

PRESENTATION TO THE 2023 HEALTH AND HUMAN SERVICES JOINT APPROPRIATION SUBCOMMITTEE

Early Childhood and Family Support Division

Human Services Practice

Department of Public Health and Human Services

THE FOLLOWING TOPICS ARE COVERED IN THIS REPORT:

- **Overview**
- **Summary of Major Functions**
- **Highlights and Accomplishments during the 2023 Biennium**
- **Efficiencies**
- **Funding and FTE Information**
- **Change Packages**

OVERVIEW

The Early Childhood and Family Support Division (ECFSD) provides coordinated services and resources to promote the well-being, health, and development of children, individuals, families, and communities encompassing over 20 activities, spanning prenatal to adult, supported by over 30 funding streams. ECFSD's programs target early care and education, food security and nutrition education, violence and neglect prevention, family support, and preventative health care. The division is committed to supporting consistency, efficiency, and better-coordinated services for children and families across the state of Montana.

Coordination and collaborative partnerships are at the core of how ECFSD delivers services. This is seen through the various stakeholder committees, local teams and coalitions, and over 1,100 contracts and agreements for service with various organizations including universities, health care providers, local government, private nonprofit organizations, and small businesses throughout the state.

SUMMARY OF MAJOR FUNCTIONS

ACCESSIBLE, SAFE, QUALITY CHILDCARE FOR MONTANA FAMILIES

Access to childcare is vital to the infrastructure of Montana's communities by allowing parents of young children to engage in the workforce, supporting businesses and the overall economy. High-quality child care prepares the state's future workforce through positive child development and school readiness.

CHILDCARE LICENSING (CCL)

The childcare licensing (CCL) program received and processed 271 new applications during state fiscal year 2022 (FY2022). CCL staff also processed 702 renewal applications for all provider types and facilities that wanted to renew their license or registration.

New and existing childcare providers indicated that due to new provider grants and added support systems, those who previously operated without a license chose to become licensed, and facilities planning to close could stay open.

CONTINUOUS QUALITY IMPROVEMENT IN CHILDCARE

Montana recognizes the importance quality plays in a childcare program in ensuring health, safety, family well-being, and positive child outcomes. Montana's tiered quality rating and improvement system (QRIS), Best Beginnings STARS to Quality, has 26% of all Montana licensed childcare providers engaged in continuous program and educational quality improvement for their programs.

Key Program Elements:

- Increasing a program's quality level costs money. STARS providers are incentivized with quarterly payments as well as receive increased subsidy rates for eligible children through the Child Care Development Fund (CCDF).
- STARS programs at level 3 receive assessments to help guide program decision-making as they continually work to improve their facilities.

- Programs receive free training for staff.
- Local childcare resource and referral agencies and Zero to Five Montana are contracted to provide program specific-technical assistance to increase teaching skills and improve business practices.
- This program is voluntary for licensed/registered childcare providers.
- STARS is a federal CCDF requirement.

In FY2022, 225 providers participated in the STARS program. This resulted in 1,638 childcare professionals completing 28,500 hours of free STARS training

BEST BEGINNINGS CHILDCARE SCHOLARSHIP (BBS)

Safe and affordable childcare is fundamental to recruiting and retaining a workforce and building a thriving economy. Childcare can be expensive for families and can be a barrier to engaging in the workforce or pursuing educational opportunities. Montana's Best Beginnings Scholarship (BBS) program provides childcare assistance to working families, students, children served through Child and Family Services, and families served through the Temporary Assistance for Needy Families (TANF) program.

Key Program Elements:

- Eligible families are working or attending school.
- BBS is a subsidy program. Parents pay a portion of their childcare costs based on an income-based sliding fee scale.
- Sliding fee scale and graduated eligibility help families avoid a childcare cliff as their income increases over 150% FPL.
- Scholarship payments are made directly to the childcare provider.
- 70% of CCDF goes to direct service subsidy payments after quality initiatives are expended.
- In FY2022:
 - 831 providers accepted BBS families
 - 4,740 families received childcare assistance
 - 6,658 children were cared for by BBS providers, including 1,487 foster children

HEAD START (HSCO)

The federal Office of Head Start funds the Montana Head Start Collaboration Office (HSCO) to facilitate partnerships between Head Start agencies and other state entities, including the Office of Public Instruction, which provides services to benefit low-income children and their families. The mission of the HSCO is to impact the lives of low-income children and families by influencing state and local policy and the effective delivery of services while linking Head Start programs and communities through collaborative relationships. The HSCO works with all Early Head Start and Head Start programs in the state, including six American Indian programs, and builds linkages with state early childhood system partners.

NUTRITION EDUCATION, SUPPORT AND FOOD SECURITY

Food and nutrition are essential factors in supporting healthy Montana children and families. ECFSD houses WIC, No Kid Hungry, and the Child and Adult Care food program, offering healthy meals and crucial nutrition education provided to families across the state.

SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC)

WIC, a federally funded program, strives to ensure healthy pregnancies, healthy birth outcomes, and healthy growth and development for women, infants, and children up to age 5 who are at nutritional risk. Through specialized staff, including registered dietitians, local breastfeeding peer counselors, and other highly trained staff, WIC provides breastfeeding promotion and support, education on healthy eating, referrals to healthcare and critical social services, and access to nutritious foods benefits through an electronic benefit transfer (EBT) card.

WIC food packages provide specific nutrients that are lacking in the diets of women, infants, and children and may include milk, cheese, yogurt, peanut butter, whole grains, infant foods, and fruits and vegetables.

“We have been very poor and homeless at times. WIC has saved my family from starving. I have a new job and am on my way to personal sustainability because of WIC.”

WIC Participant

Montana WIC provides services through 90 clinics, which cover all 56 counties and 7 tribal reservations and serves about 9,200 households per month. Congress recently increased the value of the average WIC food package from \$45 to \$71, with new funds to buy more fruits and vegetables. In addition, WIC's Farmers Market Nutrition Program (FMNP) helped 2,800 families purchase fresh fruits and vegetables from approximately 130 local farmers. In federal fiscal year 2022, Montana WIC's food benefits totaled over \$10 million, which are spent at about 200 grocery stores across the state. Most of those stores are independent main street grocers.

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

The federally funded Child and Adult Care Food Program (CACFP) provides reimbursements for nutritious meals and snacks to eligible children and adults who are enrolled in care at participating childcare centers, day care homes, and adult day care centers. CACFP also provides reimbursements for meals served to children and youth in participating afterschool care programs, children residing in emergency shelters, and adults over 60 or living with a disability and enrolled in day care facilities.

“I am extremely grateful for the food reimbursement money received by the CACFP. During this last year, it has been the one consistent thing. Knowing I will have the money I need to feed the children in my care is one less worry I have to deal with. I can provide healthy meals and keep their bellies full, giving them the energy, they need to play hard and learn while in my safe environment.”

Michelle Wade, Angelfish Academy

STRENGTHENING FAMILIES, PREVENTING ABUSE AND NEGLECT

Many of the programs in ECFSD work throughout the department and with stakeholders across the state to strengthen families and prevent abuse, injury, and neglect of children. A primary guiding principle for ECFSD is that families are honored and recognized as their child's first and most influential teacher.

CHILDREN'S TRUST FUND (CTF)

The Montana Children's Trust Fund is a board-driven, state-lead agency that strives to prevent child abuse and neglect. CTF has continued to support primary and secondary prevention efforts in Montana primarily through:

- Directly funding evidence-based and evidence-informed programs, designed to address risk factors and build protective factors in families.
- Awarding multi-year grants that served 526 families, 959 children, and 57 children with known special needs in FY2022.

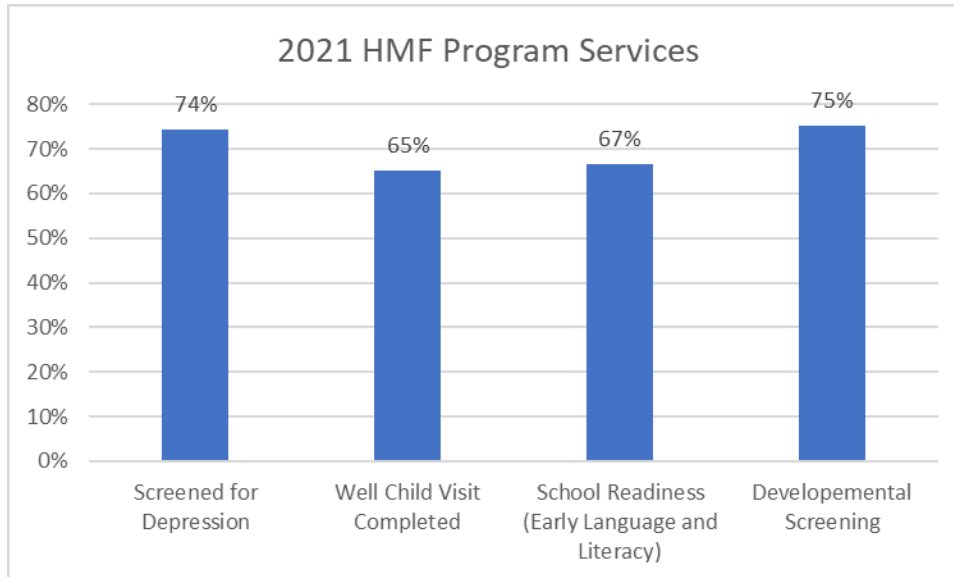
HEALTHY MONTANA FAMILIES (HMF)

The Healthy Montana Families Home Visiting Program provides voluntary, family-centered services in the home to pregnant women and families with infants and children under the age of six. Home visiting services target at-risk families and support the following:

- Healthy pregnancy outcomes
- Parent education
- Positive child health and development
- Strengthening parent-child relationships
- Referrals to community resources

HMF supports 18 home-visiting local implementing agencies in 16 counties, including two tribal reservations. In federal fiscal year 2021, 1,085 family households received 1-2 home visits per month, with 906 family households served in federal fiscal year 2022. HMF is funded primarily through the Maternal Infant and Early Childhood Home Visiting (MIECHV) federal funding in combination with state special and general funds.

As a result of home visiting programs, families are receiving important screenings and services:



SERVING FAMILIES AND CHILDREN WITH SPECIAL HEALTH AND DEVELOPMENTAL NEEDS

ECFSD works with families, healthcare providers, and community-based providers to offer specialized support for children and youth with special health and developmental needs.

CHILDREN WITH SPECIAL HEALTH SERVICES (CSHS)

FINANCIAL ASSISTANCE

The Children's Special Health Services financial assistance program is a payor of last resort for children and youth with special healthcare needs in the state of Montana. This program can be accessed when families don't meet eligibility criteria for other assistance programs (like Medicaid or CHIP), or when the specific service or equipment is not covered by insurance. CSHS can approve up to \$2,000 per eligible child. The financial assistance program has approved payment for items such as medical supplies, ear tube replacements, hearing aids, and sensory necessities such as therapy benches and applications for electronics.



Image of a thank you card sent by 9-year-old CSHS Financial Assistance recipient.

SPECIALTY CLINICS

The cleft/craniofacial clinics allow children diagnosed with cleft/craniofacial anomalies to receive care at one clinic with multiple specialties present. These clinics help ensure early intervention and appropriate follow-up treatment. Clinics are held annually in Bozeman and quarterly in Missoula, Great Falls, and Billings. 145 individuals were served through these clinics across the state FY2022.

The genetic and metabolic programs provide clinical genetic and metabolic services to individuals or family members who are affected by or are at risk of developing a genetic or metabolic disorder. These services are provided through contracts with Shodair Children's Hospital. In FY2022, 713 individual patients were served through the genetics and metabolic programs, with 483 pediatric patients and 230 adults (18+) patients.

MONTANA ACCESS TO PEDIATRIC PSYCHIATRY PROGRAM (MAPP-NET)

MAPP-Net is a Pediatric Mental Health Care Access (PMHCA) HRSA-funded federal grant that increases primary care providers' capacity to treat children and adolescents with behavioral health needs through provider education and a provider consultation access line.

NEWBORN SCREENING

The goal of the newborn screening program is to ensure every baby born in Montana will receive three essential newborn screenings. Most babies are born healthy. Montana tests all babies because a few babies look healthy but have rare health conditions. It is very important that these conditions are detected right away. The program includes metabolic screening, newborn hearing and screening intervention, and critical congenital heart disease screening. This state public health service ensures that all babies are screened for certain serious conditions at birth, and for those babies with a detected condition, it allows doctors to start treatment before some of the harmful effects happen. 98% of infants born in Montana were screened in FY2022.

MONTANA MILESTONES

The Montana Milestones program is Montana's early intervention program for families who have children ages zero through three years old experiencing significant developmental delays or disabilities. In FY2022, 1,160 infants and toddlers with disabilities received services.

"I think that Early Intervention Services are vital to any kiddo that is just struggling. It's so important to have those services and to just get them the help they need so that they can meet those milestones and not struggle."

Ashley, Butte, MT

FAMILY EDUCATION SUPPORT (FES)

The Family Education and Support (FES) program is available to families whose children or teenagers have developmental delays. FES worked with the developmental disabilities program to develop a guidance document to ensure a smooth transition for children and families out of FES services to targeted case management at age 16. The program served 865 families last year through service agreements with ECFSD.

PREVENTATIVE HEALTHCARE AND EDUCATION

Preventive health care and education provide a strong foundation for an individual's well-being. Through various programs, ECFSD supports health education and preventative care for Montanans.

MATERNAL AND CHILD HEALTH

MATERNAL AND CHILD HEALTH BLOCK GRANT (MCHBG)

Created as a part of the Social Security Act of 1935, the Title V Maternal & Child Health Block Grant (MCHBG) is focused on improving the health of all women, children, and families. MCHBG supports many programs within ECFSD. Funds are used by the state and county public health departments to address health issues such as:

- Access to public health services
- Bullying prevention
- Family support and health education
- Infant safe sleep
- Medical home establishment
- Children's oral health
- Women's preventive healthcare

In federal fiscal year 2021, 49 county public health departments accepted funding for implementing MCHBG activities at the local level. Montana was awarded \$2,281,009 and 75,556 Montana residents in the following categories were served: pregnant women; infants <1 year of age; children 1 – 21 years of age; children with special healthcare needs; and non-pregnant women through age 44.

FETAL, INFANT, CHILD, MATERNAL MORTALITY REVIEW AND PREVENTION (FICMMR)

Montana's Fetal, Infant, Child, Maternal Mortality Review and Prevention (FICMMR) program is implemented by county teams in local health departments across the state that conduct confidential death reviews to better understand the circumstances leading to a death, determine preventability, and implement best practices and prevention recommendations. Through collaboration with the Child and Family Services Division and Public Health and Safety Division, data is collected and used to inform focused and strategic interventions and supports. The goal of FICMMR is to reduce preventable deaths.

State-level FICMMR value-added opportunities for counties in 2022 included:

- Partnered to bring Impact Teen Drivers, an evidence-based program, to Montana in 2022
- Secured expert child injury-prevention specialists to provide education for FICMMR leaders

ORAL HEALTH PROGRAM (OHP)

The oral health program (OHP) promotes oral health activities designed to encourage good oral health practices and increase awareness of the importance of oral health and preventive care. OHP collaborates with and identifies oral health resources available for local health departments, schools, daycares, tribes, Early Head Start and Head Start programs, and others concerned with oral health promotion activities.

OHP relies on the Grants to States to support oral health workforce activities, a Health Resources Services Administration (HRSA) grant. The funding requires that preventative oral health services be provided in a dental health professional shortage area (HPSA). A dental HPSA designation is determined based on the number of residents and dentists in the county and the number of Medicaid and Medicare patients that received any dental service.

For FY2022, the OHP finalized a four-year grant period and reported these oral health services to Montanans living in one of the 38 counties with a dental HPSA designation. The following services were provided to 20,179 children and 311 adults.

- 1,658 cleanings
- 3,394 fluoride treatments
- 2,687 sealants
- 3,701 oral health assessments
- 605x-rays determined to be necessary per the oral health assessment
- 2,658 more intensive oral health services per the oral health assessment

- 5,176 children received silver diamine fluoride treatment (an evidence-based strategy to ensure the healthy development of the child's permanent teeth)
- 611 referrals for additional oral health services

PRIMARY CARE OFFICE (PCO)

The Montana Primary Care Office's goal is to improve access to primary care services for medically underserved and vulnerable populations in communities across Montana. The PCO relies on federal funding from two HRSA Bureau Health Workforce grants: Primary Care Office and Grants to State for Loan Repayment (SLRP).

Through the work of the grants, HPSA designations are determined by collecting data from annual statewide healthcare provider surveys and the number of Medicaid and Medicare patients who received services. The HPSA score serves as the key factor for the National Health Service Corps (NHSC), SLRP, and J-1 Physician Visa Waiver programs. Each of these programs requires that the healthcare professional practice in an approved facility that is in a designated HPSA.

In Montana, there are:

- 51 counties with a mental health HPSA
- 49 counties with a primary care HPSA
- 38 counties with a dental health HPSA

MONTANA OBSTETRICS AND MATERNAL SUPPORT (MOMS)

Montana's rates of maternal mortality and severe maternal morbidity are higher than most states, and women in Montana's rural and Native American communities face the highest risks. The Maternal Health Innovation (MHI) award from HRSA funded the Montana Obstetrics and Maternal Support (MOMS) program in 2019. In 2021, Montana was awarded the CDC Enhancing Review and Surveillance to Eliminate Maternal Mortality (ERASE MM) grant, which formalized the creation of the maternal mortality review/prevention program.

MOMS implemented Empaths, providing streamlined paths to substance use disorder (SUD) and mental health treatment for rural pregnant/postpartum women. Across five sites during year three, 432 patients completed the 5P's (Prenatal Substance Abuse Screen for Drugs and Alcohol) screener; 172 screened positively (responded 'yes' to at least one question) and received intervention from their provider, or the Empaths care manager; and 77 patients were referred to the care manager for assessment and referral to treatment.

ADOLESCENT HEALTH SECTION (AHS)

The mission of the adolescent health section (AHS) is to ensure that Montana youth have optimal physical, mental, social, and reproductive health. AHS promotes awareness of current issues adolescents are contending with and strategizes with stakeholders to provide relevant services.

Within AHS, there are two programs: Optimal Health for Montana Youth (OHMY) and Sexual Violence Prevention and Victim Services (SVPVS). OHMY provides curriculum and training opportunities, educating teens on a variety of health topics and teaching valuable skills that will help them in adulthood. OHMY houses Personal Responsibility Education Program (PREP) and Sexual Risk Avoidance Education (SRAE). Both programs strive to prevent teen pregnancy and emphasize healthy relationships. OHMY served approximately 1,700 youth in SFY 2022.

The (SVPVS) is funded by two primary grants: CDC's Rape Prevention and Education Grant and the Preventative Health and Human Services Block Grant. SVPVS promoted violence prevention activities and healthy relationship curriculum on 8 college campuses and 26 middle schools for FY2022. These efforts reached approximately 7,000 college students. The *Power Up, Speak Out!* Healthy Relationship curriculum reached approximately 2,400 middle school students in FY2022.

HIGHLIGHTS AND ACCOMPLISHMENTS DURING THE 2023 BIENNIUM

REENGAGEMENT OF STAKEHOLDERS

As recovery from COVID-19 continues across Montana, ECFSD has worked diligently to reengage stakeholders at pre-pandemic levels. As a result, several meetings were able to occur in person for the first time in at least 24 months.

The Montana Early Childhood Advisory Council was able to meet for the first time in person without a virtual option. Children's Trust Fund was also able to have an in-person meeting. The annual Great Beginnings, Great Families conference with 226 attendees was able to offer a hybrid setup in August of 2022, offering both virtual and in-person attendance options.

The move from virtual to face-to-face meetings has allowed the engagement of stakeholders to return to a level that we achieved prior to COVID-19, including the MT Afterschool Alliance, MT Home Visiting Coalition, and the MT Association for the Education of Young Children.

ACCESSIBLE, AFFORDABLE, SAFE, QUALITY CHILDCARE FOR MONTANA FAMILIES

WORKFORCE AND PARTNERSHIP COLLABORATIONS

STABILIZATION AND INNOVATION GRANTS

Intended to stabilize Montana's childcare systems, stabilization grants were awarded to 715 licensed or registered programs in 51 counties. Programs identified as operating in a childcare desert received funding based on their location status, including 98 providers within the childcare desert designation.

Innovation grants were awarded for addressing a community's childcare needs concerning availability, affordability, workforce, and underserved populations.

CHILD CARE SUBSIDY FOR CERTAIN HEALTHCARE WORKERS

A pilot program was launched for childcare assistance for healthcare workers in certain fields. As a result, most applicants fell within income guidelines qualifying for Best Beginnings scholarships and were moved to that program.

EARLY CHILDHOOD PROJECT (ECP)

ECFSD contracts with the Early Childhood Project (ECP), which is committed to supporting Montana's early childhood comprehensive system through continual enhancement of professional development services. ECP tracks trainings and supports the provider registry. ECP is a key partner with Department of Labor and Industry to support providers in participating in apprenticeship and pre-apprenticeship programs, currently serving 16 active apprentices. Additionally, ECP manages the financial support for incentive payments for providers and higher education.

RAISE MONTANA

The partnership and collaboration with RAISE Montana created and grew a substitute pool for childcare. All providers have the option to participate in paid mentoring with RAISE Montana. Additionally, RAISE Montana, through the support of ECFSD, supports family and group providers. To assist with childcare deserts, RAISE Montana assists with recruiting rural providers.

CHILDCARE RESOURCE AND REFERRAL CENTERS (CCR&RS)

Childcare resource and referral centers are essential to the work of childcare licensing. Technical support for all providers and assistance in becoming a licensed provider is offered through the CCR&Rs. Supporting the licensing team, CCR&Rs support all corrective action plans and help providers meet health and safety requirements, improving deficiencies. As a provider, CCR&Rs also provide coaching to improve teacher interactions within the classroom. ECFSD's partnership with CCR&Rs is vital to providing quality childcare.

CHILDCARE TRAINING

Continuing education and training are vital to offering quality childcare. Childcare training offers state-supported distance learning opportunities for childcare providers. Through this partnership, expanded learning opportunities are available to providers across the state, regardless of location.

ZERO TO FIVE MONTANA

Through ARPA funds awarded through ECFSD, Zero to Five Montana is also able to offer paid mentoring, specialized business training, and technical assistance focused on improving business practices. Additionally, Zero to Five Montana offers community-level consultation to interested and existing childcare entrepreneurs.

CHILD CARE LICENSING (CCL)

During SFY 2022, Montana continued to rebuild and recover from the workforce and financial effects of COVID-19, as demonstrated in the table on page 5.

ECFSD supported childcare providers with recruiting and retaining staff by paying for all FBI background checks, increasing the number of CPR and First Aid courses available at a reduced rate through the CCR&R agencies, offering all other required health and safety trainings at no cost with virtual attendance options, and offered an incentive payment to approved staff who completed licensing requirements.

In FY2022, CCL processed 2,613 new hire applications for staff wanting to work in childcare. CCL conducted a minimum of three background checks on each of 5,485 childcare staff and household members and reviewed required training requirements for 4,855 childcare staff.

To reduce the instances of deficiencies cited, the childcare licensing program implemented a new system of support plans with the CCR&Rs. These support plans pair a provider with a health and safety issue with a knowledgeable staff from the CCR&R to provide ongoing technical assistance around the issue and avoid negative licensing action. This initiative will ensure health and safety in childcare programs and reduce the number of citations.

CONTINUOUS QUALITY IMPROVEMENT IN CHILDCARE

Improving the quality of childcare in Montana is a constant and growing process. Exciting developments in the beginning phases include a pilot substitute pool and pilot of shared services.

Additionally, through a partnership with Georgetown University, ECFSD is addressing childcare staff burnout and turnover by developing infant and early childhood mental health consultation.

HEAD START (HSCO)

The role of the HSCO is to coordinate the work of locally funded Head Start programs with other early childhood supports and services across the state.

The HSCO coordinates with Montana's 22 Early Head (EHS)/ Head Start (HS) programs, with some offering services in multiple counties.

“Young Families Early Head Start has saved my life! Without them, I wouldn’t be able to finish school and pursue college.”

Young Families Early Head Start Billings

HSCO works with partners in state government and statewide non-governmental agencies including:

- Montana Milestones Transitions Workgroup Lead
- Presenting HS school district opportunities for collaboration with Zero to Five Montana
- Collaborating with the Childhood Lead Poisoning Prevention grant
- State planning member of the Early Childhood Tribal Language Summit
- Video project highlighting EHS-Child Care Partnerships, EHS and HS

NUTRITION EDUCATION, SUPPORT AND FOOD SECURITY

WOMEN, INFANTS, AND CHILDREN (WIC)

Using technology to improve WIC requires creativity and strong partnerships. WIC is working with the local chapter of the American Association of Pediatrics (AAP) to expand referrals between WIC and pediatric clinics. This project will implement a new web-based screening tool at pilot sites. WIC is also supporting the development of an online participant-facing portal to provide services in ways that are more convenient for families. WIC's workforce is limited, and we have developed a strong telehealth network to make lactation professionals and registered dietitians available for WIC appointments statewide.

“Because of our income, I always bought only the foods that I know my kids would eat out of fear of wasting food. Thanks to the WIC Program my family is able to try new foods that we wouldn't normally have- such as beets! Thanks to the WIC App, I am learning new recipes that are healthy and cost effective.”

WIC Participant

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

In FY2022, 5.6 million meals were served in 573 facilities across Montana through CACFP. The program received just over \$1,070,000 in USDA technology grant funding to support contractual services for a new data system through September 2024. This grant has afforded the opportunity for future contract coordination and collaboration between DPHHS and OPI to house Child Nutrition Programs (NSLP, SFSP, and CACFP) in one data system. The focus for Montana CACFP in the biennium will be in transitioning to a robust data system to support efficient program operations, as well as engaging in professional development for all program staff. Additionally, program staff have been working to develop and revise digital tools and guidance to support efficient program operations and monitoring.

STRENGTHENING FAMILIES, PREVENTING ABUSE AND NEGLECT

CHILDREN'S TRUST FUND (CTF)

During FY2022, CTF funded programs that served over 1,000 families and helped improve protective factors for families by 70% as evidenced by program participant data collected and analyzed through a national protective factor survey.

In April 2022 (Strengthening Families month), there were approximately 40 CTF-sponsored events around the state. State kickoff, led by Lieutenant Governor Juras, included local governments, organizations, and faith communities that provided outreach to day care centers, planted over 6,000 pinwheels in lawns, decorated buildings, and, most importantly, came together to discuss prevention work in their communities.

HEALTHY MONTANA FAMILIES (HMF)

In December 2021 and January 2022, 69 home visiting staff received an average retention stipend of \$499 for a total of \$34,428. Home visitors will also be eligible for additional incentive payments based on performance, experience, and longevity.

HMF contractors served high-risk clients affected by the COVID-19 Public Health Emergency. Training and professional development provided home visitors with information and resources to mitigate the experiences brought to the surface by the COVID-19 pandemic. Trainings accessed included mental health topics to help mitigate primary and secondary trauma of home visitors and families. Other topics supported were related to Maternal Infant Early Childhood Home Visiting (MIECHV) benchmark areas, such as intimate partner violence support and building healthy parent-child relationships. These topics were identified by home visitors as being supportive to their work and necessary due to the increased isolation that occurred because of shut-downs, social distancing, and high rates of illness in many areas of Montana.

In 2022, the Montana Home Visiting Coalition was created to address issues specific to supporting current home-visiting programs and expanding evidence-based home visiting in Montana. HMF is an active participant in the coalition alongside partners and stakeholders statewide. HMF also works closely with the Child and Family Services Division to promote referrals into evidence-based home visiting and align funding opportunities to provide seamless services to families.

SERVING FAMILIES AND CHILDREN WITH SPECIAL HEALTH AND DEVELOPMENTAL NEEDS

CHILDREN WITH SPECIAL HEALTH SERVICES

FINANCIAL ASSISTANCE

Through a partnership with MonTECH, a program to provide free, confidential information about assistive technology devices and services, CSHS has been able to give families more access to equipment they may need. The CSHS financial assistance program has also accomplished cross-division work with the developmental disability section to ensure ADA compliance and to determine what other work can be done to make the program more accessible.

“We were overwhelmed with gratitude to be able to be recipients of the Financial Assistance for our daughter's hearing aids. This relieved a huge burden for us financially and provided our child with a resource for her best interest.”

CSHS Recipient

SPECIALTY CLINICS

To gain more information regarding the reach and need of cleft/craniofacial clinics, CSHS conducted a statewide specialty needs assessment. The needs assessment will help shape the future of specialty clinics to maintain best-practice standards, meet the population's medical needs, and maintain financial sustainability.

MONTANA ACCESS TO PEDIATRIC PSYCHIATRY PROGRAM (MAPP-NET)

MAPP-Net has partnered with community-based and nonprofit organizations to increase case management and care coordination pursuits across Montana. This includes working with the Behavioral Health and Developmental Disabilities Division to expand community health worker (CHW) pilots in rural areas across the state with Catalyst for Change. The symposium is projected to be fully sustainable in 2023, and the program is exploring sustainability pathways for the remaining strategies and partnerships for the next grant term.

NEWBORN SCREENING

In the last biennium, a Newborn Screening Advisory Committee was established to provide a streamlined way for new conditions to be added to the Montana newborn screening panel. In the next biennium the newborn hearing screening program will be focused on family engagement for families of children that are deaf/hard of hearing.

MONTANA MILESTONES

The Part C Montana Milestones team grew from a team of 2 to a team of 4, allowing increased and integrated support for early intervention contractors that provide services to families of infants and toddlers with disabilities.

Montana Milestones also partnered with West Ed Education Agency to launch a Child Find pilot project to engage community partners in a collaborative effort to recognize developmental milestones and identify infants and toddlers that potentially have disability earlier. A Child Find campaign was also launched to inform communities across the state about Montana Milestones and early intervention.

PREVENTATIVE HEALTH CARE AND EDUCATION

MATERNAL AND CHILD HEALTH

FETAL, INFANT, CHILD, MATERNAL MORTALITY REVIEW AND PREVENTION (FICMMR)

According to Montana Department of Transportation, approximately 75-80% of infant and child car seats are installed incorrectly. FICMMR collaborated with many counties to provide ongoing inspections and education to families using clinics, appointments, and walk-ins.

Drowning is the second leading cause of accidental death for Montana kids. During the summer of 2022, Fallon and Prairie counties educated 222 children and parents on water safety and provided life vests.

Teton County secured a PAX Good Behavior Game grant and enrolled 405 elementary school children in 2022, aiming to improve focus, test scores, academic outcomes, reduce alcohol and drug use, and reduce psychiatric disorders and suicides.

ORAL HEALTH

Despite COVID-19 impacting each partner's ability to offer their services, the oral health program's accomplishments were featured in the National Maternal Child Health Resource Center's Oral Health Resources bulletin. Various groups and staff presented at several events, including "One Community One Health: Medical/Dental Integration" at the 2022 Annual Western Institute of Nursing Meeting, on student rotation activities to the Montana Commissioner of Higher Education;

and "MT Innovations in Workforce Development" at the May 2022 Association of Maternal and Child Health Programs and Title V Maternal and Child Health Block Grant Annual Conference.

PRIMARY CARE OFFICE (PCO)

During the most recent application cycle, there were 68 site application submissions. In federal fiscal year 2022, the PCO provided over 660 unique NHSC/TA sessions and over 1,100 unique SLRP TA sessions. Also, in federal fiscal year 2021, six of the ten slots for the J-1 Physician Visa Waiver Program were filled by hospitalists, pulmonologists, psychiatrists, rehabilitation, and family medicine providers.

MONTANA OBSTETRICS AND MATERNAL SUPPORT (MOMS)

MOMS partnered with Medicaid and the Child and Family Services Divisions (CFSD) on a standardized Family Plan of Safe Care. Families with concerns related to substance use, family violence, and a history of CFSD involvement will get a plan to help them advocate for themselves and their families prior to delivery if CFSD needs to intervene. Empaths uses this to assure the patient and CFSD that a treatment plan is in place and we are here to help them meet goals and connect to resources.

"I got connected with treatment and other services immediately. The care manager was awesome. When he came into my room, he made me feel like I mattered. They really care. They want to see you be a mother and take care of your children. My boy is flourishing now."

Kyle, Empaths Patient

ADOLESCENT HEALTH

OHMY is looking to increase the number of youth served and has collaborated with the Office of Public Instruction, Office of American Indian Health, and After School Alliance.

OHMY, SVPVS, the Title V Block Grant are working on a systematic and data-driven adolescent health needs assessment for Montana that will examine health status, behaviors and needs of youth in Montana. The results will be used to guide the programs in applying for grants, creating additional programs and services, and building capacity.

EFFICIENCIES

QUALITY CHILDCARE

The early childhood services bureau engaged in a childcare licensing (CCL) business process improvement and data analysis project in September 2021. This work aims to remove barriers to becoming licensed and to increase the capacity of the childcare system. This project includes understanding how the childcare licensing system works for stakeholders; recommendations to improve the business process; an extensive review of statutes, regulations, and policy; and organizational change management to create a more efficient and streamlined process for everyone interfacing with the licensing system.

With the childcare policy update, processing time was accelerated, and parents were given more flexibility in determining the need for care.

In partnership with CCR&R agencies and the Department of Justice, the average turn-around time for FBI results was reduced from 3-6 weeks to under 2 weeks. CCL received fingerprint-based FBI check results for 3,585 new and existing childcare staff during this time frame.

Montana adopted a new payment policy for the Best Beginnings Scholarship (BBS), which allowed automated payments, decreasing processing time and expediting payments to providers.

Montana also conducted its triennial federal improper payment review for the Child Care and Development Block Grant Fund. This review is conducted to identify improper payments made under the BBS program. The federal threshold is 10%, and Montana's improper payment rate came in at 2.24%. The program will continue monitoring to keep this rate low.

SERVING CHILDREN AND FAMILIES

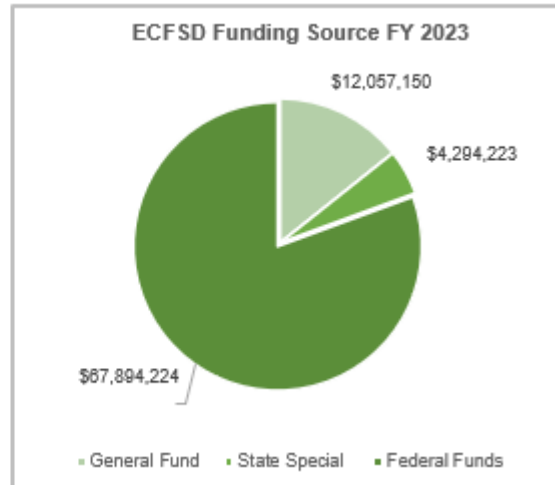
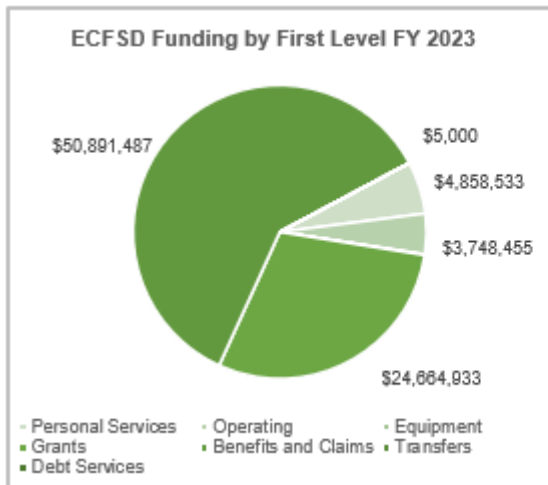
The CSHS team completed internal program assessments for the financial programs focused on quality assurance, improving processes, strengthening internal controls, and assuring that the programs are the payor of last resort. In the financial assistance program, staff updated the policies and eligibility, highlighting the strict regulations for payor of last resort. The program only offers assistance for things deemed medically necessary by a medical provider. In the genetics financial assistance program, staff worked with partners to define and educate to ensure payor of last resort and created consistency in billing practices. These efforts resulted in a decrease in overall applications and total obligations in FY2022 as compared to previous years for both programs.

FICMMR partnered with the Montana State Office of Vital Statistics to have death certificate data uploaded directly into the FICMMR database. Seventy-one data fields now prepopulate into the FICMMR database eliminating manual entry for the county team leaders. The automated process removes data entry errors and increases efficiency.

In response to workforce challenges facing local public health departments and local WIC clinics, the WIC state office contracted with a registered dietitian to assist in providing coverage for staffing shortages and vacancies, intended to maintain access to WIC benefits to participants. This approach has proven to be a successful model in maintaining staffing coverage for local WIC clinics through staffing transitions.

FUNDING AND FTE INFORMATION

EARLY CHILDHOOD & FAMILY SUPPORT	FY 2023 Budget	FY 2024 Request	FY 2025 Request
FTE	59.24	65.24	65.24
Personal Services	\$4,858,533	\$5,074,166	\$5,100,106
Operating	\$3,748,455	\$3,950,579	\$3,993,118
Equipment	\$75,000	\$75,000	\$75,000
Grants	\$24,664,933	\$24,664,933	\$24,664,933
Benefits and Claims	\$50,891,487	\$51,155,487	\$51,430,047
Transfers	\$5,000	\$5,000	\$5,000
Debt Services	\$2,189	\$2,189	\$2,189
TOTAL COSTS	\$84,245,597	\$84,927,354	\$85,270,393
	FY 2023 Budget	FY 2024 Request	FY 2025 Request
General Fund	\$12,057,150	\$12,423,334	\$12,677,734
State Special Fund	\$4,294,223	\$4,223,456	\$4,220,574
Federal Fund	\$67,894,224	\$68,280,564	\$68,372,085
TOTAL FUNDS	\$84,245,597	\$84,927,354	\$85,270,393



CHANGE PACKAGES

PRESENT LAW ADJUSTMENTS

SWPL 1 – Personal Services

The request includes \$215,633 in FY 2024 and \$241,573 in FY 2025 to annualize various personal services costs including FY 2023 statewide pay plan, benefit rate adjustments, longevity adjustments related to incumbents in each position at the time of the snapshot, and vacancy savings.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$101,973	(\$70,866)	\$184,526	\$215,633
FY 2025	\$81,760	(\$73,784)	\$233,597	\$241,573
Biennium Total	\$183,733	(\$144,650)	\$418,123	\$457,206

SWPL 3 – Inflation Deflation

The request includes an increase of \$202,124 in FY 2024 and \$244,663 in FY 2025 to reflect budgetary changes generated from the application of inflation to specific expenditure accounts. Affected accounts include those associated with supplies & materials, communications, repair & maintenance, state motor pool, and other services.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$211	\$99	\$201,814	\$202,124
FY 2025	\$264	\$135	\$244,264	\$244,663
Biennium Total	\$475	\$234	\$446,078	\$446,787

NEW PROPOSALS

NP 25015 – Prov Rate Adj - Early Childhood Services Bureau

This new proposal requests \$802,560 over the biennium for provider rate adjustments. For provider types that were included in the 2023 Biennium provider rate study, the requested increase is a portion of the study's rate proposals. The requested increase for providers not included in the provider rate study is estimated at 4% in FY 2024 and an additional 4% in FY 2025. Those providers eligible for the statutory increases in 53-6-125, MCA, is not captured in this proposal as their adjustment is already included in the Medicaid caseload change packages. Funding for additional one-time-only provider rate adjustments intended to stabilize the care delivery system post-pandemic is included in CP 4444. This change package is funded with 100% general funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$264,000	\$0	\$0	\$264,000
FY 2025	\$538,560	\$0	\$0	\$538,560
Biennium Total	\$802,560	\$0	\$0	\$802,560