



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

MONTANA

State Snapshot

FY 2021 Application / FY 2019 Annual Report

November 2020

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 2021 Application / FY 2019 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

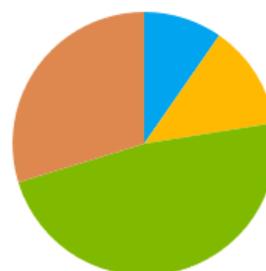
State Contacts

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

Source	FY 2019 Expenditures
Federal Allocation	\$2,300,122
State MCH Funds	\$3,058,820
Local MCH Funds	\$11,381,026
Other Funds	\$0
Program Income	\$7,085,446

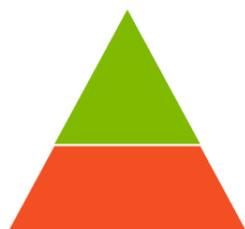
FY 2019 Expenditures



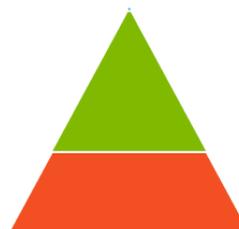
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$65	\$232,032
Enabling Services	\$1,400,245	\$13,549,940
Public Health Services and Systems	\$899,812	\$7,743,320

FY 2019 Expenditures
Federal



FY 2019 Expenditures
Non-Federal



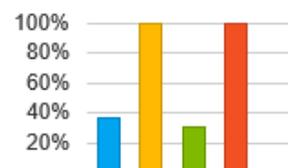
Percentage Served by Title V

Population Served	Percentage Served	FY 2019 Expenditures
Pregnant Women	36.0%	\$433,260
Infants < 1 Year	100.0%	\$4,430,725
Children 1 through 21 Years	30.0%	\$4,931,846
CSHCN (Subset of all Children)	100.0%	\$3,394,537
Others *	1.0%	\$4,449,943

FY 2019 Expenditures
Total: \$17,640,311



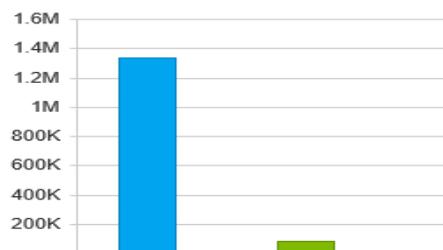
FY 2019 Percentage Served



*Others– Women and men, over age 21.

Communication Reach

Communication Method	Amount
State Title V Website Hits:	1,333,405
State Title V Social Media Hits:	3,616
State MCH Toll-Free Calls:	79,605
Other Toll-Free Calls:	247



The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2020 Needs Assessment reporting cycle.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
Women's Preventive Healthcare NPMs <ul style="list-style-type: none"> ● NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year <ul style="list-style-type: none"> ○ ESM 1.1: Support county public health departments who have identified increasing 	New	Women/Maternal Health

<p>preventive medical visits for women as a priority need in their communities.</p>		
<p>Infant Safe Sleep</p> <p>NPMs</p> <ul style="list-style-type: none"> ● 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 <ul style="list-style-type: none"> ○ ESM 5.1: Support county public health departments who have identified decreasing infant deaths due to unsafe sleep conditions as a priority need in their communities. 	<p>Continued</p>	<p>Perinatal/Infant Health</p>
<p>Bullying Prevention</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 9: Percent of adolescents, ages 12 through 17, who are bullied or who bully others <ul style="list-style-type: none"> ○ ESM 9.1: 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. 	<p>New</p>	<p>Adolescent Health</p>
<p>Medical Home</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 11: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home <ul style="list-style-type: none"> ○ ESM 11.1: Expansion of Parent Partner Services for CYSHCN 	<p>Continued</p>	<p>Children with Special Health Care Needs</p>
<p>Children's Oral Health</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 13.2: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year <ul style="list-style-type: none"> ○ ESM 13.2.1: Support county public health departments who have identified increasing preventive dental visits for children as a priority need in their communities. 	<p>New</p>	<p>Child Health</p>
<p>Access to Public Health Services</p> <p>SPMs</p>	<p>Continued</p>	<p>Cross-Cutting/Systems Building</p>

<ul style="list-style-type: none"> ● 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. 		
<p>Family Support and Health Education</p> <p>SPMs</p> <ul style="list-style-type: none"> ● 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. 	<p>Continued</p>	<p>Cross-Cutting/Systems Building</p>

Executive Summary

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). Many FCHB and ECFSD programs' partners, collaborations, and contractual relationships are key for the Title V Program's success.

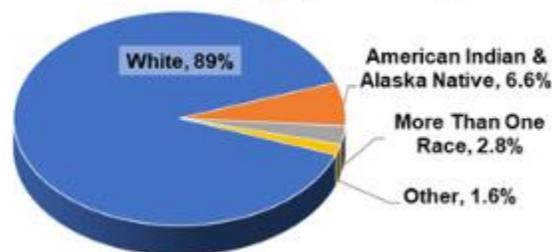
The *2021 Application & 2019 Report* highlights the work to improve the health of Montana's women, infants, and children; and covers the fifth year of a 5-year cycle. Priorities for Federal Fiscal Years (FFYs) 2019 and 2020 were selected as the result of the *2015 Statewide 5-Year Needs Assessment*. FFYs 2021-2025 priorities were selected as the result of the *2020 Statewide 5-Year Needs Assessment (NA)*. Key information on performance measures is presented on the Women & Maternal; Perinatal & Infant; Children; Adolescent; Children & Youth with Special Health Care Needs (CYSHCN); and, Cross-Cutting/Systems-Building domains.

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

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

Information on MT's geography, demographics; economy; income and poverty; education; health insurance; access to health care; and, MCH programs is in the "Overview of the State." The NA Summary provides characteristics of MT's population groups. Racial demographics according to the July 2019 U.S. Census are:

Montana Racial Demographics - July 2019



The NA Summary also examined race and rurality as key factors for the American Indian and rural populations, who generally show evidence of health disparities. Additionally, access to health services may be impacted by seasonal challenges, i.e. winter weather, wildfires, and the maldistribution of providers.

Public health in MT is decentralized, with much of the work done at the county level by County Public Health Departments (CPHDs). The FCHB contracts with CPHDs interested in participating in the MCHBG. The CPHDs receive about 40% of annual Title V funds and are required to submit quarterly and annual reports on their identified National and/or State Performance Measures (N/SPM) activity and evaluation plans. The following map illustrates their FFY 2020 choices.

partnership, has been instrumental to achieve the two-prong approach: educate families on evidence-based, culturally appropriate safe sleep practices and provide certified cribs for families in need at no charge. HMHB is managing the crib orders and distributing the cribs and safe sleep educational packets, which is supported by multiple and diverse public and private entities.

Six CPHDs are focused on NPM 5 for FFY20, and each is implementing at least two strategies based on their county's unique needs. These include maximizing collaborative outreach opportunities to: Child & Family Services and Foster Care programs; home-visiting; immunization clinics; a local birthing hospital; and WIC's lactation counselors. For FFY 20, four CPHD choose infant safe sleep for their additional injury-prevention activity.

Based on the NA results, NPM 5 remains for FFYs 2021 – 2025.

Child Health:

Child Injuries (NPM 7)

Six CPHDs selected NPM 7 for FFY20 and addressed diverse injury-prevention categories based on their county's needs. These include: Firearm Safety; CPR Training; Baby-Sitter Safety Classes; Carseat Safety; Suicide Prevention; and, Brain-Injury Prevention, specifically through helmet use education and distribution. Their FFY 20 Annual Reports will contain a summary of the outcomes.

Using evidence-based suicide prevention programs, i.e. Signs of Suicide; Question, Persuade, Refer; or Youth Aware of Mental Health, 11 CPHDs focused on suicide prevention in FFY 2019. The MCH Success Story provides the details of the collaboration between the Roosevelt CPHD and the Fort Peck Tribal Council to address suicide on the Fort Peck Reservation.

For FFYs 2021-2025, the NA results are shifting the focus to NPM 13. Decreasing child injuries remains a CPHD focus through the required FICMMR prevention activity.

Adolescent Health:

Adolescent Preventive Care (NPM 10)

At the beginning of FFY 20, the FCHB shifted the emphasis of NPM 10 activities to adolescent health education programs, emphasizing teaching teens about medical providers and their services. Collaborating with the Adolescent Health Section (AHS), has given Title V opportunities to contribute and partner on awareness/education on healthy life skills; adolescent development; and sexual and reproductive health.

The Optimal Health for Montana Youth Program (OHMY) aims to provide youth with the knowledge, skills, and tools needed to help them focus on their future, make healthy decisions when it comes to having sex, set personal boundaries, resist peer pressure and speak up, and understand what constitutes a healthy relationship. OHMY teaches teens how to better protect themselves from risky situations, unintended pregnancies, and put their health first.

The FFY 20 Evidence-Based Strategy Measure (ESM) for NPM 10 is the OHMY evaluation report. An area of common interest is the work to increase utilization of community resources and reproductive health services.

The 2020 NA results have the FCHB moving to NPM 9 for FFYs 2021 – 2025. However, FCHB efforts promoting adolescent preventive healthcare remains an AHS focus.

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 and meet the national standards for children and youth with special health care needs (CYSHCN). These include:

The HALI Project MT Parent Partner Program (MPPP) employs parents of CYSHCN who are personally experienced and professionally trained to help families navigate the complex CYSHCN system. Annually, about 250 families are seen by a Parent Partner (PP) and at each encounter their insurance status, emotional support needs and other social service needs, i.e. SNAP, WIC, Medicaid, or early intervention services are assessed and recorded. At subsequent visits, the PP reviews the referral status and, as needed, assists the family with enrollment paperwork. The PP also receives referrals, which were 185 potential new clients in FFY 19.

The Transition Improvement Group (TIG), is a multidisciplinary partnership with the Billings Clinic and the University of Montana Rural Institute for Inclusive Communities (UMRI). Its creating a mixed-methods pilot study by implementing the Six Core Elements of Health Care Transition (SCEHCT) into the Billings Clinic Pediatric Complex Care Clinic. The SCEHCT is an evidence-based model used by clinicians to assist youth and young adults as they transition to adult healthcare. By integrating SCEHCT into the clinic workflow, TIG aims to create a sustainable model that can be expanded into the Billings Clinic system, and to other clinics. During FFY 2019, family feedback and *Plan, Do Study, Act* results were incorporated into the process.

The *CSHS Financial Assistance Program (FAP)* is a gap-filler for qualifying families that covers out-of-pocket expenses for medical and enabling services, such as: respite care; durable medical equipment; assistive technology; and, supplemental therapy sessions. The FAP has recently experienced high growth in usage, possibly attributable to COVID-19. CSHS recently restructured the tracking and operation processes to expedite services and increase sustainability.

The Medical Home Portal (MHP) is an easy to navigate, one-stop-shop for families, medical providers, and agencies that provides diagnosis information, treatment options and a statewide services directory. The statewide services directory is updated annually by the local MPPPs, who are the community resource experts.

Circle of Parents (COP) is a parent and caregiver led program aimed at decreasing child abuse within the host community. The COP facilitator uses the community's needs assessment when designing their educational offerings, which include childcare and dinner for each COP event. Grandparents Raising Grandkids and Parents in Recovery were themes offered in FFY2019.

The Montana Pediatric Medical Passport (MP2) initiative aims to expand a care coordination feature in the Ahana telehealth system. Ahana is an on-demand and cloud-based care planning tool; focused on improving communication of medical complexity, and delivery of medical care in urgent and emergency situations. The MP2 tool guides the development of a HIPAA compliant and shared care plan, which can be readily updated by primary care providers, specialists, and family. MP2 collects essential information utilizing recommended data elements from the American College of Emergency Physicians, and American Academy of Pediatrics Emergency Information Form for Children with Special Needs.

Partner Collaboration Calls (PCC), initiated in May 2020, CSHS hosts bi-weekly calls for an average of 30 stakeholders, families, and partners as a platform to share resources for supporting children and families during COVID-19. Attendees have learned about community and national resources and programs, such as: the MPPP; the 2020-2025 Title V Statewide Needs Assessment; Association of Maternal & Child Health Professionals; and the Yellowstone Boys and Girls Ranch. All resources shared during these calls are posted on the CSHS website.

Cross-Cutting/Systems-Building:

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 allows flexibility to these CPHDs, who are experts on the needs in their counties. It helps them to supply critical safety-net services to their maternal and child residents, and to address multiple priorities with their MCHBG funding.

For FFY 2020, 50% of MT's CPHDs chose SPM 1. However, as an indicator of their percentage of the State's total population, they received only 13.6% of the MCHBG funding allocation to CPHDs. The 2020 NA confirmed that SPM 1 should be continued for FFYs 2021 – 2025.

In April 2020, the FCHB sent guidance to the CPHDs regarding all the different pass-through federal funding programs it administers, and if that funding could be used for COVID-19 response activities. The ability to use MCHBG funding in support of these efforts is especially important to the SPM 1 counties, due to the limited staffing previously mentioned. As this vital work takes priority, leeway is extremely important.

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. The 2020 NA recognized these as a continuing priorities. Therefore, SPM 2 remains as a performance measure for FFYs 2021-2025.

Nine CPHDs are focusing on SPM 2 activities for FFY 2020. Five of these have at least one activity supporting their work with the CONNECT Electronic Referral System. CONNECT, a secure, web-based platform developed in 2009 in Helena, is designed to be inclusive of any type of service provider. It aims to create the most comprehensive local, regional, and statewide referral network. Referrals can be sent from a client's home community to anywhere in the state, with referrals back to their home community for follow-up and support services.

Other SPM 2 activities include: common-sense approaches for identifying family needs; and, topic specific areas of tobacco cessation, breastfeeding, behavioral health, pre-natal care, infant safe sleep, oral health, immunizations, and childcare.

MT's Title V MCHBG program is working to maximize the health of its maternal and child population, with an emphasis on all the priorities identified in the 2020 NA. Vital to this effort are partnerships and collaboration, ongoing quality improvement efforts, and using evidence-based programs.

How Federal Title V Funds Support State MCH Efforts

Executive Summary: How Title V Funds Support State MCH Efforts

Montana families rely on County Public Health Departments (CPHDs) and community-based health organizations for public health services. Title V MCHBG funding supported these CPHD efforts:

- In Flathead County, 611 women and 375 children received a dental health assessment; and 87 women and 16 children were referred and received dental care at the co-located CPHD/FQHC.
- 25 Teton County infants and children are riding safely, thanks to an inspection by the certified car seat installer.
- The Glacier CPHD provided technical assistance to the Blackfeet Indian Health Service on attaining Safe Sleep Hospital Certification.
- The HALI Parent Partner Program served 232 children with special health care needs and their families.
- The CSHS financial assistance program paid for a shaken-baby-syndrome foster care child's "Tomato Soft Touch Floor Sitter" and a diabetic teenager attended a Diabetes Camp.
- Fallon County drivers are safer after 30 high school students completed the National Safety Council's distracted driving course, Alive at 25. This was a partnership with the high school.
- Roosevelt CPHD's Client Survey results highlighted how their immunization services could be offered in a more timely and efficient manner.
- 119 school children received a vision screening from the Wibaux CPHD. Six were referred for a follow up screening.
- The Cascade CPHD's client survey resulted in adding Saturday appointments.

MCH Success Story

Executive Summary: MCH Success Story

The Roosevelt County Public Health Department (RCPHD) made significant progress in addressing youth suicide prevention in FFY19, largely due to persistence in coalition-building with a cross-section of organizations. Most of their geographic area is on the Fort Peck Indian Reservation, so this included the tribal council. RCPHD developed a plan to persuade a minimum of two schools to adopt the evidence-based PAX Good Behavior Game. PAX is a comprehensive program to: strengthen children's coping skills, resiliency, and mental well-being; and, reduce suicides. RCPHD staff thought securing buy-in from schools would take time. Their plan was:

- Year 1- inform schools of the program and secure buy-in;
- Year 2- partner with schools to secure resources for implementation; and,
- Year 3- assist schools with implementation.

There were challenges, but a lead school did not want to wait to the third year to implement. This accelerated the timeline, as other schools followed. Recent events include:

- The Fort Peck Tribal Council approved the RCPHD resolution, which allowed tribal programs' financial support;
- Funding was secured from a tribal suicide prevention grant;
- Seven schools adopted PAX, surpassing the goal of two;
- 91 school personnel participated in three trainings during FFY19;
- Classroom support visits and partner trainings are scheduled in 2020; and,
- The tribe has plans to utilize PAX at the community level and with parents.

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 web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2019.

[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.