



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

MONTANA

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 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 2017 Application / FY 2015 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

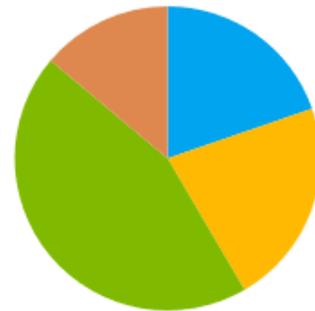
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
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Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	\$2,281,321
State MCH Funds	\$2,536,688
Local MCH Funds	\$5,158,958
Other Funds	\$0
Program Income	\$1,605,274

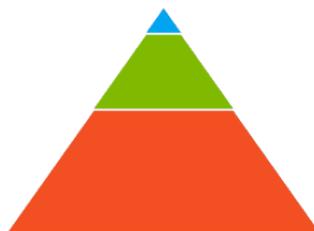
FY 2015 Expenditures



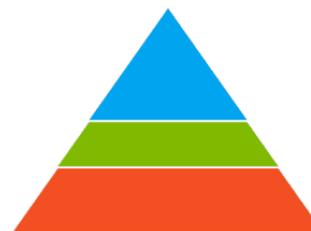
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$250,970	\$4,637,765
Enabling Services	\$765,723	\$1,837,045
Public Health Services and Systems	\$1,264,628	\$2,670,375

FY 2015 Expenditures
Federal



FY 2015 Expenditures
Non-Federal



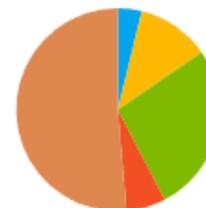
Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	4,083	\$1,604,367	13.3%
Infants < 1 Year	12,529	\$1,415,843	11.8%
Children 1-22 Years	28,998	\$4,205,762	35.0%
CSHCN	6,763	\$2,278,684	19.0%
Others *	55,296	\$2,515,868	20.9%
Total	107,669	\$12,020,524	100%

FY 2015 Expenditures



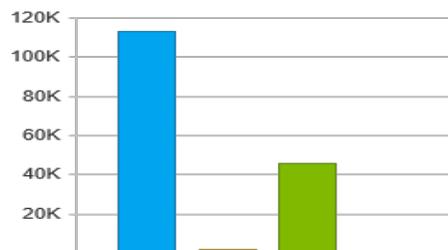
FY 2015 Individuals Served



*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.

Communication Reach

Communication Method	Amount
State Title V Website Hits:	112,916
State Title V Social Media Hits:	1,547
State MCH Toll-Free Calls:	45,937
Other Toll-Free Calls:	0



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

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 2	Low-Risk Cesarean Delivery	ESM 2.1	Increase understanding of the knowledge level and behaviors of pregnant women regarding low-risk cesarean deliveries, by producing a surveillance report from the 2015 Health Survey of Montana's Mothers and Babies data.
NPM 4	Breastfeeding	ESM 4.1	Support and encourage local public health organizations who have identified increasing the rate of breastfeeding as a priority need in their communities, i.e. County Public Health Department's MCHBG Breastfeeding Collaborative.
NPM 5	Safe Sleep	ESM 5.1	Understand the knowledge level and behaviors of caregivers regarding infant safe sleep practices.
NPM 7	Injury Hospitalization	ESM 7.1	Analyze hospital discharge data for child injury causes and produce a report with county-level data on trends, which will assist County Public Health Departments in targeting future injury-prevention activities.
NPM 10	Adolescent Well-Visit	ESM 10.1	Adolescent preventive care advocates survey, to identify organizations involved with adolescent wellness and health who are interested in collaborating to promote the importance of preventive care for this population.
NPM 12	Transition	ESM 12.1	Transition Services Survey of CYSHCN families, and use input to increase the efficacy of CSHS transition services.
NPM 13	Preventive Dental Visit	ESM 13.1	Pregnancy care and dental access integration, pilot project between a County Public Health Department and a co-located Community Health Center, to increase the dental visits of pregnant clients.
NPM 14	Smoking	ESM 14.1	County Public Health Department tobacco cessation activities pilot project, to support tobacco cessation activities by a CPHD which has identified this as a priority need in their county.

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Access to Care and Public Health Services	Cross-Cutting/Life Course
SPM 2	Family Support and Health Education	Cross-Cutting/Life Course
SPM 3	Immunization	Child Health, Adolescent Health

SPM 4	CYSHCN Medical Home	Children with Special Health Care Needs
SPM 5	Teen Pregnancy Prevention	Adolescent Health

Executive Summary

Montana Maternal and Child Health Block Grant –
2017 Application & 2015 Report, Executive Summary Update:

The Family & Community Health Bureau (FCHB) is Montana's Title V Agency. It is within the Public Health & Safety Division (PHSD) of the Department of Public Health and Human Services (DPHHS). The FCHB is pleased to submit the Title V Maternal and Child Health 2017 Application and 2015 Annual Report. These FCHB sections, Maternal & Child Health (MCH) and Children's Special Health Services (CSHS), are responsible for the administration of the grant. Many FCHB and PHSD programs are key contributors and partners in the work, along with 51 County Public Health Departments (CPHD).

This Executive Summary Update provides a current overview of the work to improve the health of Montana's women, infants, and children. It builds on information submitted in the 2016 Application & 2014 Report, and covers the second year of a 5-year cycle. The priorities were selected as the result of the 2015 MCH Needs Assessment. Information on performance measures is presented by health domains: Women & Maternal; Perinatal & Infant; Children; Adolescent; Children & Youth with Special Health Care Needs (CYSHCN); and Life Course/Cross-Cutting.

Evaluation of input during the needs assessment process, paired with outcome goals from the State Health Improvement Plan, resulted in the following MCH priorities:

- Family Support & Health Education
- Access to Care & Public Health Services
- Immunization
- Child Injuries
- Smoking in Pregnancy & in Households
- Breastfeeding
- Oral Health
- Teen Pregnancy Prevention
- Low-Risk Cesarean Deliveries
- Infant Safe Sleep

In-depth background on the state is provided in the "Overview of the State" section of this report. It provides information on MT's geography, demographics, economy, income and poverty, education, health insurance, access to health care, and MCH program.

Two recent state-level accomplishments will have a widespread effect on the MCH population:

- In April 2016, Mary Lynne Billy-Old Coyote began as the Director of the new Office of American Indian Health housed in DPHHS. The position was created at the request of tribal health directors to address health disparities. Billy-Old Coyote coordinates work with tribal health stakeholders and DPHHS staff, identifies key health-related issues, develops strategies, and identifies existing state resources.
- The 2015 MT legislature passed the Montana Health and Economic Livelihood Plan (HELP), which expanded Medicaid to adults up to age 64 earning up to 138% of the federal poverty level, effective January 2016.

Women & Maternal: *Low-Risk Cesarean Deliveries (NPM 2)*

In 2014, MT Medicaid instituted an elective deliveries policy for birthing facilities and reduced reimbursement rates for any non-medically necessary induction or C-section prior to 37 weeks. The rate for Medicaid patients went from 4.6% in 2012 to 0.5% by February 2016. The percentage for the whole population was 26.4%. DPHHS will continue educating statewide partners about the effectiveness of this policy, particularly through the FCHB.

The FCHB will use results from the 2015 Health Survey of MT Mother and Babies (HSMB) to provide baseline data on low-risk mothers having cesarean deliveries, and to inform subsequent strategies. This is the Evidence-Based Strategy Measure (ESM) for National Performance Measure (NPM) 2. In May 2016, the FCHB received a CDC Pregnancy Risk Assessment Monitoring System (PRAMS) grant, which will provide continued data collection and analysis needed to measure the effectiveness of future activities.

Infant & Perinatal: *Breastfeeding (NPM 4), Safe Sleep (NPM 5)*

Breastfeeding

A new WIC Breastfeeding Peer Counselor site was added in FFY 2017, bringing the total number of programs to 12. Due to the large geographic area lacking direct access, all WIC programs have been encouraged to expand services through distance delivery: phone, texting, iPad FaceTime, or WebEx.

In 2014, MT's percent of infants who are ever breastfed was fairly high at 91.2%. The percent drops significantly to 19.3% for infants' breastfed exclusively at six months. For the ESM, the FCHB is contracting with seven County Public Health Departments (CPHDs) interested in increasing the rate of breastfeeding in their areas.

Safe Sleep

DPHHS has an Infant Mortality Collaborative Improvement and Innovation Network (IM CoIIN) team that develops and maintains public and private partnerships, and is part of a national movement. The team presented a Promising Pregnancy Care training geared for prenatal care providers, which implements prenatal care in a group setting. It also includes safe sleep education.

NPM 5's ESM is a surveillance report on the knowledge level and behaviors of caregivers, using data from the HSMB and data entered into the Child Death Review (CDR) Reporting System. The HSMB and CDR analysis will provide specific data related to the number of infants placed to sleep on their backs and forms the foundation for future ESMs.

Children: *Child Injuries (NPM 7 for ages 1-10), Immunization (SPM 3A)*

Child Injuries

During SFY 2016, CPHDs across the state held numerous activities addressing child injury prevention. For example: establishing a crisis nursery, where families in crisis situations can have a safe place to drop off their children for the day; creating a mental health coalition after two teen suicides; placing warning signs on unstable river banks and building a life-preserver station; sponsoring an interactive distracted driving prevention campaign at the local high school; and providing gift certificates to low-income families to purchase bike helmets.

According to hospital discharge data, great progress has been made in this area. In 2009, the state rate of non-fatal injuries in children ages 0-9 years was 200.7 per 100,000. In 2014 the rate was down to 100.5 per 100,000. The ESM for NPM 7 involves assessing and identifying county-level trends for the primary causes of injury-related hospital admissions.

Immunization

State Performance Measure (SPM) 3 Part A, addresses children in the 19 to 35 months age group. According to the 2014 National Immunization Survey, 67.1% of children ages 19-35 months in MT completed a combined seven-vaccine series. This is a significant increase over the 2010 rate of 50%. Eleven vaccines are being tracked for SPM 3A.

The FCHB and Immunization Program continue to work with partners across the state to improve rates and support ongoing activities. A series of trainings via WebEx are being offered, for example: "Immunizations - Building Trust During the Time of Twitter" featuring a pediatrician who is the Executive Director of Digital Health at Seattle Children's Hospital.

Adolescent: *Child Injuries (NPM 7 for ages 11-19), Adolescent Preventive Care (NPM 10), Immunization (SPM 3B), Teen Pregnancy Prevention (SPM 5)*

Adolescent Injuries

According to hospital discharge data, the 2014 statewide rate of non-fatal injuries in children ages 10-19 years was 262.7 per 100,000, a decrease from 411.9 per 100,000 in 2009. Much of the information for the adolescent age range on NPM 7 is the same as in the Children's section, but some activities are specifically directed at teenagers. These include: suicide prevention, alcohol use, distracted driving, drug abuse, and intimate partner violence.

Motor vehicle deaths and injuries continue to be high in MT, and this was a topic at the March 2016 FICMMR Regional Trainings. The trainings included: webcams showing kids texting and driving while going off the road; the additional risks of young drivers; the importance of parent engagement; and the fact that technology such as cell phones should be shut down before a vehicle is started.

Adolescent Preventive Care

Directly addressing adolescent preventive care is a new endeavor for DPHHS. Adolescent health is addressed by multiple PHSD programs whose funding targets specific adolescent health areas, but there is no dedicated Adolescent Health Coordinator.

The ESM for NPM 10 is an environmental scan to identify state organizations and programs with an interest in adolescent health. The FCHB will then conduct an outreach and information gathering survey to identify those interested in partnering with messaging and promotion on the importance and benefits of preventive care for adolescents.

Immunization

The general information for immunization is covered in the Children's section. SPM 3B specifically addresses age appropriate vaccinations for adolescents, ages 13-17 years.

The 2015 MT Legislature passed HB 158 to revise school immunization requirements. It requires a 4th tetanus, diphtheria, and pertussis (Tdap) vaccine for students entering 7th grade; and for kindergarten through 12th grade students to have two doses of varicella (chickenpox) vaccine. Prior to HB 158, MT was the only state not requiring the varicella series and one of five not requiring a pertussis booster for school attendance.

The requirements generated new work processes for IZ staff and contractors. These include: reviewing school records and sending letters to parents; working with partners to provide vaccines in remote areas; using advertising campaigns and social media; offering incentives; and holding additional school immunizations clinics.

Teen Pregnancy Prevention

In 2014 MT's rate of birth to adolescent ages 15-17 years was 13 per 1,000. A Title X goal for SFY 2017 is for 85% of female patients < 19 years to use a highly or moderately effective method of contraception. Women's and Men's Health (WMH) provides these contraceptive methods based on income, as an approach to reduce barriers to care.

Providing information about Teen Pregnancy Prevention was identified as a WMH priority for SFY 2016. Information is disseminated through clinics, outreach campaigns, community presentations, training, newsletter articles, and toolkits.

Children & Youth with Special Health Care Needs (CYSHCN): *Access to Care & Public Health Services, Transition Services (NPM 12), Medical Home (SPM 4)*

Transition Services

In 2012, CSHS began a transitions project with the University of MT Rural Institute for Inclusive Communities (RII) which focused on: Outreach and Education, Resource Development, and Family Engagement. Because of the success of the project and the mutually beneficial partnership, CSHS is continuing the RII Transition Project into FFY 2017 using MCHBG funds.

Effective SFY 2017, CSHS altered contracts with service providers to include CYSHCN outcome measures. These measures ensure that providers assist with transition to all aspects of adult life.

The ESM for NPM 12 is a comprehensive program assessment, which includes survey questions regarding transition services for families of CYSHCN. The results will provide a baseline, and be used to plan strategies to improve how CSHS supports those services.

Medical Home

In SFY 2016, CSHS changed the way multidisciplinary clinics are managed. CSHS now contracts with hospitals to provide clinical services and to coordinate patient care. The new structure allows the hospitals to play an active role in care coordination and quality improvement.

MT's Targeted Case Management State Plan Amendment included changes to allow more agencies to bill Medicaid for CYSHCN care coordination, and freedom of choice for selecting a provider.

CSHS contracts with RII for administration of the MT Medical Home Web Portal, which provides current and reliable information to families and providers about diagnosis, and services available locally. During this reporting period RII conducted a statewide survey of providers to address the need for mental health services on the portal.

Life Course / Cross-Cutting: *Oral Health (NPM 13), Smoking in Pregnancy & Households (NPM 14), Access to Care & Public Health Services (SPM 1), Family Support & Health Education (SPM 2)*

Oral Health

A pilot project has been created between the state Oral Health Program (OHP), Flathead CPHD, and the Flathead Community Health Center. The purpose is to increase dental visits to pregnant clients, and it is the NPM 13 ESM. The CPHD is co-located with the CHC, which employs a full-time dentist. Pregnant CPHD clients will be assessed for dental care utilization during their prenatal care visits. If they have not had a dental visit during their pregnancy, an attempt will be made to have them seen by the dentist before they leave that day.

The OHP is also supporting alternate and community-based models of care. It assisted two American Indian clinic sites to alleviate staffing challenges through the University of Washington School of Dentistry's dental student rotations; and is focused on increasing the number of primary care providers who assess and provide preventive care during well-child visits.

Smoking in Pregnancy & Households

During FFY16, the Montana Tobacco Use Prevention Program (MTUPP) began a Quit-Line Program specifically for pregnant and postpartum smokers, who may call or visit the website to enroll. Enrollment services include a dedicated female coach, extended coaching calls with cash incentives, a personalized quit plan, and Nicotine Replacement Therapy support. MTUPP also added an American Indian tobacco users program which connects them with Native Coaches.

The ESM for NPM 14 is a project with Park County Health Department (PCHD) to support targeted tobacco cessation activities. PCHD will plan, implement and evaluate at least 2 community-level activities during the fiscal year. Information on the outcome of their efforts will be distributed to all the CPHDs receiving MCHBG funds.

Access to Care and Public Health Services

SPM 1 was developed to address the unique challenges faced by counties with very small populations, and to allow them the flexibility to support a variety MCH services. Six frontier-level population CPHDs collaborated with the FCHB on implementing SPM1 in SFY 2016. Ten counties choose SPM 1 for SFY 2017.

Family Support and Health Education

Results of the 5-Year MCH Statewide Needs Assessment identified a strong emerging trend: family support and parental education were increasing as essential services, but available resources could not adequately meet the demand. SPM 2 was created to support CPHDs with providing referrals and follow-up to community services, and health education to their MCH clients. SPM 2 recognizes that addressing the social determinants of health is often a necessary first step toward having a positive impact on the overall health of vulnerable populations.

The FCHB assisted by creating standardized documents: 1) a simple and non-invasive family needs survey, 2) an informed-consent form, 3) a more in-depth interview assessment tool, and 4) a data collection and tracking form. Six counties of differing sizes chose SPM 2 in SFY16, and nine in SFY17.