Montana
Maternal and Child Health Block Grant 2019

The Maternal and Child Health Services Block Grant, Title V of the Social Security Act, is the only federal program devoted to improving the health of all women, children and families. In FY2017, 86% of all pregnant women, 99% of infants, and 55% of children nationwide benefitted from a Title V-supported service. To learn more about Title V, visit www.amchp.org.

<table>
<thead>
<tr>
<th>MCH Block Grant Funds to Montana*</th>
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<tr>
<td>FY 2016</td>
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<td>$2,284,658</td>
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*States must provide a three-dollar match for every four Federal dollars allocated.

Title V Administrative Agency:
The Montana Department of Public Health and Human Services’ Family and Community Health Bureau (FCHB), administers the Title V/MCHBG. The 2015 MCH Needs Assessment identified access to healthcare and public health services for all Montanans as priority needs. FCHB partnerships and collaborations within state government and with private entities, has contributed to the success of addressing the National and State Performance Measures (NPM/SPM).

Protecting and Improving the Health of Montana’s Families

Children & Youth with Special Healthcare Needs (CYSHCN): Children’s Special Health Services (CSHS) manages programs to support families, educate providers, and connect them to resources for CYSHCN. In 2018, the Parent Partner Program worked directly with 184 families identifying their needs, providing family-to-family support and connecting them to resources. The Medical Home Portal website received 12,334 inquiries from families, agencies, and providers looking for valuable diagnosis and treatment information and local and state resources for CYSHCN. Over 900 resources were added or updated in the portal. Montana was awarded a Pediatric Psychiatric Access Grant in December 2018.

The Montana Access to Pediatric Psychiatry Network (MAPP-Net) will provide valuable education and support to Primary Care providers treating CYSHCN with behavioral and mental health needs. CSHS is partnering with a multidisciplinary workgroup, to pilot implementation of the Six Core Elements of Health Care Transition in a pediatric clinic.

Access to Care and Public Health Services:
Montana’s 56 counties are all designated as medically underserved. Public health services are provided through county health departments, which are crucial to sustaining maternal and child health. SPM 1 provided foundational support to 18 public health departments in counties with a maternal and child population of 4,500 or less.

Addressing Social Determinants of Health: SPM 2 was created for county health departments to 1) refer vulnerable families to community services, with follow-up; and 2) provide basic health education, especially on caring for infants and children. In fiscal year 2017, nine departments chose to focus their activities on this measure. 2,663 individuals were provided with referrals to community services or health education. Examples of referrals include home visiting, WIC, dental services, Specialty Care Providers, adult education, and Medicaid.


Fetal, Infant Child, and Maternal Mortality Review (FICMMR) Program: In January 2018, DPHHS launched the “First Years Initiative” with the goal to reduce child abuse, neglect, and child deaths by referring families to FCHB’s Healthy MT Families Home Visiting Program. Over 12 years of data, collected by 32 local FICMMR teams serving Montana’s counties and American Indian reservations, was used to identify the communities most in need. The Child and Family Services Division identified counties with high numbers of referrals to the child abuse hotlines, and children in the foster care system. Program service data for calendar year 2018 include:

- 179 families served by 12 local implementing sites;
- 546 referrals made from local offices of Child Protective Services to local home visiting sites.

Adolescent Preventive Healthcare: The Montana Adolescent Preventive Healthcare Stakeholders Group (MAPHS) was created in 2017, to promote the importance of comprehensive annual wellness visits for teenagers. Current membership includes 47 providers and healthcare professionals from across the state. Their first in-person meeting took place on October 30, 2018. The top three action areas moving forward are: Analysis and Improvement of In-Clinic Processes; Youth Access to Services; and, Marketing and Resource Distribution.
Percentage Served by the Montana MCH Program *

<table>
<thead>
<tr>
<th>Percentage Served</th>
<th>Population</th>
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<tbody>
<tr>
<td>42.0%</td>
<td>Pregnant women</td>
</tr>
<tr>
<td>91.0%</td>
<td>Infants under one</td>
</tr>
<tr>
<td>15.0%</td>
<td>Children and adolescents</td>
</tr>
<tr>
<td>12.0%</td>
<td>Children with special health care needs</td>
</tr>
<tr>
<td>18.0%</td>
<td>Others</td>
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*2017 State/Jurisdiction Annual Report Submitted to the Maternal and Child Health Bureau

Health Needs in Montana

- Improve family support and health education
- Improve access to care for MCH populations
- Reduce child injuries
- Improve oral health care for pregnant women and children ages 1-17
- Increase percentage of teens receiving comprehensive preventive healthcare
- Promote infant safe sleep
- Increase percentage of children with special health care needs who have a medical home

State Selected National Performance Measures

- Infant Safe Sleep
- Child Injury
- Adolescent Well-Visit
- Medical Home
- Oral Health

For more information, contact:

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Current Special Projects of Regional and National Significance (SPRANS)

State Systems Development Initiative (SSDI)
MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
Helena, MT