

MONTANA

The MCH Federal-State Partnership

Title V supports services administered by the Family and Community Health Bureau in the Health Policy and Services Division, in the Montana Department of Public Health and Human Services. Other programs/services in the administrative control of the Family and Community Health Bureau includes Title X Family Planning, WIC, CISS Healthy Child Care, SSDI project on Data Integration, Abstinence, Lead Prevention, Genetics Services and Newborn Screening.

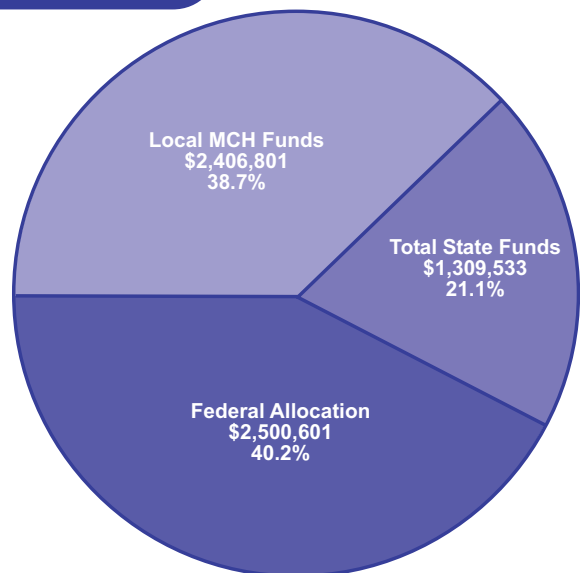
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group⁴

Populations Served	Number of Individuals Served	Expenditures FY '98
Pregnant Women	5,314	\$1,369,718
Infants (<1 year)	7,229	\$737,692
Children (1 to 22 yrs)	49,386	\$1,686,940
CSHCN (Special Needs)	1,379	\$1,500,453
Others ³	16,736	\$703,944
Administration		\$218,188
TOTALS	80,044	\$6,216,935

*State Population⁵
880,453*

*Live Births⁵
10,795*

Title V Federal-State Block Grant Expenditures⁴ by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98²

Title V Federal-State Block Grant:

\$6,216,935

Other Title V Grant Programs:

\$384,546

Other MCH Grant Programs:

\$286,641

TOTAL MCH Partnership Funds

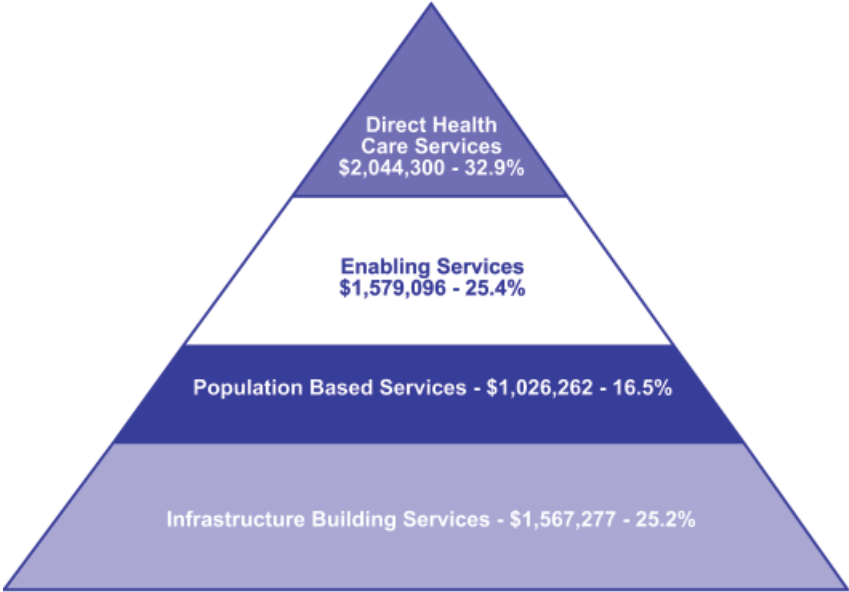
\$6,888,122

Title V - Selected National MCH Performance Measures⁷	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	6 of 9	6 of 9
Percent of newborns screened for 4 major genetic disorders	99%	99.9%
Percent of children immunized (ages 19-35 months) against 9 diseases	88.4%	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	19.4	23
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	4.5	7
Percent of mothers who breast fed their infants at time of hospital discharge	72.5%	72%
Percent of newborns screened for hearing impairment before hospital discharge	29.9%	33%
State assurance of family participation in CSHCN programs & policies	5 of 18	10 of 18
Percent of very low birth weight live births	1%	1%
Percent of infants born to women who received first trimester prenatal care	82%	83%

Title V - National MCH Outcome Measures⁷	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	6.4	7.0
Ratio of black to white infant mortality	1	1
Neonatal mortality rate (per 1,000 live births)	3.8	4.5
Postneonatal mortality rate (per 1,000 live births)	2.6	2.61
Perinatal mortality rate (per 1,000 live births)	10	8
Child death rate (per 100,000 children aged 1-14)	17.8	15

Title V - Selected State-Determined MCH Performance Measures⁷	State 1998 Results	State Year 2000 Goal
Rate of firearm deaths among youth aged 15-19	7.86	5.7
Women reporting alcohol use in pregnancy	1.8%	2%
Infants who are breast fed at 6 months	37.7%	39%
Medicaid eligible children receiving dental services as part of comprehensive services	25%	25.2%

Title V Federal-State Block Grant Expenditures⁴ by Category of Service⁶



FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:
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 1400 Broadway
 Helena, MT 59620
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Title V Program's services for Children with Special Health Care Needs, contact:
 Sharon Wagner, MPH
 Section Supervisor
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MONTANA

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

Maternal and Child Health Data Integration Projection, Montana Department of Public Health and Human Services, Helena, \$100,000 (SPRANS-MCHIP-SSDI)

Montana's MCH Data Integration Project addresses local public health services providers' need to share appropriate client information among relevant MCH-related programs in order to more completely and efficiently serve clients. The project also addresses local and State needs to assess the effectiveness of programs in addressing public health concerns. The development of Montana's Integrated Data for Evaluation and Assessment (MT IDEA) system in the Department of Public Health and Human Services will serve to pull together the client service information of Family Planning; the Special Supplemental Nutrition Program for Women, Infants and Children (WIC); Immunization; Montana's initiative with high-risk pregnancies; Children with Special Health Care Needs (CSHCN); Early and Periodic Screening, Diagnostic and Treatment (EPSDT), Partnership to Strengthen Families (child abuse prevention), and the Dental programs. It will link statewide systems to the integrated program system, including Aid to Families with Dependent Children, medicaid, and vital statistics. It provides a bridge to the integration of the Federal Individuals with Disabilities Education Act, Part H services with Title V services.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Blackfeet PRIDE (Prenatal & Infant Development Education) Project,

Blackfeet Tribe Head Start Program, Browning, \$48,107 (CISS-CISS-COG)

The Blackfeet PRIDE Project, using the home-based approach, will focus on prenatal and infant development. At least 20 Blackfeet pregnant women will participate in a Comprehensive Wellness Program. These participants will support the need for similar programs to begin focusing on early health prevention and intervention. Local agencies will link services through interagency agreements, especially when families are in high-risk categories. Cultural elements will be implemented within all phases of training, using the Parent Handbook as a resource guide.

Healthy Child Care Montana, Montana Department of Public Health & Human Services, Helena, \$50,000 (CISS-CISS-Child Care Program)

Forging collaborative partnerships between health care and public health providers to implement the action steps is the project's primary goal. Objectives include developing a new or modifying the existing Missoula curriculum for public health staff to use in working with child care providers; and increasing the number of county public health agencies who provide a comprehensive health and safety resource for child care providers from fewer than 10 to a minimum of 25 by September 30, 1999.

Title V—ABSTINENCE EDUCATION PROGRAM

Assets for Abstinence, Montana Department of Public Health and Human Services, \$186,439 (Abstinence Ed)

"Assets for Abstinence" is a comprehensive, structured program that gives youth the tools to postpone sexual activity and helps parents educate, inform, and teach family values to their children. This will be accomplished through a local community asset-building program, which names and nurtures the core experiences needed for healthy development. The centerpieces of this approach will be a peer education program and train-the-

trainers component that will use accessible, qualified resource people in participating communities.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Montana EMSC Data, Injury Prevention, and Training Program, Montana Department of Health and Environmental Sciences, Helena, \$153,760 (EMSC-Implementation)

This project strives to: (1) Improve pediatric data by establishing an automated statewide prehospital data collection system; (2) make Montana a "safe State" by developing a coordinated statewide, data-driven injury prevention program in the department of health and environmental sciences; and (3) improve pediatric emergency education of emergency health care providers by taking advantage of current alternative technologies. A family-centered approach to prevention and public information will be used. The Utah EMSC interrupted linear video workbooks will be reformatted to interactive CD-ROM.

Montana Establishing an EMS Continuum of Excellence, Montana Department of Public Health and Human Services, EMS and Injury Prevention Section, Helena, \$132,881 (EMSC-Target)

This project seeks to establish an EMS Continuum of Excellence and a commitment to quality as the underlying philosophy for the strategic planning, operation, management, and improvement of all components of Montana's emergency medical services (EMS) system, including the provision of emergency medical care to pediatric patients. The project will serve as a national model for a statewide system of quality improvement (QI) that is integral to the overall statewide EMS system management structure. The objectives of the project are to (1) ingrain the philosophy of quality for all components of Montana's EMS system; (2) establish and reward EMS services and facilities of excellence, share these best practices with other services, and

Other Title V (non block) Grant Programs: **\$384,546**

Other MCH Grant Programs: **\$286,641**

TOTAL:
\$671,187

Selected FY 98 Title V and Other MCH Grant Annotations

modify EMS licensing rules to provide for licensing of services based on maintenance of a QI system; (3) improve the information and analysis components of the trauma care and EMS delivery system; (4) develop the system capability both locally and statewide to develop and monitor measurable performance indicators, and use this information to improve the EMS Continuum of Excellence; and (5) improve the medical direction component of Montana's EMS Continuum of Excellence.