



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **MONTANA**

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

### Title V Federal-State Partnership - Montana

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY 2016 Application / FY 2014 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website ( <https://mchb.tvisdata.hrsa.gov> )

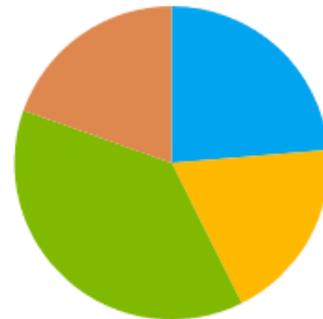
### State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Denise Higgins	Rachel Donahoe	No Contact Information Provided
Family and Community Health Bureau Chief	CSHS Section Supervisor	
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### Funding by Source

Source	FY 2014 Expenditures
 Federal Allocation	\$2,284,817
 State MCH Funds	\$1,828,951
 Local MCH Funds	\$3,645,934
 Other Funds	\$0
 Program Income	\$1,888,322

FY 2014 Expenditures



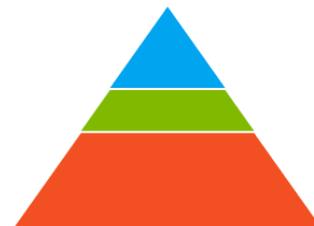
### Funding by Service Level

Service Level	Federal	Non-Federal
 Direct Services	\$782,007	\$2,716,347
 Enabling Services	\$644,166	\$1,371,760
 Public Health Services and Systems	\$858,644	\$3,275,100

FY 2014 Expenditures Federal



FY 2014 Expenditures Non-Federal



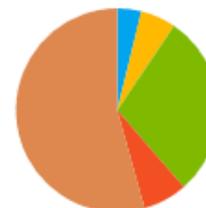
### Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
 Pregnant Women	3,761	\$925,333	11.1%
 Infants < 1 Year	5,560	\$610,282	7.4%
 Children 1-22 Years	28,693	\$3,744,447	45.1%
 CSHCN	6,964	\$2,053,377	24.7%
 Others *	53,498	\$969,533	11.7%
Total	98,476	\$8,302,972	100%

FY 2014 Expenditures



FY 2014 Individuals Served



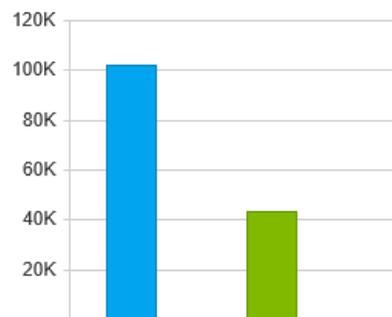
\*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

### Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 2	Low-Risk Cesarean Delivery	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 5	Safe Sleep	Perinatal/Infant Health
NPM 7	Injury Hospitalization	Child Health, Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 12	Transition	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Cross-Cutting/Life Course
NPM 14	Smoking	Cross-Cutting/Life Course

### Communication Reach

Communication Method	Amount
 State Title V Website Hits:	101,833
 State Title V Social Media Hits:	0
 State MCH Toll-Free Calls:	43,056
 Other Toll-Free Calls:	0



## Executive Summary

### Montana Maternal and Child Health Block Grant – 2016 Annual Application & 2014 Report Executive Summary

The annual application and report for Montana's Maternal and Child Health Block Grant (MCHBG) reflects implementation of "MCH Transformation 3.0", and the results of the 2015 5-Year Statewide Needs Assessment.

The Health Resources and Services Administration (HRSA) had three main aims for MCH Transformation 3.0.

- Reduce the reporting burden
- Maintain state flexibility
- Improve accountability and impact

Historically, the narrative reporting on MCHBG activities has been organized by performance measure. The format included *reporting* information on the previous and current fiscal years, and *application* information with plans for the upcoming fiscal year. This document contains the report information on the outgoing performance measures. It also contains action plans for the thirteen new performance measures going forward. The new narrative format requires that all this information is now organized into population domains. These domains are:

- Women's and Maternal Health
- Perinatal and Infant Health
- Child Health
- Children with Special Health Care Needs
- Adolescent Health
- Cross-Cutting / Life Course

The Title V MCHBG legislation also requires the state to prepare and submit a statewide Needs Assessment every five years which identifies the specific needs for:

- Preventive and primary care services for pregnant women, mothers and infants up to age one;
- Preventive and primary care services for children; and
- Services for children with special health care needs (CSHCN).

The findings of the State's Five-year Needs Assessment are expected to serve as the "drivers" in determining state Title V program priorities, and in developing a five-year Action Plan to address them. They should indicate where the greatest needs are for its MCH and CSHCN populations, and support services which can have a direct positive impact.

Based on its priority needs, as identified in the Five-year Needs Assessment, Montana selected eight of 15 possible National Performance Measures (NPMs) for programmatic emphasis over the five-year reporting period. In addition, the state developed five State Performance Measures to address its unique needs, to the extent that they are not addressed by the NPMs.

The Montana Department of Public Health and Human Services' Maternal and Child Health (MCH) Section began work on the 2015 Needs Assessment in December 2013. The workgroup identified information gathered for the 2012 State Health Improvement Plan and the 2013 Public Health and Safety Division Strategic Plan as the foundation. In order to facilitate additional stakeholder input, an in-depth online survey was created for County Public Health Departments (CPHDs) and other MCH stakeholders to complete.

Performance measure selections were made based on highest need, the ability of CPHDs to impact health outcomes, and availability of data. In addition, the methodology included considering if the need was an area of responsibility for DPHHS' Public Health and Safety Division. For some priority needs the choice was also informed by rural geographic or minority population health disparities.

Analysis of all available quantitative and qualitative input has resulted in the selection of the following MCH priorities for Montana:

- Family Support and Health Education
- Access to Care
- Increasing Immunization Rates
- Reducing Child Injuries
- Reducing Smoking in Pregnancy and Household Smoking
- Increasing Breastfeeding Rates
- Improving Oral Health
- Teen Pregnancy Prevention
- Reducing Low-Risk Cesarean Deliveries
- Promoting Infant Safe Sleep

Montana's eight National Performance Measure choices are as follows:

- NPM 2 - Low-Risk Cesarean Deliveries
- NPM 4 - Breastfeeding
- NPM 5 - Infant Safe Sleep

- NPM 7 - Child Injuries
- NPM 10 - Adolescent Preventive Care
- NPM 12 - Transition Services
- NPM 13 - Oral Health
- NPM 14 - Pregnancy and Household Smoking

State Performance Measures (SPMs) were developed to address needs or priorities not covered by any of the National Performance Measures. SPM 1 and SPM 2 were created new as a result of emerging trends, and were not available in previous years as either a national or state performance measure. Here is a listing of the five SPMs:

- SPM 1 - Access to Public Health Services
- SPM 2 – Family Support and Health Education
- SPM 3 – Immunization
- SPM 4 – CSHCN Medical Home
- SPM 5 - Teen Pregnancy Prevention

Montana's State Selected Priorities - Final Selection with Related Domains & Performance Measures		
Priority Health Need	Domain	Performance Measure
Family Support & and Health Education	Life Course / Cross-Cutting	SPM 2
Access to Care & Public Health Services	Life Course / Cross-Cutting, CYSHCN	NPM 12, SPMs 1 and 4
Immunization Rates	Perinatal & Infant, Children, Adolescent	SPM 3
Child Injuries	Perinatal & Infant, Children, Adolescent	NPM 7
Smoking in Pregnancy & Households	Life Course / Cross-Cutting	NPM 14
Breastfeeding Rates	Perinatal & Infant	NPM 4
Oral Health	Life Course / Cross-Cutting	NPM 13
Teen Pregnancy Prevention	Adolescent	NPM 10, SPM 5
Low-Risk Cesarean Deliveries	Women & Maternal	NPM 2
Infant Safe Sleep	Perinatal & Infant	NPM 5

**Accomplishments and Challenges by Domain -**

Maternal / Women's Health:

When it comes to health care for women of childbearing age, Montana is currently experiencing a mixture of results based on specific type of care. Primary and preventive care percentages are moving in a positive direction, and it is hoped that the recent passage of Medicaid expansion will continue the trend. The more challenging areas are: mental health care, substance abuse care and prevention, STD/STI education and prevention, and reproductive / sexual health care. These were all identified in the top five unmet needs according to the online needs assessment surveys. Geographic disparities exist in connection to enabling services. The very low population base in Montana's frontier counties creates a double challenge from low availability of services, and limited funding for services such as home visiting.

Perinatal / Infant Health:

According to the CDC 2014 Breastfeeding Report Card, the rate of infants who were ever breastfed was 91.2%. This compares well with the Healthy People 2020 (HP2020) goal of 81%. The FCHB will continue working to support this rate, and to improve the rate of babies which are exclusively breastfed at six months. Montana also has good rates of health care coverage for infants through the comprehensive "Healthy Montana Kids" program, which incorporates children's Medicaid, and CHIP up to 250% of the FPL. One health indicator which the FCHB is working to improve is cesarean deliveries among low-risk first births. From 2009 – 2013 Montana's

rate hovered right around the HP2020 goal of 23.9%, but that is still a fairly high percentage. The Infant Mortality CollN identified OB/GYN champions who are helping to make this a less acceptable practice.

### Children and Adolescents:

There is a lot of crossover between the Children and Adolescent domains when addressing successes and challenges. While still high, the rate of non-fatal injuries has been declining. In 2008 the rate per 100,000 among children aged 0-19 was 312.7, and in 2013 it was down to 216.3. This age group also has experienced the same benefits from Healthy Montana Kids as infants. An area which can be classified as both a challenge and an access- to-care health disparity is oral health. The rate of preventive visits for ages 0-17 has stayed constant at about 76.6 percent since 2007. The CPHDs identified oral health as the top children's unmet health need, which also pertains to the Life-Course domain. The highest ranked unmet health needs for adolescents on the surveys are mental health and substance abuse.

### CYSHCN:

The main success for this domain in Montana is provided by the CSHS regional specialty clinic staff. Nurse Coordinators make the best use of resources for providers, families and CSHS staff. The challenge of access-to-care remains a large obstacle for many of these children. The surveys agreed that the top three CYSHCN health needs are also the top three unmet needs: specialty health care services, family support services and coordination of care. Access to timely data for medical homes and transition services also presents a challenge. Data from the 2010 NS-CSHCN indicate the percent with a medical home is 57%, and for receiving services for transition to adult care it is 51.4%.

### Life-Course / Cross-Cutting:

The 2015 Montana Legislature passed a Medicaid expansion bill, which will do a great deal to improve adequate insurance coverage for those over the age of 18 in the state. Affordable Care Act enrollment activities have already helped with success in this area, including a jump in the numbers of children enrolled in Medicaid. Challenges are found in the percent of children who live in households where someone smokes at 26.4%, and in the percentage of women who smoke during pregnancy at 16.5%. The FCHB created SPMs 1 and 2 to address emerging needs which effect life-course health. SPM 2 also addresses the social determinants of health.

Over the next year, the FCHB will be working to identify evidence-based strategies for making progress on each of the eight National and five State Performance Measures. Realistic outcome goals will also be set, in order to gauge headway in achieving the desired health status and performance outcomes. Representatives from CPHDs and other stakeholders will be part a workgroup to advise on additional details for the state's MCHBG 5-Year action plan.

The rest of Montana's MCHBG 2016 Application and 2014 Report sections cover additional information and details on the key points introduced in this Executive Summary.