NPM 13.2 for FFY 2022 (Cascade, Custer, Deer Lodge, Granite, Lincoln, and Mineral). These CPHDs used a wide variety of partnerships and activities to promote preventive dental care in children. These partners included:

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

Activity strategies, which included services to CPHD clients, were as follows:

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

Lincoln CPHD (MCH population = 5,886) developed a partnership to bring dental services to rural schools in their county in FFY22. It was a good example of collaboration between different organizations. Lincoln collaborated with dental providers affiliated with Smiles Across Montana (SAM) whose mission states: "We are committed to providing affordable and quality preventive treatment, education, and community outreach." SAM strives to serve vulnerable populations throughout the state, with a focus on rural and native lands, by providing dental services using fully equipped mobile clinics (https://www.smilesacrossmontana.com/).

Mineral CPHD (MCH population = 1,415) partnered 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 (montanasmiles.org). Hometown dentists volunteered to provide cavity-preventing treatments to families in schools in which 50% or more of the children qualify for the National School Lunch Program (NLSP).

The Anaconda-Deer Lodge CPHD (MCH population = 2,910) recognized the value of fluoride varnish 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 in the first quarter of FFY22, Anaconda-Deer Lodge PHD had two nurses complete the training. Starting in February 2022, the service was offered to children during WIC visits, whose parents provide their consent.

Custer CPHD (MCH population = 4,391) public health nurse who coordinated their dental activities, used the "Smiles for Life" curriculum for workforce development, to train herself for assisting alongside a dentist at off-site oral health screenings and fluoride applications. The "Smiles for Life" curriculum, endorsed by more than 20 professional organizations and is offered free of charge, 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. The Custer CPHD nurse also used it as a source of educational materials for other providers and children's families.

In FFY23, the FCHB is contracting 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-based/informed or best-practice activities, goal setting, and evaluation.

Oral Health Program FFY 2022 Activities

On July 16, 2018, the Oral Health Program (OHP) received the *Grants to States to Support the Oral Health Workforce Activities* Grant. It covered the timeframe of September 1, 2018, to August 31, 2022. The grant provided funding for the Oral Health Program Specialist, who in turn worked with the CPHDs on their NPM 13 selection, as well as overseeing the Grant's work plan. A new grant application was submitted successfully, and that funding began on September 1, 2022. The focus of the new grant is to develop and implement innovative programs in Montana's underserved and under resourced communities to increase access to dental care and strengthen the oral health workforce. The Title V MCHBG Director oversaw both grants until December 2022, at which time a new Oral Health Program Specialist was hired to oversee the OHP.

Oral Health Literacy

Healthy Montana Mouths: During FFY22, MCHBG and OHP staff collaborated on activities to support NPM 13b. This included ongoing promotion of the oral health literacy campaign, *Healthy Montana Mouths*.

Healthy Montana Mouths was promoted by four CPHDs serving as oral health "hubs", and by those that selected NPM 13b. Additionally, the materials were 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 pursued opportunities to disseminate materials, both in person and virtually.

Conference Presentations: During FFY22, the Oral Health Program was 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 5, 2022, the OHP presented at the HRSA Bureau of Health Workforce All Grantee & Stakeholder meeting and highlighted *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*, highlighted three HRSA grant sponsored activities that promoted MCH dental care utilization.

Oral Health Literacy Campaign: the OHP requested and was approved by HRSA to carry over funds to support an oral health literacy campaign. The OHP collaborated 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 is in the editing stage. Furthermore, Windfall provided earned media and marketing support. This included 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 promoted 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 continued to pursue opportunities to promote national health observance in the remainder of FFY22.

Networks & Partnerships

Montana Healthcare Programs: During FFY22, the OHP collaborated with Montana Healthcare Programs on a project to increase the number of preventative oral health services provided. This project specifically targeted services for members under 36 months of age, delivered by Medicaid enrolled physicians, physician assistants, and nurse practitioners. The program provided 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 indefinitely.

The Caring Foundation of Montana (CFMT): CFMT drew upon existing mobile-health relationships to expand services to include oral health. In each community visited, outreach was 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 coordinated with school nurses and Head Start health coordinators to facilitate follow up care, when appropriate. From Sept. 1, 2019, through August 31, 2022, CFMT provided the following services: 5,413 screenings/exams, 2,718 cleanings, 5,210 fluoride varnish applications, and 5,471 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 was continued from the previous year as detailed from the FY21 report. From Sept. 1, 2019, through August 31, 2022, oral health education was provided 5,646 times, and 393 applications of fluoride varnish were delivered.

Alluvion Health: This program was detailed in the FFY21 report. COVID-19 and the healthcare workforce shortages hindered Alluvion Health's outreach by their mobile dental clinic, but improvements in staffing near the end of the year allowed Alluvion's mobile clinic to perform 87 screenings and 227 procedures in FFY22.

Surveillance

Routine surveillance of children is vital to targeting effective oral health interventions. To determine the current state of Oral health in Montana's children, the OHP, in conjunction with contracted partners, conducted the Basic Screening Survey (BSS) of the Head Start and Kindergarten populations during the 2021/2022 and early 2022-2023 academic years.

Association of State and Territorial Dental Directors (ASTDD) determined the sample for screening and conducted the analysis of the data from the Kindergarten BSS. For the Kindergarten BSS, a sample consisting of 33 schools out of 242 schools, were selected to participate. Relative income was determined by eligibility for the NLSP. Schools where less than 25% of their students were eligible for NSLP were determined to be high income schools; schools where 75% or more are eligible for NLSP were determined to be lower income schools.

Once completed, data was available for 29 of the 33 schools. A total of 1,015 out of 1,736 enrolled kindergarten children received an oral health screening for a response rate of 58%. Montana's kindergarten children had a 46% decay experience which was higher than the national average of 42%. They had a 19% rate of untreated decay which was higher than the national average of 15% (NHANES 2011-2016) *. Kindergartners that attended schools in lower income areas had significantly higher prevalence of both decay experience and untreated tooth decay than children attending schools in higher income areas. There has been no significant change in the oral health of Montana's kindergarten children since 2015-2016.

*Data source for national data: National Health and Nutrition Examination Survey (NHANES) 2011-2016. Secondary analyses of public datasets by ASTDD.

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 was a state-wide program that focused on MCH dental care utilization with the purpose of reducing the burden of dental disease in Montana. MIP had two goals that directly supported 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 established the following partnerships:

University of Washington School of Dentistry (UWSOD): The aim of the partnership with UWSOD was to improve access to oral health care in Montana through development and delivery of community-based and interprofessional experiential training programs. These has a focus on rural and underserved vulnerable pediatric populations. Based on significant capacity building efforts, UWSOD established a network of rotation sites in various high-need areas of Montana including the following tribal facilities: Blackfeet Community Hospital; Lame Deer Health Center; and the Crow & Northern Cheyenne Hospital. From September 1, 2018, through August 31, 2022, UWSOD facilitated 51 clinical rotations in Montana. During these rotations, dental students have completed 1,397 procedures on pediatric patients (age 1-17).

Prior to departing on rotations, students were 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 included 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 were encouraged to have students treat children and to utilize off-site opportunities to treat children in the area.

Additionally, UWSOD 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 was 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 demonstrated significant progress on American Indian initiatives to support early childhood oral health activities. One activity implemented an oral health program with the Northern Cheyenne Nation Head Start. The project utilized an interprofessional team of dental professionals and Bachelor of Science in Nursing (BSN) students. The team visited the Northern Cheyenne Nation Head Start multiple times per year and provided preventative services within the classroom setting. During these visits, BSN students gained 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 offered preventative oral health services, including cleanings, sealants, and teledentistry exams. From September 1, 2018, through August 31, 2022, MSUCON has provided the following services to Northern Cheyenne Nation Head Start students: 528 preventative care encounters, 324 cleanings, 490 fluoride varnish applications, 888 sealants, and 175 referrals.

Caring Foundation of Montana (CFMT): 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. To further support community-based oral health activities for children during early childhood, the Caring Foundation of Montana (CFMT) piloted the integration of preventive dental health services in mobile health clinics and non-traditional settings. The purpose of this project was to address dental needs, promote prevention, and increase the capacity of community-based preventive dental care for high-risk, high-need populations. In conjunction with Smiles Across Montana (SAM), CFMT held mobile dentistry clinics in 10 dental HPSAs. They provided 27,870 preventive oral health services to high-need areas.

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.)

County Public Health Department Activities

Two County Public Health Departments are implementing activities for NPM 13.2 in FFY 2023, Cascade (MCH Population = 33,739) and Custer (MCH Population = 4,391).

The following is a snapshot of activities in Custer County from a recent FFY 2023 quarterly report:

- Provided oral health infographic/fact sheets to seven families of newly birthed/discharged babies in Custer County this quarter.
- 134 WIC families were given the information regarding oral health, and the importance of screenings/preventative care: 14 prenatal; 17 post-partum; 27 <1yr olds; and 76 1-5yr olds
- The Dentist and Registered Nurse responsible for administering the oral health curriculum, went to the Head Start and did screenings, applied fluoride, and handed out information sheets. There were 42 children who were screened and had fluoride applied; and each child and eight Head Start staff received the education materials.
- After staff assessed a daycare's children and workers' immunizations records, oral health education packets were provided to the 15 daycare families.
- This first quarter of the FFY24, clients of the home visiting program *Supporting Positive Roots by Offering Unique, Teachable Strategies* (SPROUTS) received oral health educational materials.

Cascade CPHD's report included these insights into their work:

Performance Measure Activity #1: Provide oral health education in schools

Evaluation Plan and Goal for Activity #1: The Oral Health Educator will provide education in 25 Cascade County schools, including rural schools and Hutterite Colonies during FFY 2023.

- So far this school year, they have delivered five oral health lessons to 730 students, grades two and three, in Cascade County. Classroom lessons have taken place in 47 classrooms at 19 elementary schools. All students taking part in the Oral Health Program receive toothbrushes and toothpaste to take home.

Performance Measure Activity #2: Provide oral health screenings in schools

Evaluation Plan and Goal for Activity #2: Oral Health Educator will coordinate with local dentists to provide oral health screenings in a minimum of 25 Cascade County schools during FFY2023.

- They have been busy facilitating visual dental health screenings in grades one, three, and four. Dental screenings have been completed in 10 schools, and most schools will finish up next quarter. Any child who has been identified by the school screening in need of dental care, receives a follow-up call from their school nurse, offering assistance to parents in getting their child's needs met, whether it be: helping to find a dentist to treat their child; making an appointment; or helping find financial assistance. The involvement of school nurses in this program has been a beneficial step in helping children receive the dental care they need.

In FFY24, the FCHB will contract with one CPHD who has chosen to focus on NPM 13.2. They will implement and evaluate at least two community-level activities during the fiscal year. Seven CPHDs working on SPM 1 have also chosen to implement an oral health activity for FFY24. The FCHB will provide this county with training, resources, and support on evidence-informed or best-practice activities, goal setting, and evaluation.

Current Oral Health Program Plans for FFY 2023

The Montana Oral Health Program (OHP) received funding from the Health Resources and Services Administration (HRSA) *Grants to States to Support Oral Health Workforce Activities*. The funding will continue to support OHP staffing and activities through September 1, 2026. The OHP is leveraging existing partnerships with Montana State University College of Nursing (MSUCON) and University of Washington School of Dentistry (UWSOD). New partners committed to improving the oral health of Montanans include: the Montana Office of Rural Health/Area Health Education Center (MORH/AHEC); WIM Tracking; and Billings Clinic.

The OHP, in conjunction with its partners, began developing and implementing programs focused on Montana's 38 Dental Health Professional Shortage Areas (HPSA) designated counties, which are home to underserved and under-resourced communities. These 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.

UWSOD and MORH/AHEC are collaborating on two programs aimed at addressing the dental workforce challenges by "growing our own." Created by UWSOD, the *Inspire Healers Program (ISP),* for indigenous high school students to learn more about the oral health profession, and college preparation, is being adapted to be Montana focused. MORH/AHEC will recruit MT American Indian health professionals to serve as mentors and to create a social media marketing plan to market the *ISP* to Montana's American Indian High School students. The first cohort of students should be enrolled by the end of FY 2023. Additionally, UWSOD and MORH/AHEC are adapting the Community Health Professions Academy (CHPA) curriculum for Montana. The CHPA targets 8th through 12th grade students. The students are introduced and paired with a mentor who may be a dental student, faculty,or pre-health undergraduate student, with the goal to introduce the student to a healthcare career.

UWSOD 4th year students will complete their Rural and Underserved Opportunities Program (RUOP) rotation and 2nd year students will complete their five-week Service-Learning Rotations (SLR) in a HPSA designated county. The 4th year students are able to provide preventive services, i.e. fluoride treatments and sealants and 2nd year students are able to provide services offered by a dental assistant.

As a modification to their year-3 existing *Dental Education in the Care of Persons with Disabilities* (DECOD) fellowship training for dental curriculum, UWSOD will provide: professional development; interprofessional education; and student training in the care of patients with special health care needs (SHCN). This has been adapted for rural, frontier, tribal, and other underserved populations.

MSUCON will continue its presence at the Northern Cheyenne and the Blackfeet Head Start Programs to:

- Staff an interprofessional mobile clinic to provide fluoride applications, cleanings, sealants and Silver Diamine Fluoride (SDF) applications. Oral health education materials are also provided to the staff and students and their families.
- Pilot a tribal pediatric oral health messaging campaign, "First Tooth First Visit" video across statewide network of American Indian clinics.
- Develop a video illustrating the mechanism of action of SDF.

The funding is also supporting the expertise from Yarrow LLC and WIM LLC to produce the 2024 Oral Health Workforce Assessment, which will collect data to examine the distribution, workforce capacity and demographic characteristics of the current dental workforce in Montana. The results will benefit the discussions determing the 2025-2030 MCHBG Health Priorities as determined by the MCHBG Needs Assessment.

Oral Health Program Plans for FFY 2024

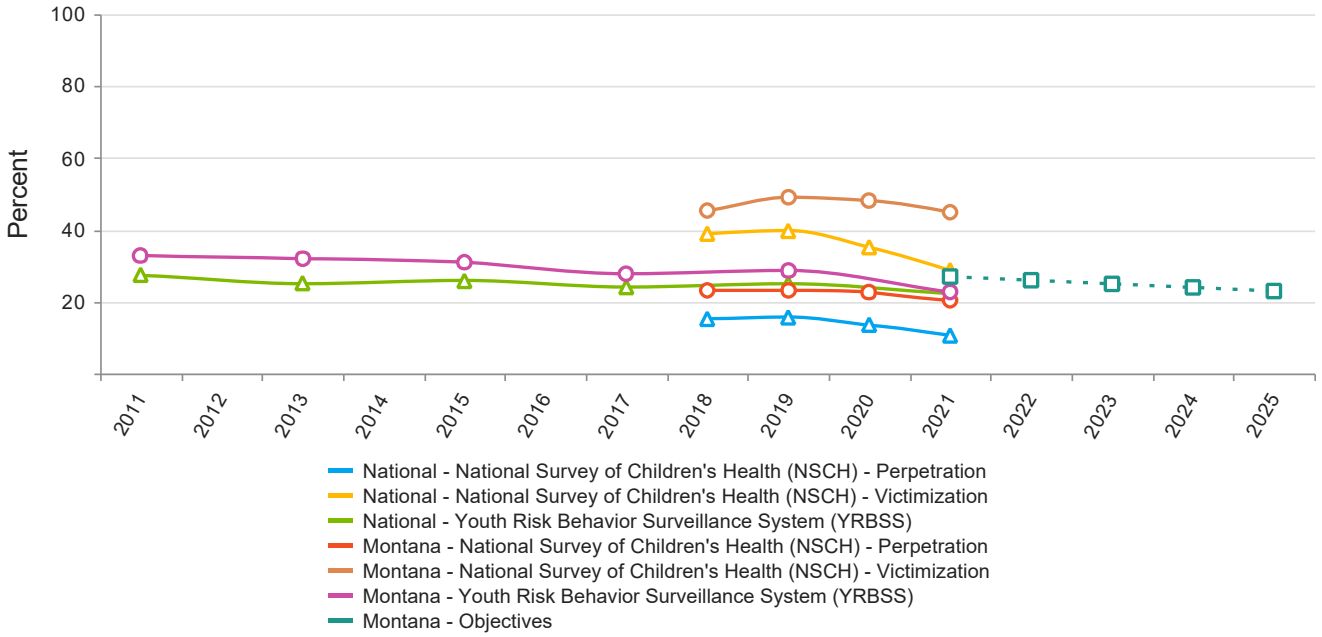
Montana last conducted the Basic Screening Survey (BSS) for third grade students during the 2017-2018 school year. The BSS, a tool for oral health surveillance that was developed by the Association of State and Territorial Dental Directors (ASTDD) to help state and local public health agencies monitor the burden of oral disease.

For FFY 24, Title V funds will be used to fund the third grade BSS and the OHP will fund the technical assistance from ASTDD which includes the guidance for conducting, analyzing, and reporting BSS data. Additionally, CPHDs and others who request oral health technical assistance, will be routed to the Oral Health Program.

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**	**2022**
Annual Objective			27	26
Annual Indicator	27.8	28.5	28.5	22.9
Numerator	11,393	11,853	11,853	9,789
Denominator	40,974	41,603	41,603	42,701
Data Source	YRBSS	YRBSS	YRBSS	YRBSS
Data Source Year	2017	2019	2019	2021

Federally Available Data				
Data Source: National Survey of Children's Health (NSCH) - Perpetration				
	2019	**2020**	**2021**	**2022**
Annual Objective			27	26
Annual Indicator	23.2	23.2	22.5	20.3
Numerator	16,058	16,805	17,091	15,714
Denominator	69,345	72,374	75,967	77,247
Data Source	NSCHP	NSCHP	NSCHP	NSCHP
Data Source Year	2018	2018_2019	2019_2020	2020_2021

Federally Available Data				
Data Source: National Survey of Children's Health (NSCH) - Victimization				
	2019	**2020**	**2021**	**2022**
Annual Objective			27	26
Annual Indicator	45.2	48.9	48.1	45.0
Numerator	31,448	35,450	36,567	34,753
Denominator	69,617	72,511	75,967	77,283
Data Source	NSCHV	NSCHV	NSCHV	NSCHV
Data Source Year	2018	2018_2019	2019_2020	2020_2021

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	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	2022
Annual Objective			80	82
Annual Indicator			80	0
Numerator			12	0
Denominator			15	4
Data Source			FCHB	FCHB
Data Source Year			FFY 2021	FFY 2022
Provisional or Final ?			Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	83.0	84.0	85.0

ESM 9.2 - Completion of Bullying Prevention Social Media Campaign

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives		
	2024	2025
Annual Objective	10.0	0.0

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 NPM 9: Bullying Prevention as their priority need and for those who include bullying prevention activities in their SPM 1 operational plans. State staff will provide technical assistance and resources.	
Conduct an evaluation of the "Power Up Speak Out" curriculum, to determine if could be considered a promising/best practice evidence based curriculum	
Bullying prevention social media campaign, using videos from StopBullying.gov.	
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
ESM 9.2 - Completion of Bullying Prevention Social Media Campaign	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	

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) focused their MCHBG activities on NPM 9: Big Horn (MCH population = 6,977); and Broadwater (MCH population = 1,947). Rosebud CPHD (MCH population = 4,075) addressed 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. As stated in their quarterly reports, the CPHD has good relationships with the Crow Tribal Health Department and the county's schools. The CPHD planned to combat bullying not only within the adolescent and parent population but also within the community and schools. Their original activities to support bullying-prevention were as follows:

> **Activity #1 Description**: Hold a poster contest with Big Horn County youth to address bullying prevention. Poster(s) winners to 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 to be accessed through poster(s) and tracked with the goal of increased views each quarter.
>
> **Activity #2 Description**: Monthly social media bullying prevention posts, targeting youth and adults.
> **Activity #2 Evaluation Plan & Goal**: Likes and comments to the posts were to be tracked and used for rapid quality improvement, with the goal of increased views to new posts each quarter.

However, BHCPHD was approved to redirect funds toward COVID-19 response, and the high number of cases and immunizations restricted their time to focus on bullying prevention activities. BHCPHD 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 original NPM 9 activities were:

> **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 was 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 Immunization room to Bullying-Prevention. Hand out printed materials over the 2022 summer months to students ages 12-17, as they came in for immunizations.
> **Activity #2 Evaluation Plan & Goal**: The goal was 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 was dedicated to bullying prevention in an exam room. They met with the school to plan for bullying prevention education in the future.

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 was 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.
>
> **Activity Outcome**: 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. From the pre- to the post-test, 85% of students indicated that had learned more about bullying from the presentation.

Eight CPHDs addressed suicide prevention for their FICMMR injury-prevention activity in FFY 2022: Carbon, Deer Lodge, Granite, Lewis & Clark, Richland, Roosevelt, Rosebud, and Valley. All these counties made use of partnerships to forward their goals. These partners included: schools, local hospitals, community counselors, law enforcement, and local mental and behavioral health advisory committees. They used one of these evidence based educational curriculums: 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 worked with Montana's Crisis Intervention Team to improve crisis response by law enforcement.

In FFY23, the FCHB is contracting with four CPHDs who have chosen to focus on NPM 9: Blaine, Deer Lodge, Granite, and Madison. They 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-based/informed or best-practice activities, goal setting, and evaluation.

The Family & Community Health Bureau's adolescent health programs, under the direction of the Bureau Chief, provided programing for addressing healthy relationships. There are two programs: Optimal Health for Montana Youth (OHMY); and Sexual Violence Prevention and Victim Services (SVPVS). The OHMY Program Specialist helped to address bullying prevention by promoting the use of the *Title V Sexual Risk Avoidance Education* (SRAE), *and Personal Responsibility Education Programs* (PREP), with a focus of being holistic through curriculum choice.

The OHMY Program Specialist created a list of curricula that not only addressed bullying prevention but included: healthy relationships in general; promoting connectedness to school and culture; understanding power dynamics within relationships; and developing decision-making skills. The OHMY Program Specialist also worked to collaborate with public schools, community-based organizations, tribal health departments, and faith-based organizations to reach more Montana youth. During this reporting period, 1,700 middle and high school students were served by SRAE and PREP programs.

Both OHMY and SVPVS are utilizing a curriculum created in Montana for middle school students to learn healthy relationships. *Power Up, Speak Out! (*PUSO) encourages students to think critically about healthy relationships, power dynamics and boundaries. SVPVS contracted with PUSO creators for a 5-year rigorous evaluation, with implementation in middle schools across Montana. The monitoring report is due January 31, 2024. In this reporting period, 2,400 middle school students received Power Up, Speak Out!

Adolescent Health - Application Year

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

County Public Health Department Activities

The four County Public Health Departments (CPHDs) working on NPM 9 activities for FFY 2023 are all in smaller population-size counties: Blaine, Deer Lodge, Granite, and Madison. This tends to provide an advantage for relationship building with the schools and in the communities. In 2017, Johns Hopkins University Women's and Children's Health Policy Center published a brief on how to *Strengthen the Evidence Base for Maternal and Child Health Programs*. In their review, the programs with the best levels of evidence for bullying prevention all involved schools. The following are two examples:

Blaine CPHD (MCH population = 3,444) is supporting bullying prevention education of teachers. They are using online curriculums provided through the Montana Office of Public Instruction's Teacher Learning Hub (https://opi.mt.gov/Educators/Teaching-Learning/Teacher-Learning-Hub):

- Building Respect: Bullying Prevention
  An interactive role-play simulation about responding to bullying incidents. It uses practice conversation techniques to: address biased language in the classroom; introduce how to reach out; and reinforce staff responsibilities in reporting bullying behavior.

- Bullying and Cyberbullying Prevention Among Rural and Tribal Youth
  In this course, teens learn how to implement bullying prevention strategies with a focus on rural and tribal communities. The content covers how to recognize bullying, its effects, and how to prevent bullying in school. It also addresses cyberbullying and how to educate students in healthy digital citizenship.

Blaine CPHD is also partnering with the Mental Health Local Advisory Council to provide education on suicide prevention.

Deer Lodge CPHD (MCH population = 2,910) is focusing on bullying prevention and collaborating with schools to implement education and student assemblies with national speakers. The CPHD has recognized the importance of involving the community in the prevention of bullying. Community events are planned, and afterschool supports will be put in place for at-risk youth.

Granite CPHD (MCH population = 1,055) has an especially close working relationship with the high school counselor, as that staff person uses an office co-located within the health department. This facilitates consistent communication and guidance as the two organizations collaborate on the creation of a bullying prevention program for the school.

Madison CPHD (MCH population = 2,525) is addressing bulling prevention through a poster campaign. Posters will be created by youth through a contest. The winning posters will be published in the local newspaper, with resources for parents, and posted on social media. Madison CPHD is addressing the mental health side of bullying by training students in Question Persuade Refer (QPR).

Starting in June 2023, state-level staff began working with an advertising agency to create a bullying prevention media campaign. The plan is to use the evidence-based resources available at StopBullying.Gov (https://www.stopbullying.gov/videos-social-media), and create a social media buy across the most relevant platforms. Tracking of click-throughs and impressions will gauge effectiveness and return on investment. The primary target audience is adolescents aged 10-18, with secondary target audiences of parents/caregivers and teachers. The ads are scheduled to run at the beginning of the school-year, during September and October 2023.

In FFY24, the FCHB will contract with one CPHD who has chosen to focus on NPM 9. They will implement and evaluate at least two community-level activities during the fiscal year. Two CPHDs working on SPM 1 have also chosen a bullying prevention activity for FFY24, and two more will be implementing a suicide prevention activity. The FCHB will provide this county with training, resources, and support on evidence-informed or best-practice activities, goal setting, and evaluation.

Fetal, Infant, Child & Maternal Mortality Review Teams: Injury-Prevention Activities

During the 2020 Statewide 5-Year Needs Assessment, bullying and suicide emerged as interrelated issues. The 2017 YRBS data showed that high school students who attempted suicide were more likely to have been electronically bullied (46%) during the past 12 months than students who had not attempted suicide (14%). The 2021 YRBS data showed 32% of high school students attempted suicide requiring medical treatment.

Twelve CPHDs are addressing Suicide Prevention for their FFY 2023 FICMMR injury-prevention activity. Working with partners in the schools and communities are the top collaborations and venues for these activities. One unique focus is in Yellowstone County, where the CPHD is working with the foster care system. The CPHDs will be utilizing one or a combination of: Question Persuade Refer (QPR); Mental Health First Aid (MHFA); Signs of Suicide (SOS); and/or firearm storage to educate youth, parents, and community members.

During FFY23 Granite CPHD is supplementing their MCBHG-specific NPM 9 activities by focusing their Fetal, Infant, Child, & Maternal Mortality Review (FICMMR) injury prevention activity on bullying prevention as well. Here are the details of those plans:

> Description: The focus is geared toward cyber-bullying prevention in the county's three schools. They are partnering with: law enforcement (the School Resource Officer); the school therapist; and all school staff that interact with students. They are using the following resources for planning purposes: statistics from the CDC website; Youth Risk Behavioral Survey (YRBS) results for schools; and Schoolsmart.org. They have a planning committee to steer the activities in the county.
> Goals: 1. Present age-appropriate activities to the three schools, utilizing resources obtained from the sources mentioned in the description. 2. Pursue mini-grants to help the schools bring in additional funding for the activities.
> Evaluation: 1. Attendance will be taken at each activity. 2. Pre- and post-training surveys will be collected from all participants.

Adolescent Health Needs Assessment

Currently, the Family & Community Health Bureau, Maternal & Child Health Coordination Section (MCHC), and Adolescent Health Section (AHS) are collaborating with Yarrow LLC in conducting a statewide Adolescent Health Needs Assessment. The assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of adolescents in Montana. The goals of the assessment are to more clearly understand the gaps, barriers, and resources across Montana communities and tribal land which are impacting: physical and mental health; teen pregnancy; sexually transmitted infection rates; and rates of bullying and sexual violence.

The needs assessment is employing a mixed-method design using both quantitative and qualitative methods, and is made up of at least five components: key Informant Interviews; youth focus groups; community surveys; secondary analysis of population health and demographic data; and resource mapping. Completion is set for October 2023.

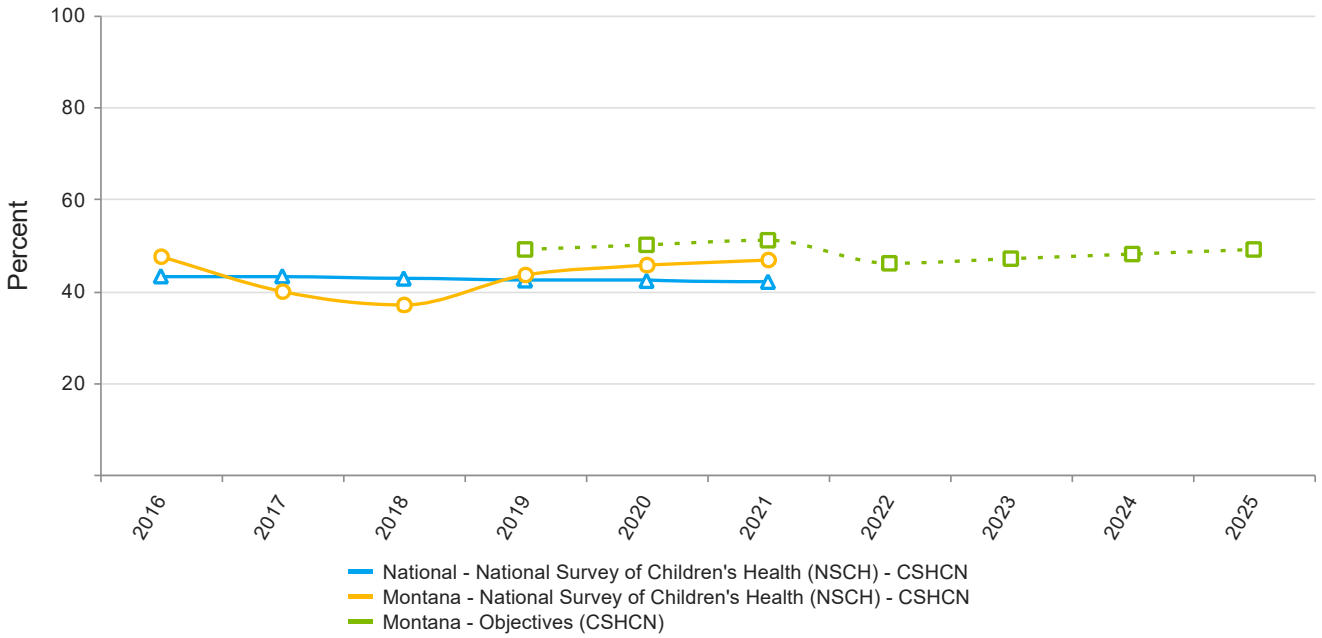
MCHC and AHS will be utilizing the MCHBG Statewide 5-Year Needs Assessment to inform future programing for Montana adolescents, and to engage stakeholders in collaboration for meeting identified needs with youth-centered strategies. AHS's *Optimal Health for Montana Youth* continues to promote a holistic teen pregnancy curricula that encompasses bullying and suicide prevention.

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					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective		49	50	51	46
Annual Indicator	39.9	36.8	43.5	45.5	46.8
Numerator	17,364	16,404	19,378	19,982	21,866
Denominator	43,541	44,607	44,583	43,885	46,767
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2016_2017	2017_2018	2018_2019	2019_2020	2020_2021

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	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					
	2018	2019	2020	2021	2022
Annual Objective		25	5	5	18
Annual Indicator		18.4	56.9	0.3	0.5
Numerator		36	132	159	274
Denominator		196	232	55,048	60,401
Data Source		FCHB	FCHB	FCHB	FCHB
Data Source Year		FFY 2019	FFY 2020	FFY 2021	FFY 2022
Provisional or Final ?		Final	Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	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 medical home by providing a half-day complex care training for providers, on October 6, 2023. In collaboration with the Montana Chapter of the American Academy of Pediatrics, this training will be specifically focused on the care of children with special health needs with the aim of improving provider confidence at caring for this patient population. The theme for this training is transition from NICU/inpatient to the outpatient setting and will feature a hands on skills session on Gtube and pump management, a family panel, and two guest speakers.	
Beginning in Fall 2023, CSHS is collaborating with the Great Falls Public School District to introduce a pilot project focused on transitions for high school aged CYSHCN by providing peer support to reach specific transition goals. There will be an evaluation plan in place with the end goal of expanding this project statewide.	
A Request for Proposal will go out to transition the cleft/craniofacial clinics to community partners in an effort to strengthen the system of care and shift CSHS involvement away from direct services. This is a result of a needs assessment conducted in FY2022 that showed families would benefit from a new system of care for cleft/ craniofacial clinics. A new contract will be awarded in November, 2023.	
Montana's Peer Network, through a contract with CSHS, is working to obtain certification for Family Peer Supporters. This requires a committee to form the proposal and legislative approval.	
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

The Children's Special Health Services (CSHS) Section 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 aimed to meet the needs of the Children & Youth with Special Health Care Needs (CYSHCN) in collaboration with numerous DPHHS housed programs.

In FFY22, there were significant CSHS staff transitions and changes to the 5.0 program staff and 1.0 Americorps VISTA, supervised by the CYSHCN Director/Section Supervisor. The CYSHCN Director, CSHS Nurse Consultant and Newborn Screening Program Manager remained consistent. A new Montana Access to Pediatric Psychiatry Program (MAPP-Net) Program Specialist began in March 2022 and a new CYSHCN Program Assistant began in June 2022. The Americorps VISTA served the first three months of FFY22 before her term ended in January 2022.

CSHS manages critical programs for CYSHCN including: Cleft/Craniofacial Clinics; a Statewide Genetics and Metabolic program; the Newborn Hearing Screening Program; and MAPP-Net. 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*.

Overview of Programs Directly Funded through Title V

The HALI Project: Montana Parent Partner Program - FFY22 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 continued into FFY22, resulting in: Parent Partner turnover; a decrease in referrals; and barriers to starting programs in new practices. However, training was ongoing.

In FFY22, MPPP served 275 families in 1,859 different encounters; offering valuable support, encouragement, and hope to families. The number of distinct clients for this fiscal year increased from FFY21 (n=154). The FFY 22 increase may have been due to a decrease in the number of host clinical sites and parent partners during the height on the pandemic in FFY21. Parent Partners were spread across Montana in these five locations; Great Falls, Butte, Billings, Kalispell, and Helena.

While the COVID-19 pandemic continued to impact the efforts of the MPPP in FFY22, there were significant improvements on the delivery of care and meeting the needs of families in Montana. The MPPP was able to find solutions to issues that arose due to COVID-19 to effectively improve the program. Promotion continued in FFY22 for service delivery via telecommunications, to address both COVID-19 and geographic barriers.

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 Supervisor and a UMRI staff co-led an interdisciplinary team that included family leaders, payer representation from Medicaid and Blue Cross Blue Shield, Title V CYSHCN Program Specialist, pediatricians and clinicians, and the MPPP State Director. 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. There was one presentation per month for a total of 12 presentations throughout the fiscal year done by the MPPP State Director. Other presentations included representatives from Medicaid, the Family to Family Health Information Center, families, and providers.

As detailed later in this narrative, CSHS collaborated with the MPPP 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. 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.

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. Montana Children's Trust Fund provided $40,000 in state special revenue to supplement CoP expansion and $20,000 for respite scholarships. These scholarships were used in many communities around the state some of which include Butte, Great Falls, St. Regis, Ashland, Polson, Hardin, Missoula, Superior, Ramsay, Whitehall, and others. The $60,000 total had to be expended by September 30, 2022.

Each caregiver leading a group was provided a stipend to coordinate a supportive environment with a free meal and free childcare. CoP facilitators hosted 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. Throughout FFY22, there were 12 facilitation sites providing specific groups. Subspecialities of active sites were as follows:

Data was extrapolated from incomplete reports due to turnover in the CoP program and vacancies in the state CSHS program.

1. Great Falls- Recovery
    a. On average, 9 individuals attended this group each meeting throughout FFY22.
2. Great Falls- Children with Disabilities
    a. On average, 5 individuals attended this group each meeting throughout FFY22.
3. Havre- Children with Disabilities
    a. On average, 4 individuals attended this group each meeting throughout FFY22.
4. Butte- Children with Disabilities and Mental Health
    a. On average, 10 individuals attended this group each meeting throughout FFY22.
5. Butte- Grandparents Raising Grandchildren
    a. On average, 8 individuals attended this group each meeting throughout FFY22.
6. Dillon- Postpartum Mental Health
    a. On average, 6 individuals attended this group each meeting throughout FFY22.
7. Missoula- Children with Disabilities
    a. On average, 6 individuals attended this group each meeting throughout FFY22.
8. Mineral County- Postpartum Mental Health
    a. On average, 7 individuals attended this group each meeting throughout FFY22.
9. Dillon- Families with Children with Disabilities
    a. An unknown number of individuals attended this group each meeting throughout FFY22.
10. Big Horn- Children with Disabilities
    a. On average, 24 individuals attended this group each meeting throughout FFY22.
11. Big Horn- Recovery
    a. An unknown number of individuals attended this group each meeting throughout FFY22.
12. Mission Valley- Children with Disabilities
    a. An unknown number of individuals attended this group each meeting throughout FFY22.

A total of 205 individuals were served through these 12 groups throughout the state in FFY22. There was an option to bring children to the groups as well with childcare provided and a total of 182 children attended meetings with their parent/caregiver.

CSHS funded two national CoP trainers. They conducted trainings in FFY22 to continue to grow and develop the CoP programs across the state. These trainings happened bi-monthly with parent leads allowing 14 individuals to be trained. These all happened virtually due to the nature of the COVID-19 pandemic and the population being served. A quote from one of the individuals trained is as follows, "Thank you for the opportunity to be trained in the Circle of Parents. I feel very blessed to be able to help other fathers, especially native Dads."

University of Montana Rural Institute for Inclusive Communities (UMRIIC): Transitioning Youth into Adulthood

UMRI FFY22 Update

CSHS continued to partner with UMRIIC 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. Mentoring of this group covers many topic areas, but the largest is through encouragement to join committees and attend trainings. For example, members have the opportunity to join committees such as: the Rural Institute Strategic Planning Committee; the Montana Independent Living Youth Employment Taskforce; and the Montana Youth Transitions Conference Planning Committee.

A training that members found beneficial was a Developmental Disabilities Lecture Series titled, “Disability Inclusion: Building Capacity of Partners” and “Supporting Self-Determination Across the Life Course”. The CAC facilitated quarterly meetings and work groups, and participated in an annual Montana Youth Transition conference, in which they exercised their leadership skills.

CAC quarterly meetings are 90-minutes long and are well attended. In quarter one, there were 12 CAC members, project staff, and four guests that participated in the meeting on November 29, 2021. In quarter two, there were 15 CAC members, project staff, and the Rural Institute Executive Director that participated in the meeting on February 22, 2022. In quarter three, there were ten CAC members, project staff, and the Rural Institute Executive Director that participated in the meeting on May 12, 2022. Lastly, quarter four had nine CAC members, project staff, two CSHS staff, the Rural Institute Interim Executive Director, the MonTECH director, and one guest that participated in the meeting held on August 16, 2022.

The Community Investment Fund Workgroup holds meetings based on applications they receive for funding. This Workgroup met once in quarter one on September 27, 2021 to review five applications. They did not meet in quarter two, but corresponded over email in preparation for that 2022 application process. This group also did not meet in quarter three or quarter four. They were able to launch the Community Investment Fund application in quarter four with no meeting necessary.

The Montana Youth Transitions conference was held November 15-17, 2021 in Missoula, MT. Four CAC members and the CSHS liaison disseminated transition information and resources to approximately 135 in-person attendees at the vendor fair. There was a virtual “Special Education Transition and Alternatives to Guardianship” workshop put on by project staff to 17 participants and a “Financial Literacy- A Panel Discussion” workshop put on by CAC members to 13 attendees.

On an ongoing basis, project staff at UMRIIC collect and develop new resources and distance learning opportunities for families and medical providers in Montana. Determining the need for new resources was done in a variety of ways by project staff, such as: exhibiting at the Montana Chapter of the American Academy of Pediatrics Conference; participating in the Montana Care Coordination Academy; and meeting with various providers around the state such as a Pediatric Practice Medical Social Worker. They are also able to distribute resources to medical providers through these same means. Updates were provided to CSHS once quarterly on the status of these resource distributions and progress associated. 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 by UMRI staff.

Montana Medical Home Portal (MMHP)

MMHP FFY22 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.

In order to increase usability, some updates were made for FFY22. These included: keywords added in the metadata to help searchers find portal pages; checks run weekly to ensure links on the portal site were not broken; and images and other page elements were “optimized” so the page load time was faster. As for specific content updates, clinical content such as *Hearing Loss and Deafness* and *Maple Syrup Urine Disease* were restructured with up-to-date information and family content. Apps to help kids and teens with anxiety, and transition tools and checklists, were updated for the most recent and useful information.

CSHS dedicated a partial FTE of an Americorps VISTA to support the maintenance and growth of the resource directory. Due to unforeseen staffing changes, the most recent and relevant data on the MMHP is quarter 1 of FFY22. During this time period, on average, 7,475 individuals used the Medical Home Portal in Montana. Their were 15,191 pageviews with 8,543 sessions. The page views went up 3.77% from the last quarter of FFY21 to the first quarter of FFY22 while the sessions went down by 9.44%. The cause of this trend is unknown.

CSHS explored several different partnerships and tactics to improve and expand upon community and system resource navigation for families. The MPPP program was able to continue to enter, edit and maintain resources specific to CYHSCN and their communities.

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. Due to staffing vacancies this publication was put on hold until FFY23. Children's Special Health Services will work with the F2F in FFY23 to reinstate this project and provide funding for this work.

Financial Assistance Program

FAP FFY22 Update

The CSHS Financial Assistance Program (FAP) reopened in January 2022 after temporary closure. This program was not being used to the extent it was intended, so a committee was established to make better use of the funds and more closely monitor the program's spending. 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.

From January 2022 through the end of September 2022, 22 families applied for financial assistance. Of those 22, 14 were approved, seven were denied, and one pulled their application due to finding funding elsewhere. The total amount paid through the FAP in FFY22 was $10,314.56. This funding covered, for example: Occupational, Speech, Physical, and Applied Behavioral Analysis Therapy co-pays; an adaptive backpack for a child to participate in family outdoor activities; weighted blankets for children with mental health diagnoses; a foldable therapy bench; a therapy seat; a mobility harness; and travel to medical appointments out of state. Families applied from all across the state in FFY22 from communities such as: Glendive, Havre, Billings, Great Falls, Lamedeer, and Kalispell.

CSHS continues to utilize the financial assistance committee including two staff from the F2F, the AMCHP Family Delegate, and three state staff who reviewed all FFY22 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. Some cases in FFY22 where funding was not possible included: families or providers not responding to CSHS staff; belieiving that an item or service should be covered by Medicaid (in which case we would help the family get in contact with Medicaid to be sure they were taken care of); and families being outside of income limits. If referred to Medicaid or Part C, the application was not closed out until it was known the family had been in close contact with the respective program and their needs were being met. In all cases of denial from the program, the FAP committee endevoured to help families get the assistance they needed elsewhere.

Other CSHS Programs

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

In FFY22 MAPP-net continued to implement Project Echo clinics; a behavioral health and psychiatry access line for primary care and behavioral health providers. It also held the third annual Symposium of Pediatric Mental Health on April 28-29th, 2022 at Fairmont Hot Springs. Topics covered included: COVID-19 Loss and Grief (Mary-Ann Bowman, Ph.D.); Suicide Safe Care for Patients (Karl Rosston, LCSW); Rediscovering the Beauty Within (Sasha Joseph Neulinger); Youth Homelessness (Nikki Hannon and Irene Augere); Health and Well Being of LGBTIQ+ Youth (Bryan Cochran, Ph.D.); Provider Resiliency and Self-Compassion (Molly Molloy, MSW, LCSW); Supporting American Indian Clients (Ann Douglas, Ph.D.); Youth Mental Health Awareness (Kathy Shea); Treatment and Referral for Clinicians (Heather Zaluski, M.D., M.A.); and Parental Engagement (John Sommers-Flanagan, Ph.D.). There were 165 complete registrations. Evaluations showed a content relevance and presentation quality exceeding 80%. This Symposium was accredited for CME and Nursing Continuing Education Credits.

In FFY22, MAPP-Net promoted and facilitated: mental and behavioral health screening and follow-up through trainings; product development; outreach and education information and dissemination; and telehealth. The MAPP-Net Access Line received 20 calls over the course of FFY22. Furthermore, 181 inter-disciplinary providers were trained through MAPP-Net programming, with 61 unique providers reached via Project ECHOs.

Many partnerships were created and/or redefined in FFY22 by the MAPP-Net Program Specialist including Montana Pediatrics, the Montana Chapter of the American Academy of Pediatrics, and professional and community-based

organizations. Due to several iterations of grant management staff turnover, relationships that were initially intended to be incorporated into programming from year 1 atrophied and were not meaningful partnerships until this reporting period.

New grant management staff re-engaged with the Montana American Academy of Pediatrics Chapter. Part of this renewed collaboration included bringing the REACH Institute's Patient-Centered Mental Health in Pediatric Primary Care (PPP) training to Montana primary care providers, in conjunction with Blue Cross Blue Shield Montana. This training is for primary care providers treating children and adolescents with mental health conditions seen in every day practice, and increases provider capacity to manage common issues - reducing referrals for complex cases.
Furthermore, MAPP-Net is partnering with three Montana-Based nonprofit organizations (Rural Behavioral Health Institute, Catalyst for Change, and Montana Pediatrics) to support care coordination support services and integrated behavioral health initiatives with a focus on rural and underserved areas and school systems. This funding was the result of the Bipartisan Safer Communities Act (BSCA) (P.L. 117-159), and project activities span through the FFY23. Relationships with the three partner organizations were formalized through expansion funding activities.

In FFY22 Cleft/Craniofacial clinics continued with COVID-19 safety regulations in place. These clinics were conducted in Billings, Missoula, Bozeman, and Great Falls. While clinics were being conducted and contracts were ending, CSHS contracted with Yarrow, a Public Health Consulting company, to conduct a Needs Assessment to determine the future of the specialty clinics. This needs assessment was completed FFY23, and more information is detailed in the NPM 11 narrative for that timeframe. Needs Assessment results will guide future decision-making and be used to distinguish if CSHS is the best place for the cleft clinics to be housed, or if they would be better suited elsewhere. CSHS continued to engage with providers and families of CYSHCN to determine the best ,strategy for upcoming fiscal years to ensure that children with cleft and craniofacial anomalies are receiving quality care in their communities. This was done through close monitoring of reports received from clinic coordinators.

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. These programs include the Montana Parent Partner Program, Circle of Parents, Transition Resources, the Montana Medical Home Portal, Financial Assistance, and other programs in the CSHS section such as MAPP-Net and Specialty Clinics. Further details are available at:
http://www.amchp.org/programsandtopics/CYSHCN/.

Children with Special Health Care Needs - Application Year

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 Children & Youth with Special Health Care Needs (CYSHCN) programs across DPHHS. Four CSHS Program Specialists (PS), and the Title V CYSCHN Director/Section Supervisor, manage these CYSHCN focused programs: Cleft/Craniofacial Clinics; Statewide Genetics Program; Metabolic Clinics; Newborn Hearing Screening Program; and the Montana Access to Pediatric Psychiatry Network (MAPP-Net).

Through Title V Maternal & Child Health Block Grant (MCHBG) funding, CSHS supports initiatives to increase parent leaders and peer-to-peer support through the Family Peer Support program and Circle of Parents. Population-based initiatives are supported through the Transitions Project and Leadership High School Youth Peer Support.

Many staff transitions occurred in FFY23. Position turn over included: the CYSHCN Director/ Section Supervisor; Title V CYSHCN Program Specialist; CSHS Program Assistant; Nurse Consultant; and Newborn Hearing Screening Program Specialist. The CYSHCN Director/ Section Supervisor position was filled by the Newborn Hearing Screening Program Specialist, who brought 16 years of public health experience, eight of which were overseeing the Newborn Hearing Screening Program. The Title V CYSHCN Program Specialist was previously the CSHS Program Assistant. The Newborn Hearing Screening Program Specialist position was filled in the middle of July. Joint interviews for a Nurse Consultant are underway with the Title V MCHBG Director, who also is filling a nurse consultant position.

CSHS serves as a key collaboration facilitator across state programs, internally and externally. The section continues 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 FFY23, CSHS engaged in developing a section strategic plan, and obtained Health Resources & Services Administration (HRSA) technical assistance in order to grow professional capacity and define the direction of programming.The CYSHCN Director, with key Title V MCHBG staff, received technical assistance with Meredith Pyle through HRSA. The technical assistance was focused on the national standards of care for CYSHCN, and building staff competency in maternal and child health. The technical assistance led to CSHS issuing a Request For Proposal (RFP) for the family peer support services.

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 FFY23 and FFY24. The programs that CSHS funds intersect with multiple priority areas. In this report, programs are organized by priority area based on FFY24 future plans and areas of growth.

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 MCHBG funded programs.

<u>FFY23 Peer Support</u>

The CSHS Family Peer Support Program experienced changes prior to the beginning of FFY 23. To address these changes, a RFP was issued in the summer of 2022. The purpose 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 allowed for applicants to address different levels of peer support to include: population, group, and individual peer support; versatility to approach peer support; and helped to identify new partners and collaborations within the state.

Current service providers were invited to respond to the RFP: the HALI/Montana Parent Partner Program; Circle of Parents; and the Medical Home Portal. The Montana Peer Network (MPN), and the Early Childhood Coalition of Beaverhead County (ECCBC) Canvas Early Learning Center were the successful applicants and were awarded contracts that began on

October 1, 2022. Quarterly, the CSHS staff meet with MPN and ECCBC staff to ensure they are meeting contract deliverables, and to provide technical assistance as needed. Annually, their performance will be reviewed prior to contracts being renewed, under the terms of the RFP.

During FFY23, the Family Peer Support 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.

Family Peer Support Program through Montana's Peer Network (MPN)

On October 1, 2022, Montana's Peer Network (MPN) began to provide individual peer services to families of CYSHCN across Montana for FFY23. The mission of MPN's Family Division is to provide family peer support across the state for families of children with special health care needs such as those with developmental, intellectual, physical health, mental health, and substance use challenges. Prior to having a family division, MPN provided peer services solely to individuals in recovery. MPN is continuing the family peer support services began by the HALI Project, whose contract ended September 20, 2022. To ease this transition, CEO of the HALI Project, Brad Thompson has been providing technical assistance to MPN.

There are currently four Family Peer Supporters, at three clinic locations in Helena, Billings, and Butte. In the first half of FFY23, MPN served 178 distinct clients in 693 different encounters; offering valuable support, encouragement, and hope to families. Types of encounters can include a phone call to provide support, an in-person conversation about resources, or a simple referral to other programs.

The number of distinct clients served by MPN this fiscal year is currently trending to be more than the number of distinct clients served by the HALI Project last fiscal year. One explanation is the Family Peer Supporters that carried over from the HALI project, as they are sustaining old connections and have been able to make new ones. Also, the new Family Peer Supporters are making new connections andMPN is a well established organization in Montana providing peer services. Another reason is reduction of restrictions from the COVID-19 pandemic in this fiscal year caused there to be less limitations, allowing Supporters to enhance their connections even further. MPN is eligible for renewal for seven years, pending positive outcomes and value of support.

Circle of Parents (CoP)

Circle of Parents (CoP) is a support group program modeled after the national Circle of Parents *Train the Trainer* model. The CoP aims to decrease isolation, prevent child abuse and neglect, and strengthen families through free monthly caregiver support groups. One unique component of CoP is that it is parent led, and each group is provided a stipend to assist in offering a supportive environment with a free meal and free childcare for families. CoP groups vary based on location and identified community need, which includes: families with CYSHCN or Mental Health Concerns; Foster Families, and Postpartum Mental Health concerns.

The ECCBC is the contractor for this program. In the first half of FFY23, eight different groups met in one of these locations: Butte, Missoula, Great Falls, Dillon, Havre, Mineral County, and Big Horn. For context, in October of 2022, eight adults and 12 children attended a meeting in Dillon, while seven adults and four children attended a meeting in Butte. This reflects how each meeting location tends to have different attendance rates, based on the needs of the communities. ECCBC is focused on increasing the number of groups to 12 by the end of FFY 23.

Youth Peer Support

CSHS is undertaking a new Youth Peer Support project by partnering with the Great Falls Area Chamber of Commerce (GFACC) Leadership High School (LHS) program. This program has been present in Great Falls schools and the surrounding areas for over 15 years. Interested high school students are selected from a competive application process to ensure that they will be successful as a peer mentor.

The CSHS Youth Peer Support project will match a LHS student with a student with special needs enrolled in the Great Falls Public School (GFPS) system or living in the community. The peer match will be required to meet at a minimum once per month and complete a survey upon the conclusion of their monthly activitiy.

The prepatory work for the CSHS Youth Peer Support project began at the start of 2023 with conversations between the GFACC and CSHS MCHBG Program Specialist. Additional conversations have occurred with the GFPS Special Education Department to ensure that the peer match is with a student with special needs. Additionally, CSHS staff have developed an

evaluation plan that consists of multiple surveys involving the contractor, the peer advisors, and the peers themselves. The Youth Peer Support program aims to help the special education student reach transition goals as it relates to NPM 11, and increase exposure of youth peer support to LHS students. The data collected from the evaluation plan will help CSHS understand the impact and outcomes of the program and inform potential expansionof the program to other communities in Montana to make it as successful and as family-friendly as possible.

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 is a continued priority for CSHS for creating a positive impact to the medical homes of CYSHCN.

The MAPP-Net program has a foundation of provider engagement. Provider participation is instilled in every facet of programming, including Project ECHO sessions, the access line, and the annual Pediatric Mental Healthcare Symposium. MAPP-Net continues to recruit provider participation in Project ECHO, which are bi-monthly didactic sessions that focus on behavioral health topics, which are distributed to providers in the network.

MAPP-Net also staffs an access line for primary care and behavioral health providers to use for consultation on pediatric mental healthcare cases. Program staff maintain efforts year-long to increase access line utilization, through community outreach statewide and engagement with relevant community-based nonprofits and healthcare facilities.

In addition, MAPP-Net has a yearly Pediatric Mental Healthcare Symposium that is accredited for behavioral health, nursing, and medical education CE credits. MAPP-Net also engages with state chapters of national professional organizations, including the American Academy of Family Physicians (AAFP) and American Academy of Pediatrics (AAP), and has worked with the national chapters to be awarded funding for collaborative curriculum development and sustainability planning.

Montana has begun planning a half-day conference and training for pediatric providers of children with complex medical conditions in collaboration with the Montana Chapter of the American Academy of Pediatrics. The conference will be focused on the care of children with special health needs, with the aim of improving provider confidence at caring for this patient population. The theme for this year's special needs pre-conference is transition from NICU/inpatient to the outpatient setting, and will feature a hands-on skills session on Gtube and pump management, a family panel, and two guest speakers.This conference will be held October 6, 2023.

University of Montana Rural Institute for Inclusive Communities (UMRIIC): Care Coordination Academy & Transitions

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

CSHS is currently working with UMRIIC on a revised scope of work for FFY24. The purpose is to expand on their current work, and include provider focus groups engaged in mapping the system of care. CSHS will use this information to inform future pilot projects that address system gaps.

Family Engagement

CSHS has prioritized family engagement this fiscal year through finding opportunities to elevate family voices in their work with stakeholders and providers. The Newborn Screening Program utilizes family engagement of Deaf/ Hard of Hearing (D/HH) children and their families by partnering with MT Hands and Voices to hold family community events and trainings. CSHS also contracts with the Montana School for the Deaf and Blind to provide a Deaf Mentor Program throughout the state.

Montana is inclusive of family voice in decision-making whenever possible. Parents sit on the Consumer Advisory Council for the Transition program, the Newborn Screening Advisory Committee, and the Financial Assistance Program committee. A family panel will be convened to present at the half day Pediatric Complex Care Needs conference in October 2023.

Family to Family Health Information Center (F2F): Title V MCHBG Family Delegate

The Title V MCHBG Family Delegate position is integrated into the F2F Center, and beginning on July 1, 2022 it became a contracted position. The contract defined the Family Delegate's job responsibilities and duties; and compensates them for their work. The Family Delegate advises on CSHS policy, and supports resource navigation and program alignment. The Family Delegate also supports other CSHS programs by participating in work groups, advising on policies and programs, and supporting outreach to families.

CSHS is making an effort to have more accessible programs. Accessibility is a large focus of CSHS, as being family-friendly is the primary focus of the section. In this case, accessibility means products, devices, services, or environments are available to as many people as possible. For example: always having closed captioning on in virtual meetings for those that may be D/HH: or describing physical appearance in virtual or in-person settings to be inclusive of all attendees, including those that may be blind or low-vision. One example of this commitment to accessibility is the inclusion of the Family Delegate into the Pediatric Mental Health Symposium Planning Committee for FFY23.

The Family Delegate is a key factor in helping with accessibility measures, as they have lived experience with a child with special healthcare needs. The Family Delegate was able to assist CSHS on making the 2023 MAPP-Net symposium as accessible as possible, and also helped to organize a parent panel where parents were able to share their stories and struggles with access to mental health care for their children in the state of Montana. The Family Delegate organized a virtual meeting prior to the conference for the parents to meet and get comfortable. She also helped put together the questions that parents were asked, to make them family-friendly and mindful of what the parents may have experienced that they are willing to share.

Financial Assistance Program (FAP): Direct assistance to CYSHCN

The CSHS Financial Assistance Program (FAP) continued to provide assistance to qualifying families. FAPhelps 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.

All FAP applications are screened by the FAP committee, which is comprised of: the Title V MCHBG Family Delegate; two staff from the Family-to-Family Health Information Center; and, two staff from the CSHS section. In instances where funding is not awarded, 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 include continuing to utilize the review committee with a focus on outreach, referral, and resource navigation. QR codes will be utilized to collect data on referrals and outreach efficacy. CSHS also continued to operate the genetics financial assistance program in FFY23. 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 is partnering with MonTECH, within UMRIIC, to support their ability to purchase assistive equipment and adaptive technology for their lending library with items specifically needed for families of CYSHCN. Some additional areas of collaboration being discussed include the Montana Mother's Milk Bank, WIC, and the Office of Public Instruction.

Systems-Building

CSHS works 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 when questions or clarifications arise through the FAP. CSHS does not have Medicaid or EPSDT staff on the committee currently, but is looking to explore that option. Through collaboration with Medicaid and Blue Cross Blue Shield, CSHS has been able to educate providers and families on Medicaid policies, and bring attention to gaps in the plan of benefits.
- Participation by CSHS staff in DPHHS and regional committees to represent CYSHCN standards of care and clinical needs.
- Establishing a quarterly inter-departmental meeting across DPHHS middle management, each involved with children's systems of care. This quarterly meeting includes staff from Medicaid, the Behavioral Health & Developmental Disablities Division, Part C Prevention and Early Intervention, and the Head Start Collaboration Director. The meetings are an opportunity to share information and identify areas of collaboration. Information from these meetings is shared with our respective stakeholders.

Other CSHS Programs

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

All MAPP-Net activites aim to support CYSHCN medical homes by strengthening the primary care provider's knowledge and access to psychiatry resources. In FFY23, MAPP-Net implemented Project ECHO clinics, an access line for providers; and sponsored the fourth annual Symposium of Pediatric Mental Health. The main goal of the Project ECHO clinics is to provide a space for providers to learn more about resources and discuss case studies as related to the ECHO topic. In FFY23, Project ECHO clinics continued to be regularly scheduled with limited COVID regulations in place. Attendance per clinic has decreased, and CSHS is reviewing and assessing data on clients.

The MAPP-Net advisory council will expand to include more primary care representation. MAPP-Net will continue to partner with Medicaid with the goal of improving service navigation for families.

In FFY 23, MAPP-Net also undertook two needs assessment projects, conducted by the UMRIIC evaluation team. The needs assessments will inform activities for FFY24 and beyond. One needs assessment focused on understanding the service gaps and care needs for Montana youth who identify as LGBTQI, who also experience homelessness or who are Native American. The second needs assessment project was an analysis of the utilization of the access line, with recommendations on how to increase adoption of the tool. Results of these needs assessments are still pending.

In SFY23, CSHS contracted with Yarrow, LLC, a Public Health Consulting Agency, to conduct the CSHS Cleft/Craniofacial Specialty Clinic Needs Assessment. This project assessed the services that are needed by the CYSHCN and their family. The needs assessment anayslis indicated that Montana's CYSCHN population and their families would benefit from a new system of care for the cleft/craniofacial clinics. The results informed a Request for Proposal (RFP) which will be released in early fall, 2023. It is anticipated that a contract will be issued November 2023.

CSHS and the Metabolic Newborn Screening Program, housed in the DPHHS Public Health Laboratory, continued managing the Newborn Screening Advisory Committee (NSAC). This committee was established by House Bill 423, passed by the 2021 Montana Legislature. The NSAC meetings are attended by healthcare providers, payers, families, advocacy agencies, Tribal Health and legislators. In 2022, the NSAC met on April 19 and December 21. So far in 2023 they have met April 6 and June 29. The NSAC declined to include Krabbe on the required screening and will determine if x-ALD will be included when the Committee meets in the fall of 2023. The committee meetings are an opportunity for the CSHS staff to expand their outreach to include the NSAC members and their partners. Access to medical home is a consideration for conditions to included on the newborn screening panel.

The CSHS Nurse Consultant oversees the contract with the Shodair Children's Hospital. Shodair Children's Hospital provides clinical genetic and metabolic services to individuals or family members who are affected by or are at risk of developing a genetic or metabolic disorder.

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					
	2018	2019	2020	2021	2022
Annual Objective	29	30	30	30	35
Annual Indicator	37.1	35.5	41.4	40.4	40.9
Numerator	9,142	14,149	19,550	18,683	17,870
Denominator	24,666	39,874	47,216	46,279	43,733
Data Source	FCHB	FCHB	FCHB	FCHB	FCHB
Data Source Year	2018	2019	2020	FFY 2021	FFY 2022
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	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					
	2018	2019	2020	2021	2022
Annual Objective	40	40	40	45	45
Annual Indicator	39.5	51.1	70.1	66	66.8
Numerator	2,004	7,166	7,513	7,047	8,519
Denominator	5,077	14,036	10,714	10,677	12,747
Data Source	FCHB	FCHB	FCHB	FCHB	FCHB
Data Source Year	SFY 18	FFY19	FFY20	FFY 2021	FFY 2022
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	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.

State Performance Measure 2 is related to the following National Outcome Measures: 1; 9.1; 9.5; 10; 13; 15; 19; 21; 23; 25.

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.

State Performance Measure 1 is related to the following National Outcome Measures: 3; 4; 9.1; 9.5; 14; 15; 16.1; 16.2; 16.3; 19; 22.1; 22.2; 22.3; 22.4; 25.

Strategies

Twenty-five frontier-level population CPHDs are collaborating with the FCHB on this performance measure for FFY 2023, and thirty will for FFY 2024. 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.

Twenty-one of Montana's fifty-six County Public Health Departments (CPHDs) have three, *or less,* staff members. These employees usually have deep personal ties to the area. 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.

Twenty-three CPHDs chose SPM 1 for FFY22. The Annual Objective was to serve 30% of the population specified in the performance measure, the actual percentage, 44%, exceeded the 30% objective. The following table gives details on their activities as originally planned and also shows that almost 45% of those activities ended up being redirected toward COVID-19 response. This was due to Montana's cases and hospitalization numbers increasing during the latter part of 2021 and early 2022. Some of the CPHDs requesting redirect to COVID-19 response were eventually able to carry out original activities as COVID-19 pressure eased. However, COVID-19 still had a significant impact on their overall ability to accomplish original objectives.

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

Number and Categories of Activities: As Originally Planned & Submitted on Pre-Contract Survey in June 2021, and then Redirected to COVID-19 Response

Activity Category	# of Activities Originally Planned	# of Activities Redirected to COVID Response
School-Based Screenings & Health Education =	16	7
Immunization Related =	9	7
Injury-Prevention =	7	4
Oral Health Related =	6	2
Women & Infant Health Related =	6	1
Mental Health & Suicide Prevention =	4	2
Public Health Services Awareness Campaign =	3	0
	51	23

CPHD quarterly reports are more qualitative in nature. The following excerpts give insight into the span of services delivered to their maternal and child populations through SPM 1 in FFY22:

- 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 wrote a decision brief to support raising the baseline amount to $4,000 for the smallest population counties, less than 4,500 maternal and child health population. The decision brief was approved, and went into effect for FFY23.

State staff also provided online annual training to all the CPHDs in May. Online trainings and in-person site visits are planned for FFY23.

For FFY23, the FCHB is contracting with twenty-five CPHDs who have chosen to focus on SPM 1. Each county will be implementing and evaluating at least two community-level activities and providing quarterly reports on their progress and challenges meeting their goals. The FCHB is providing these counties with training, resources, and support on evidence-based, evidence-informed, or best-practice activities, along with 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 marked the seventh year of operation for SPM 2 in Montana. Nine County Public Health Department (CPHDs) chose to implement activities for this performance measure: Carbon, Flathead, Glacier, Hill, Lewis & Clark, Missoula, Park, Sanders, and Yellowstone. Their activities addressed: specific areas of quality improvement; various topics of health education; or supporting referral systems.

Providing referrals to social services means having a comprehensive list of resources, with current contact information. The CPHDs have also learned the value of good relationships and communication channels with the agencies and providers of these services. There are many points in the referral process open to ongoing quality improvement efforts, especially for CPHDs who are in their first few years of focus on SPM 2. Specific examples follow later in this narrative.

Planning and implementation of SPM 2 activities, along with learning curves and problem solving, tends to be cyclical in nature. The culture and available resources of each county is unique. Community outreach to advertise services has also proven to be a necessary component for success.

The CPHDs involved provided enabling services to 8,519 clients in their maternal and child populations. The following table outlines the activity categories in FFY 2022:

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 CPHDs choose to redirect their activities toward COVID-19 response: Flathead and Sanders. These account for three of the activities listed in the above table: one mental health emphasis; one oral health emphasis; and one CPHD Services – Public Awareness Outreach Campaign. The other twelve activities were completed.

Park County (MCH population = 5,643) is the source of the following excerpt from a quarterly report. It gives essential insight into the reality that most of Montana's CPHDs still faced in FFY22:

> *"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) was still fairly new to SPM 2 in FFY22 (2nd year). Their activity supported the onboarding processes to the CONNECT Electronic Referral System. Here is information from a quarterly 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."*

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.

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.

In 2019, a 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.

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 are the injury-prevention training topics which are 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 for helping CPHDs address social determinants of health needs in their communities. Quality improvement projects and topic-specific activities continued to strengthen their referral systems and health education programs.

For FFY23, the FCHB is contracting with nine CPHDs who have chosen to focus on SPM 2: Big Horn, Carbon, Glacier, Hill, Lewis & Clark, Lincoln, Missoula, Park, and Yellowstone. They 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-based, evidence-informed or best-practice activities; goal-setting, and evaluation.

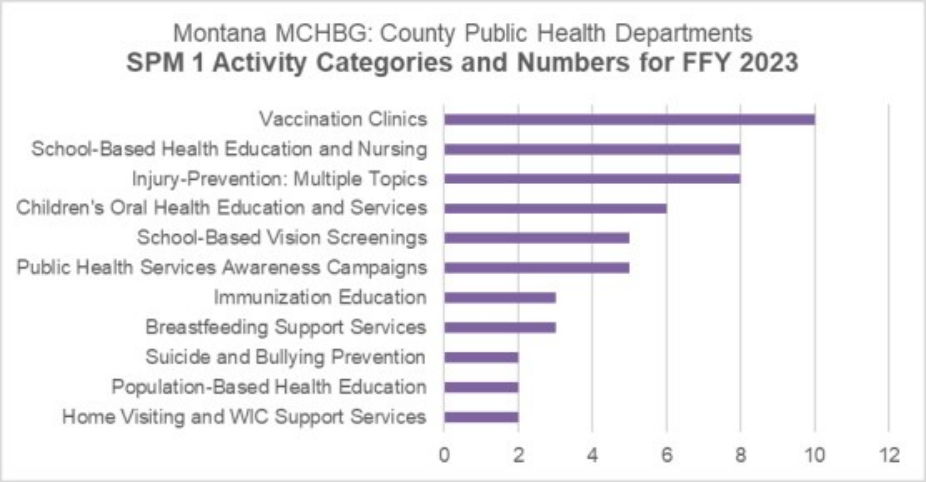
Cross-Cutting/Systems Building - Application Year

(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.

Twenty-five of the County Public Health Departments (CPHDs) participating in the MCHBG for FFY 2023 have chosen to implement SPM 1 as their performance measure. This is 51% of the total. However, because the funding allocation formula is population-based, they only receive 13.7% of the total funding directed to the CPHDs. Sixteen of these CPHDs qualify for the $4,000 baseline funding amount instituted for FFY 2023.

The following graph shows the general categories of their selected MCHBG activities, which are determined by the CPHDs and their Community Health Assesments, along with the number of CPHDs implementing that activity:



Five smaller-population counties in the central part of the state have pooled their public health resources together to form the Central Montana Health District (CMHD): Golden Valley, Judith Basin, Musselshell, Petroleum, and Wheatland. The combined size of these counties in square miles is 8,020, which is very close in size to the state of New Jersey. In contrast, their combined MCH population is only 3,408.

The following narrative is from the 1st quarter report of FFY 2023 for Golden Valley County, in the CMHD, and is very representative of the reports for all five counties:

"CMHD/Golden Valley provided both routine immunization services and dedicated influenza clinics in this quarter. Services included: school-based immunization and influenza clinics to Lavina School; Lavina and Ryegate Community Centers; and Ryegate and Lavina community COVID-19 clinics. Currently, 37% of Golden Valley County residents are fully vaccinated for COVID-19, and 57% have received at least partial coverage. CMHD completed influenza and COVID-19 school-based vaccination clinics in October/November 2022.

CMHD/Golden Valley continues to participate in the Central Montana Coalition for Family Health. Activities either completed this quarter or planned for completion this FFY include: enhanced QPR suicide prevention training, which focused on frontline healthcare and family support staff (completed December 2022); MOMS Project ECHO perinatal classes support; and family outreach support.

CMHD/Golden Valley continues to offer car seat installations on a request basis. We have reached out to providers and other community partners with information and signage and have been able to provide several free car seats and car seat safety checks to expectant parents.

As the effects of the COVID-19 pandemic continue to evolve, CMHD is focusing efforts on education to encourage the vaccination of children for all vaccines, including the COVID-19 vaccine. We also continue to serve as a school health resource and are working with community partners such as elected officials, EMS, law enforcement and schools to identify and mitigate the effects of the pandemic on our schools, daycare centers, and families.

Operational challenges continue to focus on barriers related to vaccine hesitancy. We have noted an increased reluctance, especially in our frontier populations, to vaccinate for many of the recommended vaccines, not only the COVID-19 vaccine. CMHD works to provide up to date COVID-19 information as well as influenza and other routine vaccination clinics to Golden Valley County, which continues to be time and labor-intensive.

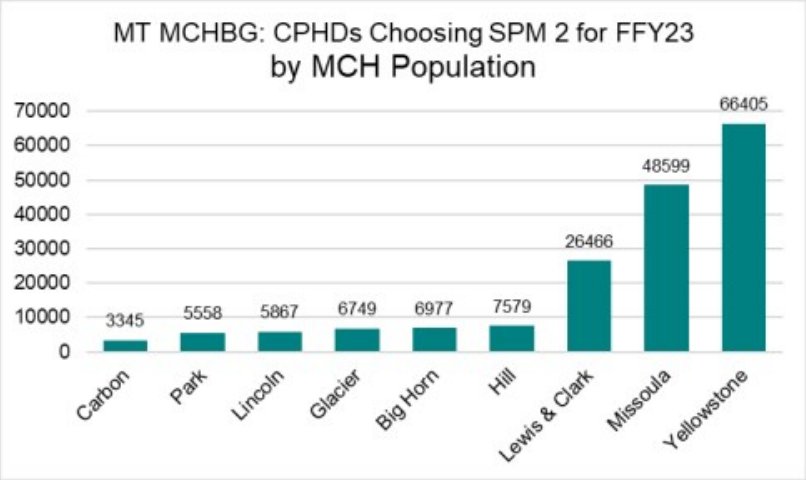
The CMHD FICMMR Team continues with their goal to increase the number of certified car seat installers within service area. We have been offering one-on-one car seat checks in our office with two inspections and two free car seats given out. We still plan to organize at least one Golden Valley based car seat installation event before the end of FFY 2023. We are planning to partner with other health- and wellness-related programs: SCL Hospital Mobile Mammogram Bus, MT Tobacco Use Prevention Program, Central Montana Head Start, Youth Challenge Coalition, and Breast and Cervical Health Program to bring a health fair to Golden Valley County."

State-level MCHBG and FICMMR staff continue to provide training and resources to SPM 1 CPHDs. This includes information more tailored to the needs and environment of the very rural and agriculture-based areas of the state. An example is the online training "Agricultural Health & Safety Course for Medical & Safety Professionals" from the University of Nebraska Medical Center. The training was supported by the following organizations: AgHealth Central States, Ag Health & Safety Alliance, AgriSafe Network, and Great Plains Center for Agricultural Health. Another example was information on five online trainings provided by AgriSafe for "Protecting the Safety of Women in Ag Week." A final example is notification of a new evidence-based toolkit from the Rural Health Information Hub, with practical guidance on planning for, responding to, and recovering from disasters and emergencies.

In FFY24, the FCHB will contract with 30 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.

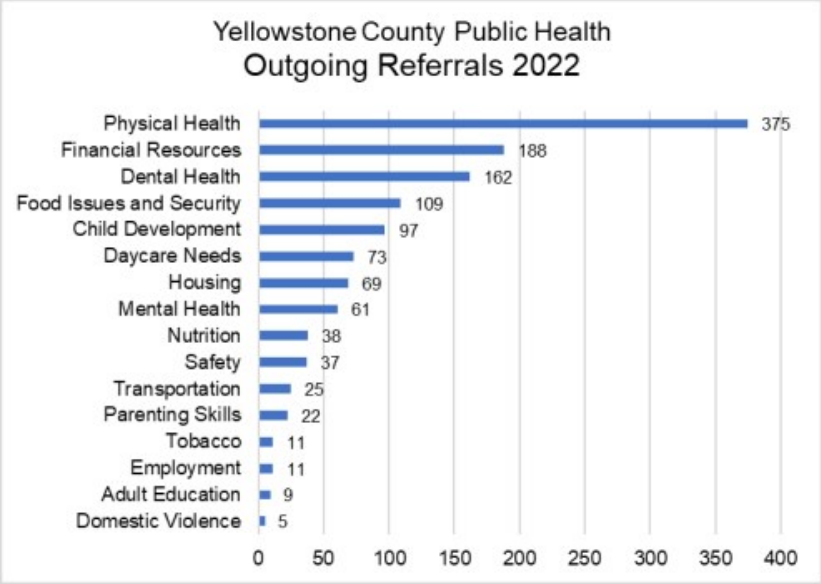
SPM 2 – Family Support and Health Education: number of clients ages 0 - 21, and women ages 22 - 44 who are assessed for social service and health education needs; and are then placed into a referral and follow-up system, or provided with health education as needed.

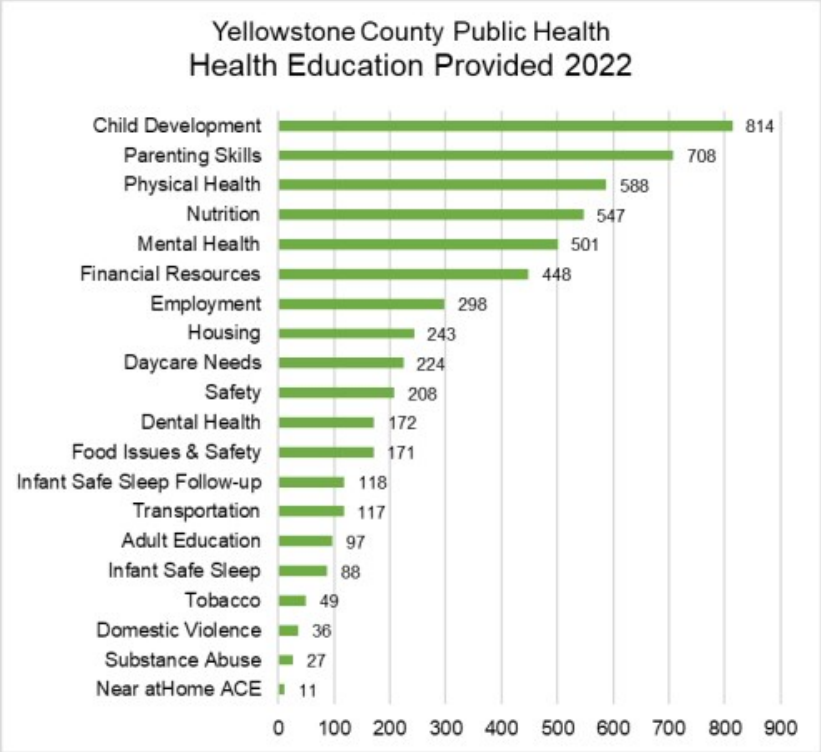
There is a wide range in county MCH population size for the County Public Health Departments (CPHDs) who chose SPM 2 for FFY 2023, as shown in the following graph:



These differences in population affect the resources and funding available to each for their activities. Lewis & Clark and Yellowstone CPHDs are also using some of their funding for activities related to NPM 5: Infant Safe Sleep.

The larger populated CPHDs have more sophisticated and extensive electronic health record and data-base systems, for tracking the numbers and types of referrals and health education provided to their clients. This technology informs and aides in guiding the CPHDs' planning and allocation of resources going forward. The following two graphs show the categories, numbers, and types of outgoing referrals and health education provided by Yellowstone CPHD, also known as RiverStone Health, in calendar year 2022. Yellowstone County has the largest population in the state, and receives 15% of the total MCHBG funding allocated to the approximately 50 participating counties.





Regarding SPM 2 CPHDs, on the other end of the spectrum for MCH population size is Carbon County. In September of 2021, Carbon CPHD underwent a complete turnover in staff, organizational oversight, and business processes. Additionally, in June 2022 the area was subjected to extreme flooding, which made the national news as it included Yellowstone National Park. Despite these challenges, the new staff is doing great work and making fast progress. The following excerpt from their first quarterly report for FFY23 provides examples:

"Carbon County Public Health (CCPH) has continued to encounter many different challenges this past quarter. Due to natural disasters beyond our control a lot of our time has continued to be spent on post-flooding health, and socioeconomic and health education needs and issues. We have been dealing with each concern as it comes however and succeeding in following through. We are continuously and tirelessly working on our referral and follow up systems in the midst of continuing to deal with post-flooding issues, and the confusion and learning curve of starting a new department. Our Recall/Reminder function workflow in our department is progressing, however it does remain very simple at this time. There has been increased awareness of the programs and services we can provide, from our efforts in working with: the school health program; the Crisis Coalition; the Mental Health Center; and in working more closely with law enforcement agencies in Carbon County.

Even though we have been and continue to deal with many issues that have arisen from the flooding incident, we have also managed to continue to grow as a department. We have two new Registered Nurses (RNs) who have been busy working in the schools, and with all different populations in our county. They have done a fantastic job at finding patients/clients who have been falling through the cracks, and have been doing quite a bit of work to assist these families. With a growing and newer department, we have had some challenges in figuring out the specific roles of our staff. There is a lack of patient navigator/case management in Carbon County, and we frequently find ourselves working through the confusion and providing this type of work and services simply because there is no one else to do it.

Over the course of the past Quarter there are many areas in our county that continue to struggle with various issues including socioeconomic, housing, food access, clean water access, health education and seeking appropriate care and

preventative care due to the historic 500-year flooding event that happened in June. We continue to share, and push out education on all topics of health as it relates to getting back into their houses safely after a flooding event. We have also continued to be a hub for resources and guidance for families needing resources post-flood that normally would not utilize these services, including: WIC; assistance programs through Red Lodge Area Community Foundation; the food truck program; CART free rides program; Cover Montana-assistance with insurance; and LIFTT who currently comes to Carbon County weekly, and has been collaborating with CCPH very frequently.

Our school RN's are working on updating all vaccination records in schools, and for homeschool families across the County. They have been instrumental in being able to reach out to families that would otherwise fall through the cracks, they have been requested by the schools to assist in everything from: medication administration and continuity of care plans for children with complex health issues; teaching vaping classes; teaching reproductive health classes; and working on getting Narcan and Epinephrine into the schools, and working on processes and procedures for that project. They have been trying to find ways to bring some services (such as access to showers and running water) to some of the families that currently do not have those services.

As far as lessons learned recently at CCPH, they are too numerous to count over this past quarter with all of the things that have been going on. We are learning: how to build a referral and follow up system; how to work with local clinics, hospitals and other entities in order to get our community members the resources and assistance that they need; how our new billing and documentation system works; what workflows and processes will work the best for our department; what our county needs from a public health system and a school health program; how to manage chronic disease programs; and how to better push and advocate for STD/HIV prevention education and awareness."

Due to a major overhaul in the CONNECT Electronic Referral System, Glacier CPHD is the only county with a performance measure activity specifically focused on the system for FFY23. In October of 2022, the CONNECT Electronic Referral System was relaunched by the State, after a yearlong legal review and system update. Updates included removing the Memorandum of Understanding, making it a more streamlined process for sending and receiving referrals. The change means individual users sign a Participation Agreement to individually use the system.

CONNECT State Coordinators requested a slow roll out for the timeframe of October through December 2022. As of December, additional enhancements were launched, prior to the official launch in January that pushed the system to additional agencies and users. When users sign into the system, they are greeted by a new announcement message. This is utilized to alert users of new enhancements, updates, and messages. Additionally, there is now the ability to print referrals. The next updates will be to the referral form itself, to make it easier for users to fill out. This should be completed within the next round of enhancements. So far there have been 175 participation agreements signed across the State. As the number of signed participant agreements increases, referral numbers should also rise.

In FFY24, the FCHB will contract with thirteen CPHDs who have chosen to focus on SPM 2. 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. It supports them in providing a significant safety-net feature to the maternal and child populations in their counties, and addressing social determinants of health.

III.F. Public Input

Maternal & Child Health Block Grant Program

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 Public Health System Improvement Task Force (PHSITF); County Public Health Departments (CPHDs); State Health Improvement Plan (SHIP) Workgroups; Montana (MT) Early Childhood Advisory Council, CSHS stakeholders and contractors; the MT Council on Developmental Disabilities; and programs housed within the Family and Community Health Bureau (FCHB) which impact the maternal and child population.

Public Health System Improvement Task Force

The MCHBG Program Specialist (PS) 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 MT 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.

SHIP Healthy Mothers, Babies, and Youth Community of Practice

The FCHB Bureau Chief, and MCH and CSHS Directors are also engaged as members of the SHIP Healthy 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.

Pregnancy Risk Assessment Monitoring System

In December 2021, state-level MCHBG staff began working with the FCHB epidemiologists on the possibility of adding MCHBG related questions to MT's 2022 Pregnancy 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 MT 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 was 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:

County Public Health Departments

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 PS, 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 MT are supported by the MCHBG PS and FICMMR Coordinator. More in-depth support was provided to the 49 CPHD MCH-focused programs that opted for FFY 22 Title V MCHBG funding, and to the 31 FICMMR teams, some of whom serve more than one CPHD. In FFY 2023, the MCHBG PS facilitated three different types of web-based Title V MCHBG trainings: 1) Refresher training for annual Financial & Data Report; 2) In May 2023, Workforce Development, the June 2023 PCS, and upcoming deliverables for FFY 2024; and, 3) many MCHBG Basics Trainings for new CPHD staff, as needed. The FICMMR Annual Training was held in June 2023, which was one of the four webinar trainings required yearly for county FICMMR Liaisons.

MT Early Childhood Advisory Council

On April 21, 2022, the MCHBG Program Specialist and the CYSHCN Director spoke to the twenty-seven members of the MT 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 MT 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 MT Early Childhood Advisory Council is to ensure MT 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 MT's youngest citizens.

MECAC members represent:

- MT Child Care Resource and Referral Network
- Early Childhood Higher Education Consortium
- MT 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
- MT Department of Labor and Industry: Apprenticeship Program and Training
- MT 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/MTEarlyChildhoodAdvisoryCouncil.

MT Council on Developmental Disabilities

The Title V Director continued to seek input on the MCHBG activities and potential activities from her colleagues serving on the MT 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. Going forward, the CSHCN Director will take over this responsibility, including reports to Council members regarding Title V MCHBG activities

Affiliated FCHB Needs Assessments

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 by all its programs, and discussing optimal strategies to gather as much additional public input as possible on National Performance Measures and Domains.

Children's Special Health Services Section

Consumer Advisory Council

Children's Special Health Services (CSHS) supports the Consumer Advisory Council (CAC) of the University of MT Rural Institute for Inclusive Communities (UMRIIC) in planning strategies to educate families about CYSHCN's transition to adult services. The CAC is made up of five individuals with special health care needs who have utilized transition services; one transition-age youth with special health care needs; seven parents of CYSHCN; and representatives from several agencies, including the Social Security Administration, MT Office of Public Instruction, MT Developmental Disabilities Program and MT Vocational Rehabilitation. CSHS convened a Stakeholder's Group in the fall of 2022 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 and led break-out groups to discuss various strategies, with the goal of identifying opportunities for support and overcoming barriers. Break-out group discussions included systems building, care coordination, and provider engagement strategies. There was thorough discussion around how these three topics relate and the importance of access to care in our state. There were also two presentations given. One by MT's Family-to-Family Health Information Center on current and new projects and the other by the University of MT Rural Institute on Alternatives to Guardianship. Based on all input received, CSHS has continued to grow its relationship with the *MT Family to Family Health Information Center*, as detailed below.

Family to Family Health Information Center

CSHS utilizes the expertise of contractors when the opportunity presents itself, as many of them interface regularly with consumers. CSHS collaborates regularly with the MT Family to Family (F2F) Health Information Center at the University of MT 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 voices to be a part of program creation, support, and delivery.

CSHS and F2F have formalized the relationship between the programs through a Memorandum of Understanding (MOU). Additionally, the AMCHP Family Delegate role is housed as a part of the F2F, through a contract between CSHS and F2F. This relationship emphasizes the importance of lived experience, and its influence on CSHS and related services The AMCHP Family Delegate was hired on July 1st, 2022, and has been assisting in special projects since the beginning of the contract period. Some special projects include: help in organizing and composing a family panel at the MT Access to Pediatric Psychiatry Network conference in March of 2023; and, planning contributions toward the creation of a resource website through the MT Chapter of the American Academy of Pediatrics, preparing to launch in FFY24.

MT Access to Pediatric Psychiatry Network

The MT Access to Pediatric Psychiatry Network (MAPP-Net) maintains an Advisory Council which oversees the activities of the grant. Council members from across the state include: primary care providers; behavioral health providers; Medicaid representatives; the 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 2022. 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 updated a needs assessment originally 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 updated 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 were directly engaged in providing feedback on access to, and quality of, behavioral healthcare in MT. Discussion also included a review of under-utilization of the psychiatric access line, in light of new telepsychiatry providers in the state whose presence 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.

Similarly, the annual MAPP-Net Pediatric Mental Health Symposium has a planning committee that meets monthly to determine speaker selection, agenda, venue location, continuing education requirements, and other topics as needed or relevant to the Symposium. The 2023 planning committee consisted of an event planner, a licensed clinical social worker, a registered nurse, the MAPP-Net Program Specialist, and the CYSHCN Title V Program Specialist.

In addition to the Advisory Council and Symposium planning committee, MAPP-Net participates in a joint stakeholder group

funded by the National American Academy of Pediatrics from March through September 2023. This stakeholder group aims to increase provider input, and awareness of and participation in *Pediatric Mental Health Care Access* programming. It is comprised of the Executive Director of the MT American Academy of Pediatrics chapter, the Executive Director of the MT American Academy of Family Physicians chapter, a pediatrician, a family physician, the MAPP-Net Program Specialist, the MAPP-Net Program Coordinator, and a rotating clinical member whose expertise is based on the meeting agenda priorities.

Cleft-Craniofacial Clinics

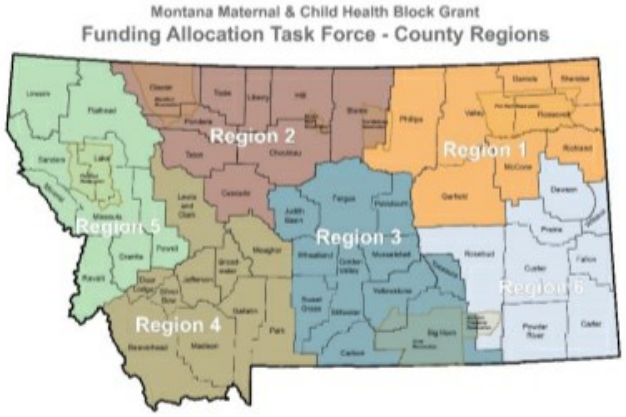
CSHS has completed a needs assessment to identify the optimal structure for cleft-craniofacial clinics beyond SFY23. The needs assessment was led by a public health consulting firm and had participation from contractors including: three regional hospital systems; nurse clinic coordinators; and a variety 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 also participated in the needs assessment.

The needs assessment concluded in December 2022 and results have informed further stakeholder engagement to determine the future of the cleft-craniofacial clinics. A Request for Proposal (RFP) will be released to restructure the cleft clinics beginning December 2023.

III.G. Technical Assistance

In January of 2020, the Title V MCHBG Program began planning for the creation of a County Funding Allocation Advisory Task Force. This effort was derailed by the COVID-19 pandemic, and current epidemiologist staffing shortages have held up the capacity to reinstate the project.

The initial plan was to recruit stakeholders to take an in-depth look at the details of the formula for funding County Public Health Department (CPHD) MCHBG activities. The task force was to include members from different regions and different population-size counties from across the state. Eight different population-size categories were created to assure balanced representation. The following map shows the six regions.



An in-person meeting was planned for September 2020. It was to include presentations from state staff on MCHBG resource management to address Performance Measures, and facilitated Task Force discussions. A presentation on the various options for funding formulas depended on the expertise, insights and preparation of an MCH Epidemiologist.

After the in-person meeting, task force deliberations were to continue by webinar on the following preliminary schedule:

October: Date TBD – 1st Webinar Meeting: continue presentations from State staff and Task Force discussions.

November: Date TBD – 2nd Webinar Meeting: work on finalizing recommendations regarding funding allocations.

February: Finish any final internal work to support desired changes.

March: Release upcoming FFY CPHD Funding Allocation Amounts.

Montana's Title V MCHBG Program would like to revisit the possibility of assembling a County Funding Allocation Advisory Task Force, which would also include Tribal Health representatives. Technical assistance for planning, epidemiology support, and facilitation would be very helpful to increase the probability of a successful outcome.

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.pdf

V. Supporting Documents

The following supporting documents have been provided to supplement the narrative discussion.

Supporting Document #01 - MT_MCHBG_CountyPublicHealthDeptsDeliverablesCalendar.pdf

Supporting Document #02 - MT_MCHBG_CPHD_TaskOrderAndAttachmentsFFY23.pdf

Supporting Document #03 - MT_CSHCN_CleftClinicAssessment121222.pdf

Supporting Document #04 - MT_MCHBG_ECFSDLegislativeReport2023.pdf

VI. Organizational Chart

The Organizational Chart is uploaded as a PDF file to this section - MT_FCHB_OrgChart.pdf

VII. Appendix

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Form 2
MCH Budget/Expenditure Details

State: Montana

	FY 24 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	$ 898,174	(38.6%)
B. Children with Special Health Care Needs	$ 711,475	(30.6%)
C. Title V Administrative Costs	$ 232,318	(10%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 1,841,967	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 3,343,153	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 5,996,450	
5. OTHER FUNDS (Item 18e of SF-424)	$ 0	
6. PROGRAM INCOME (Item 18f of SF-424)	$ 3,076,215	
7. TOTAL STATE MATCH (Lines 3 through 6)	$ 12,415,818	
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)	$ 14,738,999	
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)	$ 24,076,318	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 38,815,317	

OTHER FEDERAL FUNDS	FY 24 Application Budgeted
US Department of Agriculture (USDA) > Food and Nutrition Services > Women, Infants and Children (WIC)	$ 13,572,950
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 Maternal Health Innovation Program	$ 1,997,926
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	$ 174,190
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Oral Health	$ 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	$ 5,055,000
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	$ 441,623
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Pediatric Mental Health Care Access Program	$ 700,000
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) > Centers for Disease Control and Prevention (CDC) > Preventive Health and Health Services Block Grant	$ 22,123
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Universal Newborn Hearing Screening and Intervention	$ 235,000
US Department of Agriculture (USDA) > Food and Nutrition Services > WIC Farmers Market	$ 120,707
US Department of Agriculture (USDA) > Food and Nutrition Services > WIC Peer Counseling	$ 229,133

OTHER FEDERAL FUNDS	FY 24 Application Budgeted
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Surveillance to Eliminate Maternal Mortality	$ 299,379

	FY 22 Annual Report Budgeted		FY 22 Annual Report Expended	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 2,323,181 (FY 22 Federal Award: $ 2,315,433)		$ 2,315,433	
A. Preventive and Primary Care for Children	$ 848,546	(36.5%)	$ 836,601	(36.1%)
B. Children with Special Health Care Needs	$ 736,690	(31.7%)	$ 773,939	(33.4%)
C. Title V Administrative Costs	$ 190,439	(8.2%)	$ 231,543	(10%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 1,775,675		$ 1,842,083	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 3,170,955		$ 2,854,070	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 5,644,793		$ 5,996,450	
5. OTHER FUNDS (Item 18e of SF-424)	$ 0		$ 0	
6. PROGRAM INCOME (Item 18f of SF-424)	$ 6,548,111		$ 3,156,546	
7. TOTAL STATE MATCH (Lines 3 through 6)	$ 15,363,859		$ 12,007,066	
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)	$ 17,687,040		$ 14,322,499	
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)	$ 25,867,305		$ 27,370,474	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 43,554,345		$ 41,692,973	

OTHER FEDERAL FUNDS	FY 22 Annual Report Budgeted	FY 22 Annual Report Expended
Department of Health and Human Services (DHHS) > Office of Population Affairs (OPA) > Title X Family Planning	$ 3,321,400	$ 0
US Department of Agriculture (USDA) > Food and Nutrition Services > Women, Infants and Children (WIC)	$ 13,331,125	$ 17,088,763
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Maternal Health Innovation Program	$ 1,917,324	$ 2,172,755
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Primary Care Office (PCO)	$ 159,003	$ 159,003
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	$ 119,569	$ 100,000
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Pregnancy Risk Assessment Monitoring System (PRAMS)	$ 160,020	$ 160,020
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Loan Repayment	$ 127,500	$ 174,190
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Formula Grants	$ 4,379,043	$ 4,349,780
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > State Personal Responsibility Education Program (PREP)	$ 250,000	$ 250,000
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
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Sexual Risk Avoidance Education (SRAE)	$ 177,870	$ 162,587
US Department of Agriculture (USDA) > Food and Nutrition Services > The Loving Support Peer Counseling Program (Breastfeeding)	$ 240,117	$ 0
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Pediatric Mental Health Care Access Program	$ 444,807	$ 540,228

OTHER FEDERAL FUNDS	FY 22 Annual Report Budgeted	FY 22 Annual Report Expended
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Rape Prevention and Education (RPE) Program	$ 522,622	$ 522,622
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Early Hearing Detection and Intervention (EHDI) State Programs		$ 314,354
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Grants to States to Support the Oral Healthcare Workforce	$ 400,000	$ 400,000
US Department of Agriculture (USDA) > Food and Nutrition Services > WIC Farmers Market	$ 59,782	$ 113,707
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Newborn Hearing	$ 235,000	$ 0
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Pediatric Mental Health Supplemental		$ 300,000
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Surveillance to Eliminate Maternal Mortality		$ 299,379
US Department of Agriculture (USDA) > Food and Nutrition Services > WIC Peer Counseling		$ 240,963

Form Notes for Form 2:

None

Field Level Notes for Form 2:

1.	**Field Name:**	**Federal Allocation, C. Title V Administrative Costs:**
	Fiscal Year:	**2022**
	Column Name:	**Annual Report Expended**
	Field Note: Actual 10% expended.	
2.	**Field Name:**	**6. PROGRAM INCOME**
	Fiscal Year:	**2022**
	Column Name:	**Annual Report Expended**
	Field Note: The difference is from a decrease in revenue for CYSHCN cleft clinics. This is due to an updated Request For Proposal and changes with the program.	

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 24 Application Budgeted	FY 22 Annual Report Expended
1. Pregnant Women	$ 95,886	$ 93,880
2. Infants < 1 year	$ 194,951	$ 189,556
3. Children 1 through 21 Years	$ 898,174	$ 836,600
4. CSHCN	$ 711,475	$ 773,939
5. All Others	$ 190,377	$ 189,915
Federal Total of Individuals Served	$ 2,090,863	$ 2,083,890

IB. Non-Federal MCH Block Grant	FY 24 Application Budgeted	FY 22 Annual Report Expended
1. Pregnant Women	$ 204,920	$ 205,950
2. Infants < 1 year	$ 3,952,343	$ 3,882,228
3. Children 1 through 21 Years	$ 5,911,681	$ 5,818,610
4. CSHCN	$ 625,352	$ 141,588
5. All Others	$ 1,931,032	$ 1,895,533
Non-Federal Total of Individuals Served	$ 12,625,328	$ 11,943,909
Federal State MCH Block Grant Partnership Total	$ 14,716,191	$ 14,027,799

Form Notes for Form 3a:

None

Field Level Notes for Form 3a:

1.	**Field Name:**	**IA. Federal MCH Block Grant, 3. Children 1 through 21 years**
	Fiscal Year:	**2022**
	Column Name:	**Annual Report Expended**
	Field Note: Rounding difference.	

Data Alerts:

- Children 1 through 21 Years, Annual Report Expended does not equal Form 2, Line 1A, Preventive and Primary Care for Children, Annual Report Expended. A field - level note indicating the reason for the discrepancy was provided.

Form 3b
Budget and Expenditure Details by Types of Services

State: Montana

II. TYPES OF SERVICES

IIA. Federal MCH Block Grant	FY 24 Application Budgeted	FY 22 Annual Report Expended
1. Direct Services	$ 50,000	$ 0
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	$ 50,000	$ 0
2. Enabling Services	$ 1,343,281	$ 1,368,249
3. Public Health Services and Systems	$ 929,900	$ 947,184
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		$ 0
Physician/Office Services		$ 0
Hospital Charges (Includes Inpatient and Outpatient Services)		$ 0
Dental Care (Does Not Include Orthodontic Services)		$ 0
Durable Medical Equipment and Supplies		$ 0
Laboratory Services		$ 0
Direct Services Line 4 Expended Total		$ 0
Federal Total	$ 2,323,181	$ 2,315,433

IIB. Non-Federal MCH Block Grant	FY 24 Application Budgeted	FY 22 Annual Report Expended
1. Direct Services	$ 315,000	$ 129,073
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	$ 129,073
2. Enabling Services	$ 4,880,207	$ 4,717,612
3. Public Health Services and Systems	$ 7,292,605	$ 7,130,010
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		$ 69,450
Hospital Charges (Includes Inpatient and Outpatient Services)		$ 0
Dental Care (Does Not Include Orthodontic Services)		$ 0
Durable Medical Equipment and Supplies		$ 0
Laboratory Services		$ 7,827
Other		
Therapies		$ 51,796
Direct Services Line 4 Expended Total		$ 129,073
Non-Federal Total	$ 12,487,812	$ 11,976,695

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: 11,227 **Data Source Year: 2022**

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	11,174 (99.5%)	368	16	16 (100.0%)

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	Cystic Fibrosis
Glutaric Acidemia Type I	Glycogen Storage Disease Type II (Pompe)	Guanidinoacetate Methyltransferase (GAMT) Deficiency	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 I (MPS I)	Mucopolysaccharidosis Type II (MPS II)	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
Critical Congenital Heart Disease	9,869 (87.9%)	12	0	0 (0%)
Hearing Screening	10,380 (92.5%)	24	3	3 (100.0%)

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 of Out-of-Range Results**
	Fiscal Year:	**2022**
	Column Name:	**Core RUSP Conditions**
	Field Note: Many screen positives are abnormal thyroid results, which mostly resolve after the initial sample is collected, but the lab doesn't always see follow-up results.	
2.	**Field Name:**	**Core RUSP Conditions - Total Number Confirmed Cases**
	Fiscal Year:	**2022**
	Column Name:	**Core RUSP Conditions**
	Field Note: 3 CF, 2 PKU, 2 SMA, 1 SCID, 1 Galactosemia, 2 Congenital Hypothyroid, 5 Sickle Cell Trait.	
3.	**Field Name:**	**Critical Congenital Heart Disease - Total Number Confirmed Cases**
	Fiscal Year:	**2022**
	Column Name:	**Other Newborn**
	Field Note: CCHD positive screen has "Fail- send fax form" CCHD referred confirmed is not clear from our data	

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 2022

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	789	72.6	0.3	14.9	6.5	5.7
2. Infants < 1 Year of Age	2,491	69.0	1.5	18.5	5.5	5.5
3. Children 1 through 21 Years of Age	12,793	42.8	3.1	29.6	6.1	18.4
3a. Children with Special Health Care Needs 0 through 21 years of age^	684	64.2	1.7	12.5	19.0	2.6
4. Others	5,203	21.5	0.2	38.8	9.1	30.4
Total	21,276					

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	11,231	Yes	11,231	40.2	4,515	789
2. Infants < 1 Year of Age	11,245	Yes	11,245	100.0	11,245	2,491
3. Children 1 through 21 Years of Age	279,834	Yes	279,834	17.3	48,411	12,793
3a. Children with Special Health Care Needs 0 through 21 years of age^	60,401	Yes	60,401	19.5	11,778	684
4. Others	813,882	Yes	813,882	1.0	8,139	5,203

^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:	**2022**
	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:	**2022**
	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:	**2022**
	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:	**2022**
	Field Note: Number provided enabling services by County Public Health Departments using MCHBG funding.	
5.	**Field Name:**	**Others**
	Fiscal Year:	**2022**
	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:	**2022**

Field Note:
WIC (n=3,185), and County Public Health Departments Total Unduplicated Numbers Served (n=1,335).

WIC is in the same bureau as the MCHBG (Family & Community Health Bureau), with both having management oversight from the FCHB Chief. The two programs collaborate and coordinate on data and activities.

2.	**Field Name:**	**Infants Less Than One Year Total % Served**
	Fiscal Year:	**2022**

Field Note:
WIC (n=2,922), and County Public Health Departments Total Unduplicated Numbers Served (n=4,216).

WIC is in the same bureau as the MCHBG (Family & Community Health Bureau), with both having management oversight from the FCHB Chief. The two programs collaborate and coordinate on data and activities.

3.	**Field Name:**	**Children 1 through 21 Years of Age Total % Served**
	Fiscal Year:	**2022**

Field Note:
WIC (n=13,178), Children's Special Health Services Section (n=10,644), Oral Health (4,191), and County Public Health Departments Total Unduplicated Numbers Served (n=1,335).

WIC is in the same bureau as the MCHBG (Family & Community Health Bureau), with both having management oversight from the FCHB Chief. The two programs collaborate and coordinate on data and activities.

Oral Health is in the MCHC Section, which is also supervised by the Title V Director, and CSHS is supervised by the CSHCN Director.

4.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age Total % Served**
	Fiscal Year:	**2022**

Field Note:
CSHS (n=10,644), and County Public Health Departments Total Unduplicated Numbers Served (n=1,158).

CSHS is supervised by the CSHCN Director. The County Public Health Departments MCHBG contracts are overseen by the Title V Director.

5.	**Field Name:**	**Others Total % Served**
	Fiscal Year:	**2022**

Field Note:
The County Public Health Departments MCHBG contracts are overseen by the Title V Director (n=8,805).

Data Alerts: None

Form 6
Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX

State: Montana

Annual Report Year 2022

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	10,831	8,579	57	682	946	111	12	366	78
Title V Served	9,611	7,737	45	627	697	101	11	321	72
Eligible for Title XIX	3,961	2,692	23	298	733	13	3	172	27
2. Total Infants in State	10,995	8,715	58	691	958	111	12	371	79
Title V Served	9,739	7,843	46	635	705	101	11	325	73
Eligible for Title XIX	4,028	2,740	23	303	744	13	3	175	27

Form Notes for Form 6:

None

Field Level Notes for Form 6:

None

Form 7
State MCH Toll-Free Telephone Line and Other Appropriate Methods Data

State: Montana

A. State MCH Toll-Free Telephone Lines	2024 Application Year	2022 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"		212,993

B. Other Appropriate Methods	2024 Application Year	2022 Annual Report Year
1. Other Toll-Free "Hotline" Names		
2. Number of Calls on Other Toll-Free "Hotlines"		
3. State Title V Program Website Address	DPHHS.mt.gov	DPHHS.mt.gov
4. Number of Hits to the State Title V Program Website		1,358,859
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		37,844

Form Notes for Form 7:

Website number is unique visitors to selected MCH-related services and information pages. COVID pages not included, unique visitors there = 260,603.

Facebook stats are for "Visits."

Other statistics for the DPHHS Facebook page:
Total followers for FFY22 = 13864
Reach = 1,104,512
Likes = 751
Female followers = 80%
Make followers = 20%

DPHHS Twitter:
Followers = 994
Total Tweets = 66

DPHHS YouTube Channel:
Total subscribers = 286
Total views = 9,560
Top 3 subjects watched in FFY22:
1. DPHHS Suicide Prevention Firearms = 947
2. How to Shop at a Framers Market with Chef Eduardo Garcia = 908
3. Let's Chat about Early Intervention = 833

Public Health & Safety Division (PHSD) Facebook:
PHSD FFY22 Posts = 586
Total Likes = 1,169
Total Followers: 5,028
Female Followers: 86.3%
Male Followers: 13.7%

PHSD Twitter:
Total Followers: 183
Total Tweets: 465

PHSD Instagram:
Total Posts = 426
Total Likes = 536
Total Followers = 864
Female Followers = 89.4%
Male Followers = 10.6%

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	Amber Bell
Title	CSHCN Director
Address 1	1625 11th Avenue
Address 2	
City/State/Zip	Helena / MT / 59620
Telephone	(406) 444-1216
Extension	
Email	abell@mt.gov

3. State Family 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

4. State Youth Leader (Optional)	
Name	
Title	
Address 1	
Address 2	
City/State/Zip	
Telephone	
Extension	
Email	

Form Notes for Form 8:

None

Form 9
List of MCH Priority Needs

State: Montana

Application Year 2024

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
2021	80.4 %	0.4 %	9,018	11,211
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
2020	73.8	8.7	73	9,886
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
2017_2021	26.6 ϟ	6.9 ϟ	15 ϟ	56,413 ϟ
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**
2021	7.6 %	0.3 %	853	11,218
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**
2021	9.7 %	0.3 %	1,090	11,219
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
2021	28.6 %	0.4 %	3,204	11,219
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**
2021/Q1-2021/Q4	1.0 %			
2020/Q4-2021/Q3	1.0 %			
2020/Q3-2021/Q1	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 %			

Year	Annual Indicator	Standard Error	Numerator	Denominator
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
2020	4.4	0.6	48	10,812
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
2020	5.0	0.7	54	10,791
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
2020	3.1	0.5	33	10,791
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**
2020	1.9	0.4	21	10,791
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
2020	120.5	33.4	13	10,791
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
2020	129.7	34.7	14	10,791
2019	126.4	33.8	14	11,079
2018	95.5	28.8	11	11,513
2017	127.1	32.9	15	11,799
2016	138.4	33.6	17	12,282
2015	182.8	38.2	23	12,583
2014	112.6	30.1	14	12,432
2013	129.3	32.3	16	12,377
2012	165.0	36.9	20	12,118
2011	132.6	33.2	16	12,069
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

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
2021	8.9 %	0.9 %	954	10,727
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
2020	7.8	0.9	79	10,118
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
2020_2021	10.7 %	1.1 %	22,909	214,124
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**
2021	23.7	4.6	27	113,900
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
2021	76.6	7.5	105	137,096
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
2019_2021	30.6	3.9	60	196,375
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
2019_2021	34.1	4.2	67	196,375
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
2020_2021	20.8 %	1.3 %	46,874	225,780
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
2020_2021	12.8 %	2.1 %	5,983	46,767
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
2020_2021	3.1 %	0.6 %	5,893	191,461
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
2020_2021	9.1 %	1.1 %	17,420	190,448
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
2020_2021	52.8 %	4.2 %	18,119	34,296
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
2020_2021	92.4 %	0.9 %	208,489	225,683
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
2020	10.8 %	0.5 %	392	3,621
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 <20 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**
2021	11.8 %	0.7 %	4,859	41,173
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**
2020_2021	10.2 %	1.3 %	10,277	100,314
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**
2021	7.8 %	0.9 %	18,202	234,638
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
2018	69.2 %	3.8 %	8,000	12,000
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
2021_2022	49.7 %	2.5 %	107,813	216,875
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
2021	75.3 %	3.0 %	49,679	66,002
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**
2021	88.8 %	2.2 %	58,588	66,002
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
2021	77.1 %	3.0 %	50,912	66,002
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
2021	13.6	0.6	442	32,607
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
2021	13.2 %	1.1 %	1,399	10,566
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
2020_2021	3.0 %	0.5 %	6,783	225,014
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**	**2022**
Annual Objective			70	70
Annual Indicator	73.3	69.3	68.6	70.1
Numerator	123,845	119,515	120,255	123,867
Denominator	168,903	172,352	175,425	176,723
Data Source	BRFSS	BRFSS	BRFSS	BRFSS
Data Source Year	2018	2019	2020	2021

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	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**	**2022**
Annual Objective	82	83	84	85
Annual Indicator	84.3	81.7	87.4	86.8
Numerator	9,362	8,632	8,706	9,165
Denominator	11,104	10,565	9,958	10,564
Data Source	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2017	2019	2020	2021

State Provided Data					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	80	82	83	84	85
Annual Indicator	77.8				
Numerator					
Denominator					
Data Source	2015 Health Survey of Montana's Mothers and Babies				
Data Source Year	2015				
Provisional or Final ?	Provisional				

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	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**	**2022**
Annual Objective	88	89	90	38
Annual Indicator	25.9	34.2	37.8	33.8
Numerator	2,795	3,557	3,578	3,423
Denominator	10,810	10,387	9,472	10,126
Data Source	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2017	2019	2020	2021

State Provided Data					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective		88	89	90	38
Annual Indicator	86.5				
Numerator					
Denominator					
Data Source	2015 Health Survey of Montana's Mothers and Babies				
Data Source Year	2015				
Provisional or Final ?	Final				

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

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 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**	**2022**
Annual Objective	80	81	82	48
Annual Indicator	38.5	41.6	47.2	53.8
Numerator	4,169	4,335	4,472	5,432
Denominator	10,815	10,409	9,480	10,101
Data Source	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2017	2019	2020	2021

State Provided Data					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective		80	81	82	48
Annual Indicator	78.6				
Numerator					
Denominator					
Data Source	2015 Health Survey of Montana's Mothers and Babies				
Data Source Year	2015				
Provisional or Final ?	Final				

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

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 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**	**2022**
Annual Objective			27	26
Annual Indicator	27.8	28.5	28.5	22.9
Numerator	11,393	11,853	11,853	9,789
Denominator	40,974	41,603	41,603	42,701
Data Source	YRBSS	YRBSS	YRBSS	YRBSS
Data Source Year	2017	2019	2019	2021

Federally Available Data				
Data Source: National Survey of Children's Health (NSCH) - Perpetration				
	2019	**2020**	**2021**	**2022**
Annual Objective			27	26
Annual Indicator	23.2	23.2	22.5	20.3
Numerator	16,058	16,805	17,091	15,714
Denominator	69,345	72,374	75,967	77,247
Data Source	NSCHP	NSCHP	NSCHP	NSCHP
Data Source Year	2018	2018_2019	2019_2020	2020_2021

Federally Available Data				
Data Source: National Survey of Children's Health (NSCH) - Victimization				
	2019	**2020**	**2021**	**2022**
Annual Objective			27	26
Annual Indicator	45.2	48.9	48.1	45.0
Numerator	31,448	35,450	36,567	34,753
Denominator	69,617	72,511	75,967	77,283
Data Source	NSCHV	NSCHV	NSCHV	NSCHV
Data Source Year	2018	2018_2019	2019_2020	2020_2021

Annual Objectives			
	2023	2024	2025
Annual Objective	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					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective		49	50	51	46
Annual Indicator	39.9	36.8	43.5	45.5	46.8
Numerator	17,364	16,404	19,378	19,982	21,866
Denominator	43,541	44,607	44,583	43,885	46,767
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2016_2017	2017_2018	2018_2019	2019_2020	2020_2021

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	47.0	48.0	49.0

Field Level Notes for Form 10 NPMs:

None

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**	**2022**
Annual Objective			83	81
Annual Indicator	82.6	82.1	80.4	80.4
Numerator	179,033	177,165	172,678	171,786
Denominator	216,777	215,773	214,747	213,627
Data Source	NSCH	NSCH	NSCH	NSCH
Data Source Year	2017_2018	2018_2019	2019_2020	2020_2021

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

Field Level Notes for Form 10 NPMs:

None

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					
	2018	2019	2020	2021	2022
Annual Objective	29	30	30	30	35
Annual Indicator	37.1	35.5	41.4	40.4	40.9
Numerator	9,142	14,149	19,550	18,683	17,870
Denominator	24,666	39,874	47,216	46,279	43,733
Data Source	FCHB	FCHB	FCHB	FCHB	FCHB
Data Source Year	2018	2019	2020	FFY 2021	FFY 2022
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	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.	
2.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: State Performance Measure 1 is related to the following National Outcome Measures: 3; 4; 9.1; 9.5; 14; 15; 16.1; 16.2; 16.3; 19; 22.1; 22.2; 22.3; 22.4; 25.	

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					
	2018	2019	2020	2021	2022
Annual Objective	40	40	40	45	45
Annual Indicator	39.5	51.1	70.1	66	66.8
Numerator	2,004	7,166	7,513	7,047	8,519
Denominator	5,077	14,036	10,714	10,677	12,747
Data Source	FCHB	FCHB	FCHB	FCHB	FCHB
Data Source Year	SFY 18	FFY19	FFY20	FFY 2021	FFY 2022
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	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.	
3.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: State Performance Measure 2 is related to the following National Outcome Measures: 1; 9.1; 9.5; 10; 13; 15; 19; 21; 23; 25.	

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	2022
Annual Objective			80	82
Annual Indicator			100	33.3
Numerator			4	3
Denominator			4	9
Data Source			FCHB	FCHB
Data Source Year			FFY 2021	FFY 2022
Provisional or Final ?			Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	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.	
3.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: For the County Public Health Departments choosing NPM 1, their ability to implement performance measure activities was still heavily impacted by critical COVID-19 response duties. This was the priority service to their maternal population.	

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					
	2018	2019	2020	2021	2022
Annual Objective		80	83	92	92
Annual Indicator		100	91.7	100	91.7
Numerator		15	11	7	11
Denominator		15	12	7	12
Data Source		FCHB	FCHB	FCHB	FCHB
Data Source Year		FFY 2019	FFY 2020	FFY 2021	FFY 2022
Provisional or Final ?		Final	Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	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	2022
Annual Objective			80	82
Annual Indicator			80	0
Numerator			12	0
Denominator			15	4
Data Source			FCHB	FCHB
Data Source Year			FFY 2021	FFY 2022
Provisional or Final ?			Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	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:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: For the County Public Health Departments choosing NPM 9, their ability to implement performance measure activities was still heavily impacted by critical COVID-19 response duties. This was the priority service to their adolescent population.	

ESM 9.2 - Completion of Bullying Prevention Social Media Campaign

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives		
	2024	2025
Annual Objective	10.0	0.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: FFYs 23 and 24 are timeline for this new ESM.	
2.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	Field Note: The overall objective for this ESM is 50,000 impressions to adolescents, and 50,000 impressions to parents/caregivers/teachers.	
3.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: ESM doesn't extend into 2025.	

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

Measure Status:	Active

State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective		25	5	5	18
Annual Indicator		18.4	56.9	0.3	0.5
Numerator		36	132	159	274
Denominator		196	232	55,048	60,401
Data Source		FCHB	FCHB	FCHB	FCHB
Data Source Year		FFY 2019	FFY 2020	FFY 2021	FFY 2022
Provisional or Final ?		Final	Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	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	2022
Annual Objective			80	82
Annual Indicator			87.5	100
Numerator			7	11
Denominator			8	11
Data Source			FCHB	FCHB
Data Source Year			FFY 2021	FFY 2022
Provisional or Final ?			Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	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 13.2.2 - Complete the 3rd Grade Basic Screening Surveillance (BSS) to assess student's oral health status, and produce a report to inform needed oral health services.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives		
	2024	2025
Annual Objective	1.0	0.0

Field Level Notes for Form 10 ESMs:

None

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

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>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.</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 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.</td></tr>
<tr><td>Denominator:</td><td>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.</td></tr>
</table>
</td></tr>
<tr><td>Healthy People 2030 Objective:</td><td>ECBP-D07: Increase number of community organizations that provide preventive services.</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>MCHBG County Public Health Department Annual Data Reports</td></tr>
<tr><td>Significance:</td><td>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.</td></tr>
</table>

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

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>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.</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>Annual number of MCH clients referred to social services or provided health education by County Public Health Departments choosing SPM 2</td></tr>
<tr><td>Denominator:</td><td>Annual number of County Public Health Department MCH clients in counties choosing SPM 2</td></tr>
</table>
</td></tr>
<tr><td>Healthy People 2030 Objective:</td><td>ECBP-D07: Increase # of community organizations that provide prevention services.</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>MCHBG County Public Health Department Annual Data Reports</td></tr>
<tr><td>Significance:</td><td>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.</td></tr>
</table>

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 9.2 - Completion of Bullying Prevention Social Media Campaign
NPM 9 – Percent of adolescents, ages 12 through 17, who are bullied or who bully others

Measure Status:	Active
Goal:	Facebook & Instagram ads promoting click throughs to BullyingPrevention.Gov webpage, targeting: Adolescents aged 14-18; and 25-65 aged group, parents of school aged children, teachers/staff; 50,000 impressions each.
Definition:	**Unit Type:** Count **Unit Number:** 10 **Numerator:** 100,000 **Denominator:**
Data Sources and Data Issues:	Social media sites metrics tracking.
Evidence-based/informed strategy:	The bullying prevention content on StopBullying.Gov is grounded in research, and provides evidence-based strategies: https://www.stopbullying.gov/resources/research-resources. They have fact sheets available for: pediatricians; recognizing bullying as an Adverse Childhood Experience; the essential role of bystanders; consequences of bullying; and digital citizenship skills. The Substance Abuse & Mental Health Services Administration (SAMHSA) points users to Stopbullying.Gov: "find quality information and resources on StopBullying.gov."
Significance:	Bullying should not be tolerated, or silently accepted by anyone. Bullying has a negative effect on all youth (those bullying, those being bullied and those witnessing the bullying). Bullying prevention needs to be addressed from multiple angles. There is not a certain type of youth that bullies or is bullied. Adults and bystanders can have a significant impact on bullying prevention. This campaign will help adolescents, parent/caregivers, and teachers, be more aware of bullying behaviors and how to handle bullying situations. It is intended to encourage them to stop bullying, intervene when they see bullying happening, and seek help if being bullied.

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 working on NPM 13b, and oral health activities for SPM 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.

ESM 13.2.2 - Complete the 3rd Grade Basic Screening Surveillance (BSS) to assess student's oral health status, and produce a report to inform needed oral health services.
NPM 13.2 – Percent of children, ages 1 through 17, who had a preventive dental visit in the past year

Measure Status:	Active
ESM Subgroup(s):	Children 6 through 11
Goal:	A report, generated from the results of the 3rd Grade Student Basic Screening Surveillance (BSS) for students attending school during the 2023-24 school year, will be completed in FFY24.
Definition:	**Unit Type:** Count **Unit Number:** 1 **Numerator:** One report, generated from the results of the 3rd Grade Basic Screening Surveillance (BSS) for students attending school during the 2023-24 school year. **Denominator:**
Data Sources and Data Issues:	The Family & Community Health Bureau's Oral Health Program will contract with a qualified entity to complete the BSS, using a random sample drawn by the Association of State and Territorial Dental Directors (ASTDD). No anticipated data issues.
Evidence-based/informed strategy:	In 2020, the Public Health National Center for Innovations released a revised framework of the 10 essentials of Public Health Services. Assessment/surveillance is key to assessing and monitoring population health, and to investigate, diagnose and address health hazards and root causes (https://phnci.org/national-frameworks/10-ephs.) The 2023-2024 3rd grade BSS surveillance will aide in future planning for addressing and achieving oral health equity in Montana's child population. The BSS, developed by the ASTDD, is an evidence-based tool for oral health surveillance, to assist state and local public health agencies monitor the burden of oral disease.
Significance:	The 3rd Grade BSS, paid for by the MCHBG, will be conducted during the 2023-2024 school year. The ASTDD Technical Assistance, paid with the Grants to States to Support the Oral Health Workforce, includes geographic and racial data analysis and a final report. This will raise community-level understanding and awareness on the importance of preventive dental visits for children.

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 2022

	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	Yes	Yes	Monthly	3	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:

None