



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **MONTANA**

State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

### 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 2020 Application / FY 2018 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

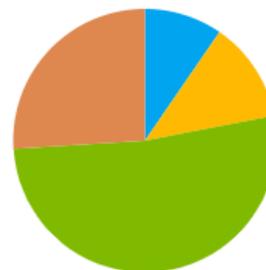
### State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Ann Buss Title V Maternal and Child Health Director abuss@mt.gov (406) 444-4119	Rachel Donahoe Children's Special Health Services Supervisor rdohahoe@mt.gov (406) 444-3617	Tarra Thomas HALI Project Parent Partner and State Coordinator tarrathomasfa@outlook.com (406) 697-4631

### Funding by Source

Source	FY 2018 Expenditures
Federal Allocation	\$2,301,521
State MCH Funds	\$2,984,836
Local MCH Funds	\$12,490,557
Other Funds	\$0
Program Income	\$6,243,211

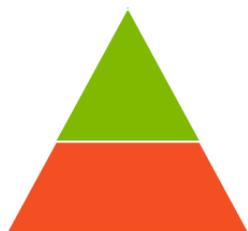
FY 2018 Expenditures



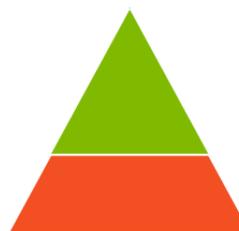
### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$9,162	\$63,609
Enabling Services	\$1,357,166	\$14,085,736
Public Health Services and Systems	\$935,193	\$7,516,964

FY 2018 Expenditures Federal



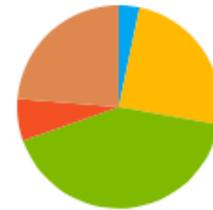
FY 2018 Expenditures Non-Federal



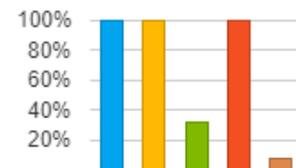
### Percentage Served by Title V

Population Served	Percentage Served	FY 2018 Expenditures
Pregnant Women	100.0%	\$582,390
Infants < 1 Year	100.0%	\$4,351,279
Children 1 through 21 Years	31.0%	\$7,436,609
CSHCN (Subset of all Children)	100.0%	\$1,181,191
Others *	7.0%	\$4,212,097

**FY 2018 Expenditures**  
Total: \$17,763,566



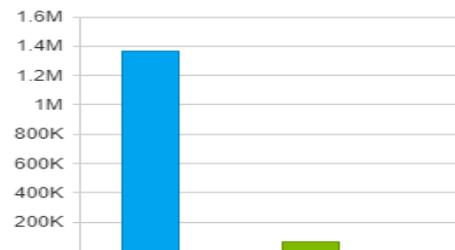
**FY 2018 Percentage Served**



\*Others– Women and men, over age 21.

### Communication Reach

Communication Method	Amount
State Title V Website Hits:	1,364,723
State Title V Social Media Hits:	2,543
State MCH Toll-Free Calls:	64,606
Other Toll-Free Calls:	222



### Selected National Performance Measures

Measure #	Measure Short Name	Reporting Domain(s)
NPM 5	Safe Sleep	Perinatal/Infant Health
NPM 7	Injury Hospitalization	Child Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Women/Maternal Health

### Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 5	Safe Sleep	ESM 5.3	Support county public health departments who have identified decreasing infant deaths due to unsafe sleep conditions as a priority need in their communities.
NPM 7.1	Injury Hospitalization Ages 0 through 9	ESM 7.1.3	Support county public health departments who have identified decreasing preventable child injuries as a priority need in their communities.
NPM 10	Adolescent Well-Visit	ESM 10.2	Adolescent Preventive Care Stakeholders Group - Foundational Partnership Building and Collaboration
NPM 10	Adolescent Well-Visit	ESM 10.3	Optimal Health for Montana Youth - Evaluation Report
NPM 11	Medical Home	ESM 11.1	Expansion of Parent Partner Services for CYSHCN
NPM 13.1	Preventive Dental Visit Pregnancy	ESM 13.1.3	Support county public health departments who have identified increasing dental care during pregnancy as a priority need in their communities.

### State Performance Measures

SPM #	SPM Title	Reporting Domain(s)
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 who choose SPM 1.	Cross-Cutting/Systems Building
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.	Cross-Cutting/Systems Building

## Executive Summary

### Program Overview

#### Executive Summary: Program Overview

##### Introduction:

Montana's Title V Maternal & Child Health Block Grant (MCHBG) is administered by the Family & Community Health Bureau (FCHB), which is under the Public Health & Safety Division (PHSD) at the Department of Public Health & Human Services (DPHHS). Many FCHB and PHSD programs are key contributors and partners, along with 50 County Public Health Departments (CPHDs).

The *2020 Application & 2018 Report* highlights this work to improve the health of Montana's women, infants, and children; and covers the fourth year of a 5-year cycle. Priorities were selected as the result of the *2015 Statewide 5-Year Needs Assessment*. Key information on performance measures is presented by health domains: Women & Maternal; Perinatal & Infant; Children; Adolescent; Children & Youth with Special Health Care Needs (CYSHCN); and, Cross-Cutting/Systems-Building.

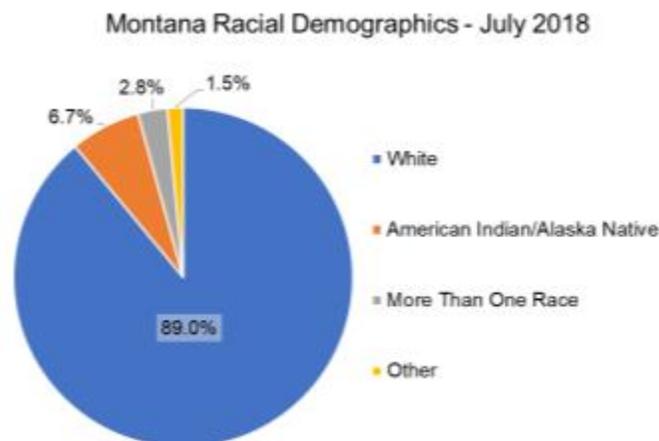
Evaluation of needs assessment data, paired with State Health Improvement Plan (SHIP) goals, created these MCHBG priorities:

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

In January 2018, new MCHBG guidance decreased the required number of National and State Performance Measures (NPM/SPM), which allowed for more focused use of funding. The FCHB is directing resources and capacity toward five NPMs and two SPMs. In-depth information is available in the *2020 Application & 2018 Report* narratives.

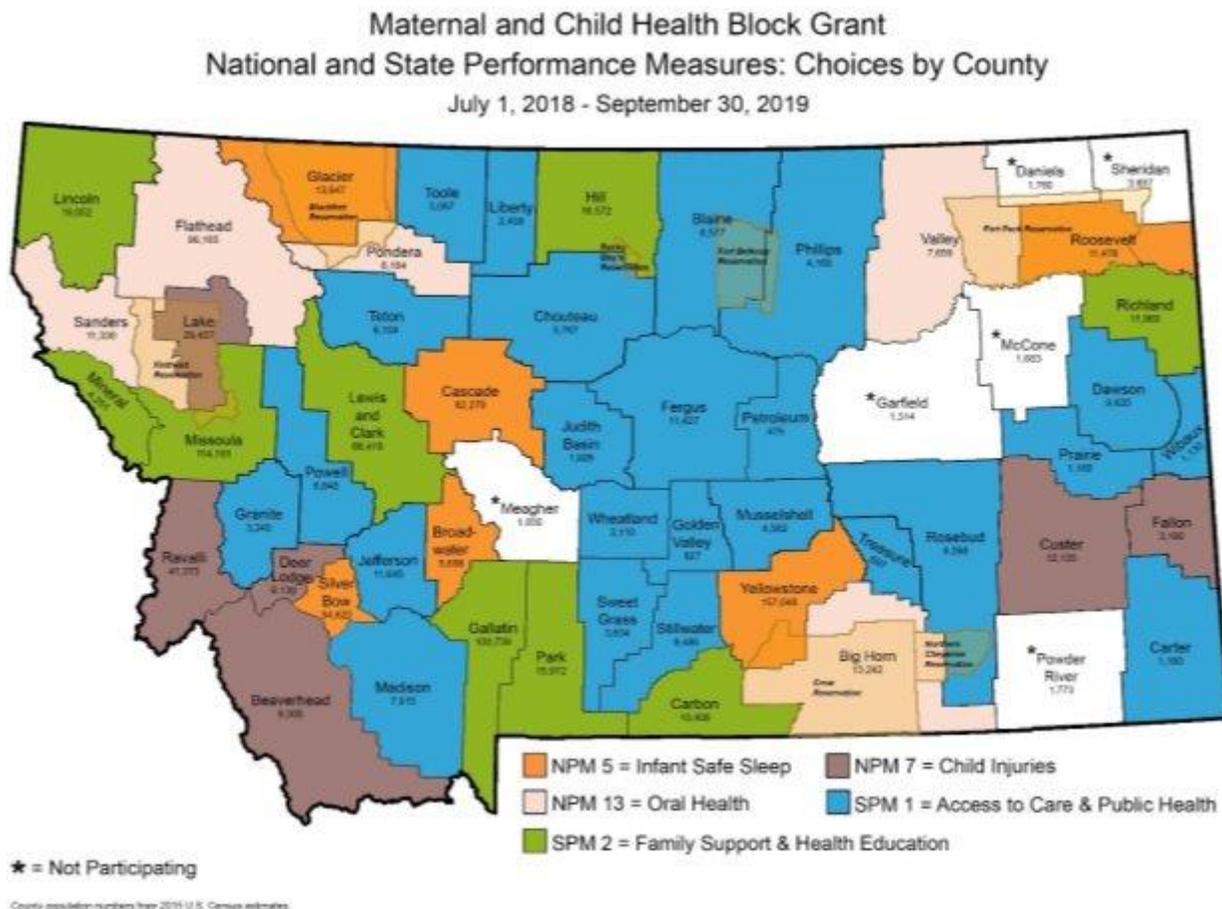
The "Overview of the State" gives information on Montana's (MT's) geography; demographics; economy; income and poverty; education; health insurance; access to health care; and, MCH programs. Characteristics of MT's population groups are in the Needs Assessment Summary. Winter weather and wildfires are some of the seasonal challenges to providing health services.

The following graph shows the breakdown of MT demographics by race, as reported by the U.S. Census for July 2018:



Public health in MT is decentralized, with much of the work done at the CPHD level. The FCHB contracts with CPHDs interested in participating in the MCHBG. The contracts contain required deliverable quarterly and annual reporting on their identified activity and

evaluation plans. On average, CPHDs receive 40% of MT's MCHBG funds. This map illustrates the participating CPHD's selected N/SPM.



At the state level, MCHBG funding is apportioned as follows: Children's Special Health Services = 30%; other MCH programs (Fetal, Infant, Child & Maternal Mortality Review; Epidemiology; Oral Health) = 20%; and, Administration = 10%. In federal fiscal year (FFY) 2018, MT received \$2,301,521 in MCHBG funding, which was matched with \$2,984,832 in state funds, and \$12,490,557 in CPHD funds.

**Women & Maternal:**

Oral Health in Pregnancy (NPM 13a)

In FFY 2018, five CPHDs focused their MCHBG funding on NPM 13 activities. Partner input from the *Montana Oral Health Strategic Framework* continues to guide program activity with metrics for pregnant women and children. Providing resources for community-level providers was identified as an area of need.

The Oral Health Program (OHP) customized materials to support a broad oral health promotion program called *Healthy Montana Mouths*. It includes: assessment tools, a program implementation plan, training materials, and an evaluation plan to support future work. In-state dissemination included sharing the program plan and tools with existing partners for integration into community-level oral health activities.

In phase two of a pilot project, two CPHDs are using a pregnant woman dental assessment tool in both clinic and public health settings, leveraging private foundation funding. Both these contractors are in frontier areas of MT, and are doing outreach to eleven surrounding counties. This 'hub and spoke' model is used to efficiently disseminate the materials, collect evaluation data, and create a peer-to-peer network to support oral health promotion and prevention activities for pregnant women and children in the state's most rural areas.

**Perinatal & Infant:**

### Safe Sleep (NPM 5)

In FFY 2018, planning began to develop and implement a statewide safe sleep initiative with two purposes: share evidence-based safe sleep practices and provide a certified crib with additional educational materials. The goal is to decrease preventable sleep deaths and target high-need families and tribal communities. Each American Indian (AI) tribal leader received a personal call from the American Indian Health Director to explain the initiative and to determine their crib needs.

Two partners, who are in homes on a regular basis, were approached to help identify resource needs. The FCHB Healthy Montana Families Home Visiting Program (HMF/HV) and Child Protective Services (CPS), from the Child and Family Services Department, developed the First Years Initiative (FYI). FYI aims to prevent child abuse and neglect and deliver a more comprehensive approach to child safety. It focuses on providing targeted resources and education services to parents during a child's critical early years, while assessing the family's needs, including the sleep environment. In CY 2018, 187 families received 1186 home visits. In the first 6 months of 2019, 282 families received 2575 home visits.

For FFY 2019, six CPHDs are focusing on NPM 5, with two counties especially involved with outreach to their AI Reservation residents. As a main emphasis, all six are intentionally working with underserved populations and on public awareness campaigns.

The emphasis of the Evidence-Based Strategy Measure (ESM) for NPM 5, for both FFY 2019 and 2020, is to provide state-level support and expertise to help these CPHDs with their infant safe sleep efforts. The ESM evaluation is the percentage that meet their activity goals.

### **Children:**

#### Child Injuries (NPM 7)

In March 2018, the FCHB annual CPHD training included practical examples of injury-prevention activities which are *evidence-based/informed, emerging, promising, or best practice* (EBIBP). The presentation included education on car seat safety, which remains a high priority in MT. In FFY 2017, car seat check-stations reported over 60% of seats were incorrectly installed.

Teaching parents and caregivers the proper installation of infant and child car seats is an on-going activity for most CPHDs. These include inspecting all infant and child car seats and, if incorrectly installed, demonstrating the proper method. If possible, the CPHDs have the parents or caregivers install the car seat themselves before leaving. One activity involves awarding complimentary car seats to those who complete a childbirth education class, along with installation education.

For FFY 2019, there are six CPHDs working on two extra injury-prevention activities; which is in addition to the required one as a part of their team duties for *Fetal, Infant, Child, and Maternal Mortality Review* (FICMMR). The purpose of the ESM for NPM 7, for FFY 2019 and 2020, is to provide state-level support and expertise to help CPHDs with their injury-prevention efforts. The ESM evaluation is the percentage meeting their goals.

### **Adolescent:**

#### Adolescent Preventive Care (NPM 10)

The first MT Adolescent Preventive Healthcare Stakeholders (MAPHS) meeting was held on 10/30/2018. Kristin Teipel, Director of the State Adolescent Health Resource Center at the University of Minnesota, was the Summit's main presenter and resource person. The day's efforts included: creative strategy discussions, sharing available resources, and networking with peers.

The meeting's purpose was to "*Bring Montana health professionals together, to develop strategies for increasing the number of adolescents who receive comprehensive annual preventive healthcare visits.*" The 33 participants included: pediatricians, family practice physicians, advance practice nurses, public health nurses, physician assistants, mental health professionals, and DPHHS staff.

Shortly after the MAPHS meeting, the FCHB created a new Adolescent Health Section (AHS) which hired five new staff to support various adolescent health programs including: the Healthy Young Parent Program; Optimal Health for Montana Youth Program; and, Sexual Violence Prevention and Victim Services Program.

A MAPHS participant survey indicated the top item of interest was "in-clinic processes: analysis and improvement." A focus moving forward is facilitating provider efforts in this area. An AHS program specialist will engage MAPHS Advisory Group members to advise on program direction, and will provide updates on strategies and activities to improve adolescent well visits. The goal is to hold a minimum of two Advisory Group meetings during FFY 2020.

### **Children & Youth with Special Health Care Needs:**

#### Medical Home (NPM 11)

Children's Special Health Services (CSHS) provides many programs to improve quality and enhance access to medical homes for CYSHCN. These include: The HALI Project Parent Partner Program; Transition Improvement Group; Montana Medical Home Portal; CSHS Financial Assistance; and, Circle of Parents.

Parent Partners (PPs) are parents of CYSHCN who are personally experienced and professionally trained to help other families navigate the complex system of care for CYSHCN. The PPs work in clinics and receive referrals from clinic providers, who identify families in need of additional support. In FFY 2018, 203 families were served.

PPs serve families in primary care clinics in Great Falls, Missoula, Kalispell, Bozeman, Billings and Butte. CSHS is working to expand the service into rural communities around the state. The priority is Indian Health Service Clinics and Urban Indian Health Centers. The goal of the ESM for NPM 11 is "To increase the number of CYSHCN receiving services from a Parent Partner in FFY 2019 to 250."

The Transition Improvement Group (TIG) is a partnership between CSHS, the Billings Clinic, and the *University of Montana Rural Institute for Inclusive Communities (UMRI)*; to implement a mixed-methods pilot study. It will integrate the *Six Core Elements of Health Care Transition* into the work flow of Billings Clinic pediatric and adult clinics. The vision is a sustainable process to successfully transition adolescents into adult healthcare.

TIG membership is comprised of: providers; care managers; leadership executives; quality improvement specialists; nurse informaticists; social workers; and, policy development experts – all of whom work for Billings Clinic. The team is led by the CSHS nurse program manager and the UMRI project coordinator.

CSHS provides direct financial assistance to qualifying families, to cover out-of-pocket expenses for medical and enabling services. CSHS recently amended the financial assistance application to a shortened version for child protection workers, which expedites services to children on their caseloads.

CSHS continues to contract for a MT specific services directory on the Medical Home Portal (MHP) website. It is an easy to navigate, 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.

Since October 2018, CSHS has partnered with Butte 4-C's to establish and facilitate *Circle of Parents* groups that provide a supportive environment led by parents and other caregivers throughout MT. There are currently three facilitation sites in MT; Butte, Missoula and Billings. Over the next year, Circle of Parents hopes to expand to Kalispell, Great Falls, Bozeman, and Helena.

### **Cross-Cutting/Systems-Building** (optional):

#### Access to Care & Public Health Services (SPM 1)

Most of the counties which qualify for SPM 1 have similar challenges: very low population density; CPHDs with one or less FTE, some open less than 40 hours a week; services such as WIC may only be provided once a month, or even once a quarter; no economy of scale for fixed expenses; and usually, long distances to travel for program trainings. SPM 1 continues to provide practical support for these CPHDs. It allows the flexibility needed to help them supply critical safety-net services to their maternal and child residents.

Twenty-four counties are currently carrying out plans they submitted for FFY 2019. This represents 48% of the CPHDs participating in the MCHBG, but due to the population-based funding formula, they receive 9.6% of the total CPHD funding allocation. The CPHDs are engaged in these MCHBG activities:

- Injury Prevention Education and Enabling Services (multiple topics) = 15
- Immunization (variety of enabling services) = 11
- Motor Vehicle Safety (i.e. car seat installation, seat belts, distracted driving) = 11
- Suicide, Mental Health, and Substance Abuse (education & enabling services) = 11
- Vision, Hearing, and Oral Health Screenings and Education = 10
- Health Education & Disease Management (multiple topics) = 9
- Campaigns to Increase Public Awareness of CPHD Services = 6

#### Family Support & Health Education (SPM 2)

The 2015 Needs Assessment identified support for vulnerable families, and parental health education, as critical needs. This parallels nationwide findings regarding the importance of the social determinants of health. SPM 2 was created to assist CPHDs with providing referrals to community services, and health education.

For effective referrals, a comprehensive list of local resources with current contact information is important, as well as good relationships with service agencies and providers. Four of the CPHDs implementing SPM 2 have been working on the measure since FFY16 and they are currently doing referral-related quality improvement projects. These activities focus both on internal processes, and external outreach to providers and agencies. Another CPHD is working with a *Trauma Sensitive School Initiative Team*, to bring the online ConnectMT referral system to their county.

Most SPM 2 health education activities focus on early childhood and pregnancy: child birth; postpartum care; breastfeeding; newborn care; development of young children; and, parenting. Two other frequently mentioned topics are car seat safety and tobacco cessation. One CPHD is including health education to inmates at the county jail, and teaching health education classes at the schools for K-12.

MT's Title V MCHBG program, at both the state and local levels, is working to maximize the health of its maternal and child population. A focus remains on all of the priorities identified in the *2015 Statewide 5-Year Needs Assessment*. Partnerships and collaboration are vital to this effort, as well as ongoing quality improvement efforts and evidence-based programs.

### How Federal Title V Funds Support State MCH Efforts

Title V flexibility for addressing public health services is essential to MT's maternal and child population, for access to services at CPHDs. It is also vital for 200+ families of CYSHCNs, through their local Parent Partner programs. Here are Pyramid of Services examples:

#### Direct:

- CSHS Direct Financial Assistance: CSHS paid \$8,790 for out-of-pocket medical expenses for CYSHCN. Families qualify based on income for this gap-filling funding when a service is medically necessary, and insurance does not fully cover the costs.

#### Enabling:

- Big Horn CPHD, for NPM 13 - Oral Health: Organized two Farmers' Market Dental Nights, featuring two University of Washington dental students and six medical students. They explained dental care and brushing to 80+ children. The CPHD also collaborated with a local dental clinic, screening 1,166 students over several months, and referring 196 students with urgent dental needs for follow-up care.

#### Public Health Services & Systems:

- Cascade CPHD, for NPM 7 - Injury Prevention: Distracted driving course for teens at the Spring Fling Hoop Thing, attended by 100+ children, teens and parents. They also staffed a table at the Safety-First Rally; providing injury prevention materials on poison prevention, safe sleep, and car seat safety to 300+ attendees.
- Blaine CPHD, for SPM 2 – Family Support & Health Education: Invested in performance management system software, to develop a better tracking system for health education outcomes.
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### MCH Success Story

In the fall of 2018, Rosebud County Public Health Department (CPHD) collaborated on a project with the Family & Consumer Science teacher at Forsyth High School. This involved the purchase of eight computerized infant models that simulate the 24-hour demands of a real infant. They offer real-life experiences for addressing education on multiple topics, such as: Shaken Baby Syndrome, co-sleeping, immunization, substance abuse, prenatal care, child care, injury prevention, CPR, texting and driving, seatbelts and carseats, second hand smoke, and infant oral health. The simulators also assisted with education on family planning and objectives of the Title X educational program.

Scheduling was arranged with the school for the CPHD to provide additional infant health education to the 25 students in the class. Infant safe sleep was one of the topics covered. One class of seven girls decided to educate their peers about SIDS and safe sleep procedures. The girls were shocked at how many students had never heard of SIDS, or ways to prevent unnecessary sleep-related deaths in infants. This peer education on safe sleep gained momentum, and eventually reached the entire student body of 144 students.

The girls then made sleep sacks for the CPHD to hand out during its Christmas Joy program, or wherever needed. They then took the information home, educating family, and also made sleep sacks for parents and extended family to use.

## Maternal and Child Health Bureau (MCHB) Discretionary Investments - Montana

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a document that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2018.

[List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.