

Year 1 State Maternal Health Innovation (SMHI) Evaluation Report

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DEPARTMENT OF
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Acronym Glossary

| Acronym | Full Name |
|------------------|--|
| AI/AN | American Indian and Alaska Native |
| CDC | Centers for Disease Control and Prevention |
| CTR | Click Through Rate |
| CoP | Community of Practice |
| CPC | Cost Per Click |
| CPM | Cost Per Thousand Impression |
| DPHHS | Department of Public Health and Human Services |
| ED | Emergency Department |
| ERASE MM | Enhancing Reviews and Surveillance to Eliminate Maternal Mortality |
| FY | Fiscal Year |
| FY 2024 | Fiscal Year 2024 |
| HMHB – MT | Healthy Mothers Healthy Babies–The Montana Coalition |
| HRSA | Health Resources and Services Administration |
| IPV | Intimate Partner Violence |
| I/T/U | Indian Health Service/Tribal Health Department/Urban Indian Organization |
| KPI | Key Performance Indicators |
| LMS | Learning Management System |
| MCH | Maternal and Child Health |
| MCHBG | Maternal and Child Health Block Grant |
| MCHC | Maternal and Child Health Coordination |
| MHA | Montana Hospital Association |
| MMHA | Montana Maternal Health Alliance |
| MMRC | Maternal Mortality Review Committee |
| MMRPP | Maternal Mortality Review and Prevention Program |
| MHSP | Maternal Health Strategic Plan |
| MMHSUD | Maternal Mental Health Substance Use Disorder |
| MOMS | Montana Obstetrics and Maternal Support |
| NAI | Native American Initiatives Program |
| PRAMS | Pregnancy Risk Assessment Monitoring System |
| PSI – MT | Postpartum Support International Montana |
| SMHI | State Maternal Health Innovation |
| SLA | Simulation Leadership Academy |
| TMHWG | Tribal Maternal Health Workgroup |
| UMRIIC | University of Montana’s Rural Institute for Inclusive Communities |

Executive Summary

Within the first year of the funding opportunity, the Montana Obstetrics and Maternal Support (MOMS) Program, the Montana State Maternal Health Innovation (SMHI) Grantee, focused on building capacity within statewide workgroups and selected innovative interventions. Interventions included in-person and online obstetric emergency educational opportunities, doula workforce development, and community-based Indigenous health projects. Obstetric emergency simulation activities included onsite trainings and an online simulation education course, known as the Simulation Leadership Academy (SLA). The SLA aims to build capacity amongst clinical champions in designing, implementing, and evaluating obstetric emergency simulations within their respective clinics. Doula workforce development consisted of facilitation of workgroups and training opportunities to increase the knowledge and skills of trained doulas in Montana. Finally, MOMS supported the development of the statewide maternal health alliance, the Montana Maternal Health Alliance (MMHA) and Tribal Maternal Health Workgroup (TMHWG), by convening leaders and advocates across various health systems to support collaboration opportunities and innovative maternal health initiatives. MOMS coordinated with contract organizations to plan, implement, and evaluate progress within the respective interventions, which will support plans for subsequent grant years.

Program Overview

MOMS is funded through a five-year grant awarded to Montana Department of Public Health and Human Services (DPHHS) by the Health Resources and Services Administration (HRSA) through the SMHI Program (HRSA-19-107) to address Montana's concerning rates of maternal morbidity and mortality. The federal funding opportunity aims to increase capacity, collaboration, and innovations based on state and national data. MOMS will convene partners from state, local, and tribal maternal health programs to strategically coordinate, plan, and evaluate impact of interventions. The program intends to support clinical and community-based practitioners that work with perinatal and postpartum populations through evaluation, education, training, and cross-sector coordination.

The MOMS Program will serve as a backbone organization of a statewide maternal health alliance, consisting of multi-sector participation from public health, health care, behavioral health, Indigenous health, education, advocacy, research, and social services. The alliance, known as the MMHA, will utilize the Collective Impact Model, to set strategic, long-term goals and assess progress across systems to make measurable impacts on severe maternal morbidity and mortality.

Partners

DPHHS offers central leadership for its Maternal and Child Health (MCH) initiatives through the Maternal and Child Health Coordination (MCHC) Section. The MOMS

Program, located within the MCHC Section, organizes and leads the MMHA. The statewide alliance will set strategic priorities, which will inform the planning and evaluation of the SMHI grant. The MCHC Section also oversees the Montana Maternal Mortality Review and Prevention Program (MMRPP) and the Maternal and Child Health Block Grant (MCHBG). The MMRPP is responsible for convening the Maternal Mortality Review Committee (MMRC). The MMRC's work is supported by the Centers for Disease Control and Prevention's (CDC) Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) grant program, which DPHHS received in 2021. The MCHBG is authorized under Title V of the Social Security Act, a federal program aimed at improving the health of all women, children, and families. The Montana MCHBG contracts with county health departments to implement interventions that align with state and national performance measures. The MCHC Section acts as a central hub, connecting various maternal health efforts across Montana.

Yarrow Community is a public health consulting agency that aims to improve health systems in Montana. The mission of Yarrow is "To empower public health systems with evidence-based, culturally appropriate, and contemporary practices to meet the needs of their vibrant communities". Yarrow supports public health organizations through a variety of services, including strategic planning, meeting facilitation, program evaluation, project management, and grant writing. Yarrow serves as the contracted strategic planning and facilitation partner for the MOMS Program and a backbone organization on the MMHA.

Billings Clinic is a key partner, implementing clinical initiatives through SMHI funding. Billings Clinic is Montana's largest independent health care system serving Montana, Wyoming, and the western Dakotas. A not-for-profit organization led by a physician CEO, Billings Clinic is governed by a board of community members, nurses, and physicians. Billings Clinic leads health care provider education opportunities for the MOMS Program, including the SLA online simulation course and maternal health training and certification courses for nursing and medical providers.

Simulation in Motion Montana (SIM-MT) provides in-person mobile high fidelity obstetric emergency simulation training aimed at reducing medical errors, improving patient outcomes, and increasing team performance. Coordination between SIM-MT and Billings Clinic strengthens and streamlines the planning, implementation, and evaluation of obstetric emergency education opportunities.

Healthy Mothers, Healthy Babies—The Montana Coalition (HMHB-MT) is a non-profit organization that works to improve the health, safety, and well-being of Montana families by supporting mothers, babies, and caregivers from birth to age three. Through programs, tools, and advocacy, HMHB-MT works to strengthen the network of family support systems across the state. In SMHI Year 1, MOMS contracted with HMHB-MT to conduct doula workforce development interventions, including virtual and in-person trainings for doulas, community engagement and support for Indigenous doulas, and education for health care providers on the role of doulas. The doula workforce

development and Indigenous engagement contract will undergo a competitive bidding process in Winter 2026.

Evaluation Design

Evaluation Purpose

The purpose of this evaluation is to track progress and health outcomes for SMHI-funded programs over a five-year funding period. Findings for the SMHI evaluation process will be used to inform program development and implementation amongst state, local, and tribal public health departments. The following evaluation report highlights strategies utilized within the program. Individual evaluation activities will be highlighted within the respective sections of the report, including contractor-led evaluation processes and results.

Stakeholder Involvement

It is essential to engage stakeholders through program design, implementation, and evaluation processes. This will ensure the evaluation produces viable results to help shape the program to be as effective as possible. Maternal health, public health, and tribal health organizations at the state and federal levels will have an interest in the outcomes of the SMHI evaluation. State partners will utilize findings to coordinate interventions and funding opportunities. Health care organizations will be interested in the evaluation outcomes to assist within adoption of the programs. Public health partners across the country, especially SMHI grantees, will utilize findings to adapt to respective program plans. Maternal health and health care partners may be interested in the effectiveness of the program, changes in knowledge, and changes in birth outcomes. Tribal partners may be interested in level of community engagement, data sovereignty, and birth experiences. Contracted organizations, such as Billings Clinic and HMHB-MT will assist in the drafting process of the comprehensive program evaluation plan through the development of the evaluation plans for respective projects. Contracted partners will also be responsible for contributing data and evaluating programs highlighted within the evaluation plan. The MMHA will assist with the development of the program evaluation plan through the strategic planning process and quarterly engagement calls. DPHHS maternal health programs will assist in developing metrics and reporting data for the evaluation plan.

Table 1. STAKEHOLDER ASSESSMENT AND ENGAGEMENT PLAN

| Stakeholder Name | Stakeholder Category | Interest or Perspective | Role in the Evaluation |
|---|-----------------------------|--|--|
| Billings Clinic | Primary | Staff | Evaluation Planning Team |
| HMHB -MT | Primary | Staff | Evaluation Planning Team |
| DPHHS | Primary | Staff | Evaluation Planning Team |
| MMHA | Secondary | Stakeholder group— feedback | Identifying core measures, feedback on evaluation process |
| Tribal Maternal Health Workgroup | Primary | Stakeholder group— feedback | Evaluation Planning Team |

Culturally Responsive Evaluation

To ensure a culturally responsive evaluation design, the lead evaluator, MOMS, will collaborate with state, local, and tribal maternal health programs to establish a comprehensive evaluation team. A strong emphasis will be placed on stakeholder engagement, recognizing that cultural competence is a dynamic, ongoing process rooted in trust, respect, and meaningful collaboration. By reinforcing partnerships and prioritizing increased access and opportunities for Indigenous involvement in evaluation projects, MOMS will foster a more inclusive and equitable approach.

This commitment to culturally responsive evaluation acknowledges the disparities in health care utilization and maternal health outcomes among American Indian/Alaska Native (AI/AN) and rural populations in Montana. By centering Indigenous voices and experiences, the evaluation process will yield more relevant findings, inform effective program improvements, and contribute to a health care system that better serves all communities. Through this partnership, evaluations will be both impactful and rigorous but also highlight lived experiences of those they aim to support.

Table 2. Evaluation Plan

| Evaluation Question | Component | Evaluation Details |
|--|---|--|
| <p>1. To what extent has the MOMS Program improved coordination across state, local, and tribal maternal health partners?</p> | <p>Montana Maternal Health Alliance (MMHA)</p> | <ul style="list-style-type: none"> - Memberships - Meetings - Maternal Health Strategic Plan |
| | <p>MMHA Workgroups (Data and Metrics, Membership and Structure)</p> | <ul style="list-style-type: none"> - Membership - Meetings - Feedback surveys |
| | <p>Tribal Maternal Health Workgroup</p> | <ul style="list-style-type: none"> - Membership - Meetings - Feedback surveys |
| | <p>Data Analysis and Reporting</p> | <ul style="list-style-type: none"> - Coordination with internal and external partners for the analysis of maternal health data sources - Development of data products - Dissemination and promotion of data findings (presentations, email listserv, website posting) |
| | <p>Program Assessment and Reporting</p> | <ul style="list-style-type: none"> - Development of evaluation products - Dissemination and promotion of evaluation results |
| <p>2. To what extent has the MOMS Program improved the</p> | <p>Doula Workforce Development</p> | <ul style="list-style-type: none"> - Doula outreach and engagement - Doula trainings |

| | | |
|---|--|--|
| <p>education and training of the doula workforce in Montana?</p> | <p>Health Care Education on the Role of Doulas</p> | <ul style="list-style-type: none"> - Health care facility engagement - Health care provider trainings |
| <p>3. To what extent has the MOMS Program improved maternal health care within Montana medical facilities?</p> | <p>LOCATe Assessment</p> | <ul style="list-style-type: none"> - Health care facility engagement - Assessment results |
| | <p>Data Analysis and Reporting</p> | <ul style="list-style-type: none"> - Epidemiological analysis of maternal health data sources - Development of data products - Dissemination and promotion of data findings |
| | <p>Simulation Leadership Academy (SLA)</p> | <ul style="list-style-type: none"> - Implementation of curriculum - Outcomes of curriculum |
| | <p>Health care Provider Trainings</p> | <ul style="list-style-type: none"> - Health care facility engagement - Health care provider trainings |
| | <p>Health Care Education on the Role of Doulas</p> | <ul style="list-style-type: none"> - Health care facility engagement - Health care provider trainings |

Evaluation Questions and Responses

To what extent has the MOMS Program improved coordination across state, local, and tribal maternal health partners?

MMHA

In SMHI Year 1, the MOMS Program, in partnership with Yarrow, improved coordination across state, local, and tribal maternal health partners through the development of the statewide maternal health alliance, MMHA. The MMHA utilizes the Collective Impact Model to recruit partners, draft guiding documents and organizational structures, and facilitate meetings. The MMHA aims to provide varying levels of opportunity and involvement for partners across sectors and communities. Partners may engage in the Steering Committee, workgroups, or alliance activities, as appropriate.

The MMHA serves as the main engagement strategy for the MOMS Program, as the current backbone organization. Workgroups that are connected to the MMHA will function autonomously, with varying levels of support from MMHA Backbone. In SMHI Year 1, two internal MMHA workgroups were established, the Membership and Structure Workgroup and Data and Metrics Workgroup. In addition, the MOMS Program, HMHB-MT Native American Initiatives (NAI) Program, and Yarrow initiated a Tribal Maternal Health Workgroup (TMHWG) to support collaboration amongst Indigenous-led maternal health initiatives.

MMHA Annual Feedback Survey Results: In September 2025, the MOMS Program disseminated a partner evaluation survey for MMHA members to share feedback on the statewide alliance. The Annual Feedback Survey was developed with the goal of assessing the membership, participation, and efficiency of the MMHA. Below is a summary of the survey results:

- **Engagement & Participation**
 - Most participants had been involved with MMHA for less than one year.
 - Engagement was driven by professional roles, personal interest, and colleague invitations.
 - Some were active in workgroups (e.g., Data, Structure and Function, Tribal Maternal Health), while others cited barriers like scheduling or being new.
- **Satisfaction & Strengths**
 - High overall satisfaction with MMHA activities.
 - Strong ratings for meeting quality, leadership, and collaborative structure.
 - Participants appreciated the inclusive, mission-driven approach and cross-sector connections.

Key strengths included strong leadership, well-organized meetings, and diverse representation.

- **Opportunities for Growth**
 - Desire for greater inclusion of individuals with lived experience, Indigenous and tribal partners, and rural/agrarian communities.
 - Challenges noted in data sharing, communication across workgroups, and addressing root causes of disparities.
- **Suggestions for Improvement**
 - Develop a centralized data clearinghouse.
 - Share meeting materials in advance and offer more flexible scheduling.
 - Create more space for open dialogue and cross-group communication.

MOMS Outreach Activities

In addition to MMHA, the MOMS Program improved coordination and communication with state, local, and tribal partners through outreach events. In SMHI Year 1, MOMS

participated in five exhibitor events at Montana maternal health, public health, and health care conferences. At exhibitor tables, MOMS disseminated program materials, such as MMHA recruitment flyers, Pregnancy Risk Assessment Monitoring System (PRAMS) data briefs, and MOMS-branded maternal health resource items, such as diaper bags, baby changing pads, baby toiletry kits, pregnancy wheels, and mental health resource cards. Below is a list of conferences and dates that MOMS exhibited in SMHI Year 1:

1. HMHB-MT Perinatal Mental Health Conference: October 15 & 16, 2024 (Helena)
2. Montana Hospital Association (MHA) Health Summit: April 3, 2025 (Helena)
3. Montana Primary Care Association (MPCA) Under the Big Sky Conference: April 9, 2025 (Butte)
4. HMHB-MT Perinatal Mental Health Conference: June 17 & 18, 2025 (Helena)
5. Montana Medical Association (MMA) Conference: September 13, 2025 (Helena)

To what extent has the MOMS Program improved the education and training of the doula workforce in Montana?

Doula Workforce Development

In SMHI Year 1, HMHB-MT led numerous doula workforce development activities, including managing and facilitating two workgroups, the Montana Doula Collaborative and the Indigenous Birth Worker Network, coordinating in-person training opportunities, including the 2025 Doula Day at the Perinatal Mental Health Training and an Indigenous Lactation Counselor training, and virtual training opportunities, such as the Doula Licensure Training Series—10 trainings discussing timely and relevant topics, such as perinatal mental health, prenatal care, breastfeeding, birth anatomy, doula business practices, and practices for providing patient-centered care. Training and technical assistant opportunities were informed through an initial needs assessment, workgroup meetings, and Doula Licensure Training Steering Committee.

To what extent has the MOMS Program improved maternal health care within Montana medical facilities?

Obstetric Emergency Education and Training

In SMHI Year 1, the MOMS Program contracted with Billings Clinic and SIM-MT to develop and deliver educational opportunities to increase knowledge and skills to respond to obstetric emergencies.

Billings Clinic developed a new online SLA training course to support the planning, implementation, and evaluation of obstetric emergency simulation trainings within clinics. The training course covers the fundamentals of simulation training design and adult learning set by national standards, best practices and processes for developing a simulation training event, recommendations for hosting trainings at clinics, and opportunities for support. In SMHI Year 1, Billings Clinic collaborated with clinical and

simulation experts to finalize course content, marketing materials, and evaluation processes. Billings Clinic will launch the SLA course in SMHI Year 2.

SIM-MT completed 14 in-person obstetric emergency simulation training events with health care facilities located on or near tribal reservations in Montana. The simulation trainings aimed to increase knowledge and skills in response protocols and improve communication and policies for addressing emergency events.

For all events, SIM-MT administered pre- and post-training evaluation surveys to assess changes in knowledge, changes in clinical confidence, and changes in emergency response processes because of the training.

Survey results demonstrated significant improvements in clinical confidence, knowledge, and competence following participation in obstetric emergency simulation trainings. Prior to training, fewer than 21% of participants rated their clinical confidence as “Good” or “Excellent,” compared to over 62% post-training. Similarly, ratings of clinical knowledge improved from 20.8% to 58.9% in the “Good” or “Excellent” categories. Finally, competence in assessing obstetric patients rose from 19.8% to 61.6%. Poor or unsatisfactory ratings across all three areas dropped substantially following the training.

The trainings received positive feedback from participants. Participants rated the quality of the simulation trainings highly (58.4% Excellent, 30.3% Good). 83.8% of participants noted they were Highly Likely to attend a future simulation training.

Qualitative feedback highlighted the value of hands-on practice, teamwork, and realistic scenarios. Participants also noted various feelings following the completion of the training, including accomplishment, motivation, and reassurance, and stress, anxiety, and unpreparedness, which may indicate a need for additional training.

SMHI Workplan: Year 1 Updates

The following information describes progress on Goals and Objectives outlined in the Montana SMHI Workplan:

Goal 1: Catalyze multidisciplinary collaboration in maternal health in Montana

Objective 1: *By September 29, 2025, the MOMS program will develop a draft Five-Year Maternal Health Strategic Plan (MHSP) to improve maternal health in Montana.*

In September 2025, the MOMS Program submitted a draft strategic plan to HRSA, for review and feedback. The draft strategic plan included all HRSA-required information, including state-level maternal health strengths, challenges, and gaps in improving maternal health and wellness through state-level population data. The submitted

strategic plan includes key components of the statewide maternal health alliance, the MMHA, Common Agenda, the MOMS Program Workplan, and MOMS Evaluation Plan.

The Common Agenda is a guiding document for the statewide alliance that includes an overview of the statewide maternal alliance, a description of the selected public health model—The Collective Impact Model, Guiding Principles, Problem Statements and supporting data, Vision, Structure—including Workgroups, Steering Committee, and connections with the TMHWG, and Outcomes and Strategies to implement.

Collective Impact:

Collective Impact is a structured approach to solving complex social problems that recognizes no single organization, sector, or policy can address deeply entrenched issues alone. It brings together diverse stakeholders from across various sectors—government, non-profits, businesses, philanthropy, and community members—to work towards a common agenda. The framework emphasizes five key conditions for success:

1. **Common agenda:** Shared vision and understanding of the problem,
2. **Shared measurement:** Consistent data collection and tracking of progress,
3. **Mutually reinforcing activities:** Coordinated efforts where each participant's actions support the overall goal,
4. **Continuous communication:** Open and frequent dialogue to build trust and alignment,
5. **Backbone organization:** A dedicated entity that provides ongoing support, facilitation, and coordination for the initiative.

Unlike traditional collaborations, Collective Impact focuses on sustained, systemic change, moving beyond isolated interventions to create a unified and powerful force for good.

MMHA Common Agenda:

The draft MMHA Common Agenda included the following components:

MMHA Vision: “A Montana where every pregnant, birthing, and postpartum individual feels heard, supported, and empowered, experiencing universal, safe, high-quality, and timely care. Through high-functioning systems, data-driven strategies, and empowered families and providers, Montana will achieve the lowest maternal mortality and morbidity rates, fostering healthy families, communities, and lives—making us a national leader in maternal health.”

Guiding Principles: The MMHA Guiding Principles are Transparency, Trust, Clear and Open Communication, Inclusive Participation, Shared Dedication, Data-Informed Decisions & Narrative, Strength-Based and Action-Driven, Continuous Learning and Adaptive Collaboration, Focus on Well-Being and Flourishing, Community-Centered Design, Sustainability and Lasting Impact.

Desired Outcomes:

1. Reduced Substance Use Disorder and Improved Mental Health
2. Increased Breastfeeding Rates
3. Reduced Congenital Syphilis
4. Reduced Pre-Term Births
5. Reduced Smoking/Tobacco Use
6. Strengthened Care Coordination Systems
7. Improved Evidence-based Clinical Care in Birthing Facilities

An overview of the MMHA Common Agenda is included in Appendix A.

***Objective 2:** By September 29, 2029 (Year 5), MOMS will increase the number of community members from populations with the highest rates of maternal mortality and severe maternal morbidity that participate in the MMHA and in the implementation of activities.*

In SMHI Year 1, MOMS conducted thorough outreach and engagement processes with stakeholders to increase the membership of the MMHA, including email correspondence, interest forms and informational flyers, stakeholder interviews, and virtual and in-person presentations. Outreach and engagement strategies aimed to increase the width and breadth of membership, involving partners across a variety of sectors, geographies, cultures, and experiences.

MMHA Membership:

The MMHA is composed of people from across the state of Montana who believe in the vision and are committed to working toward it. The MMHA aims to convene partners across public health, health care, behavioral health, Indigenous health, advocacy, data/research, education, and social services. In SMHI Year 1, MMHA convened approximately 60 individuals across various organizations and programs, including but not limited to:

- **State Health Department—DPHHS**
 - Health Resources Division (Medicaid), Behavioral Health and Developmental Disorders Division, Public Health and Safety Division, Early

Childhood and Family Support Division, Child and Family Services Division,
Office of American Indian Health (OAIH)

- **Public Health**
 - Montana Public Health Institute, HMHB-MT
- **Indigenous Health**
 - Rocky Mountain Tribal Leaders Council, HMHB-MT NAI Program, Billings Area IHS, Tribal health clinics, Tribal health departments
- **Health Care Associations**
 - Montana Healthcare Foundation, Montana Hospital Association, Montana Primary Care Association, Montana Perinatal Quality Collaborative
- **Private Payors**
 - Blue Cross Blue Shield of Montana, Intermountain Health
- **Health Care Systems**
 - Billings Clinic, One Health, Logan Health, Bozeman Health, St. Vincents, Sidney Health Center
- **Education**
 - Montana State University, University of Montana, Family Residency of Western Montana

The complete MMHA roster is included in Appendix B.

The MMHA recognizes the importance of uplifting community voices within public health initiatives, especially amongst statewide workgroups. The MMHA is exploring opportunities to involve people with lived experiences and community members within the statewide initiative, including populations of focus, roles and responsibilities, and compensation.

MMHA Meetings:

In SMHI Year 1, the MOMS Program, in partnership with Yarrow, hosted quarterly virtual meetings with the MMHA, and a two-day hybrid strategic planning meeting in May 2025. Summaries of meeting agendas are noted within the table below:

Table 3. 2024-2025 MMHA Meeting Summary.

| Meeting Date | Meeting Summary |
|-------------------|---|
| December 16, 2024 | Introductions of members; Overview of MOMS Program; Proposal of development of statewide alliance and |

| | |
|---|--|
| <i>Virtual</i> | applying the Collective Impact Model; Collected feedback from attendees on proposed MMHA structure. |
| March 10, 2025 <i>Virtual</i> | Completed DPHHS maternal data presentation; Reviewed tenants of the Collective Impact Model and opportunities to apply within a statewide alliance; Conducted activity to draft the scope and membership preferences for workgroups to support MMHA development processes. |
| May 28-29, 2025 <i>Hybrid, Helena</i> | Drafted components of the MMHA Common Agenda, including values, vision, desired outcomes, and steering committee; Completed three data presentations from Montana Hospital Association, University of Montana, and Montana Healthcare Foundation’s Meadowlark Initiative. |
| June 16, 2025 <i>Virtual</i> | Reviewed and gathered feedback on drafted components of MMHA structure, including name and meeting logistics, and the MMHA Common Agenda including steering committee, values, and vision, to support workload and timeline for workgroups. |
| September 15, 2025 <i>Virtual</i> | Reviewed and collected feedback on drafted Common Agenda with MMHA members; Reviewed and collected feedback on 2025-2026 meeting schedule; Discussed implementation of draft Common Agenda. |

MMHA Workgroups:

Workgroups are the heart of the MMHA. It is within these groups that organizations and people doing important work to improve maternal health are aligning together to accomplish the shared vision of the MMHA. Some work groups may exist for the entirety of the MMHA while others exist for only a short time and are ended when their objectives are accomplished.

In SMHI Year 1, the MOMS Program and Yarrow convened two internal workgroups to support the development of the MMHA—Membership and Structure Workgroup and Data and Metrics Workgroup. In accordance with the Collective Impact Model, the workgroups aimed to foster collaboration and solicit guidance to recruit new members,

outline structures and processes, and collect data and research to support the MMHA Common Agenda. During the March 2025 MMHA meeting, MOMS and Yarrow presented information on the proposed workgroups and solicited initial alliance member feedback prior to launching the workgroup development process.

Workgroups have multi-sector participation to draft key components of MMHA. All language and processes drafted in Workgroup meetings are presented to the statewide alliance, for final review and approval.

The Workgroups operate in “sprints” with specific focuses and set timelines to support targeted discussions and increase participation amongst MMHA members. At the beginning of each workgroup sprint, MOMS and Yarrow present information to workgroup members, including the initial timeline, goals, and expected results to guide the discussion and collaboration processes.

The Membership and Structure Workgroup provide guidance and support in the development of MMHA components such as member recruitment and representation, Guiding Principles, Outcomes and Strategies, and Steering Committee and workgroups.

The Data and Metrics Workgroup provide guidance and support in identifying and integrating maternal health data into the MMHA Common Agenda, providing sufficient evidence-bases to assist the planning and development of a statewide alliance.

SMHI Year 1 Membership and Structure Workgroup Sprint Outcomes:

March 2025-May 2025: Collaborative Structure and Membership Sprint

Goals:

- By May 2025, draft recommendations for MMHA structure.
- By May 2025, ensure comprehensive, statewide representation in MMHA.

Meetings: 3

Participation: 12 members, including 2 Backbone staff

Results:

- Completed comprehensive analysis of MMHA membership by organization type, maternal health focus, and maternal health workgroup involvement. Analysis assisted workgroup in identifying gaps in membership to recruit participation for May 2025 Strategic Planning Meeting.

- Outlined components for MMHA Steering Committee, such as membership and governance agreements, to present to alliance members during May 2025 Strategic Planning Meeting.

July 2025-September 2025: Common Agenda Drafting Sprint

Goal:

- By September 2025, discuss and draft elements of the MMHA Common Agenda, including Guiding Principles, Steering Committee structure and membership, Outcomes and Strategies, and Workgroups.

Meetings: 4

Participation: 13 members, including 3 Backbone staff

Results:

- Finalized drafts of MMHA Guiding Principles and descriptions, for alliance review and approval.
- Finalized draft Steering Committee structure and membership categories, for alliance review and approval.
- Drafted Outcome Areas, objectives, and strategies for alliance review and feedback. MMHA Workgroups will utilize the drafted language within respective planning processes and will revise, as desired.

SMHI Year 1 Data and Metrics Workgroup Sprint Outcomes:

April 2025-May 2025: Data Trends and Metrics Sprint

Goals:

- By May 2025, identify top five trends in maternal health in Montana that will drive the alliance.
- By May 2025, create a report/list of all currently collected and reported maternal data metrics relevant to maternal health in Montana.

Meetings: 2

Participation: 11 members, including 2 Backbone staff

Results:

- Drafted list of significant maternal health data sources and trends to highlight within MMHA Common Agenda.

- Identified opportunities to measure progress through MMHA.
- Identified data presenters for May 2025 Strategic Planning Meeting.

July 2025: Common Agenda Drafting Sprint

Goal:

- By September 2025, discuss and draft elements of the MMHA Common Agenda, including Guiding Principles, Shared Measurement, and Problem Statements.

Meetings: 3

Participation: 10 members, including 2 Backbone staff

Results:

- Finalized draft Guiding Principles that related to data, for alliance review and approval.
- Finalized draft Problem Statements Supporting Data, for alliance review and approval.
- Finalized draft measures for Outcome Areas, for alliance review and approval.

Tribal Maternal Health Workgroup (TMHWG):

In addition to workgroups for the development of the MMHA, MOMS received significant partner feedback to develop a TMHWG to create a space for focused conversation on opportunities to support maternal health in Indian Country. In March 2025, the MOMS Program, in partnership with the DPHHS OAIH, HMHB-MT NAI Program, and Yarrow initiated the TMHWG, a group consisting of tribal health leaders across various organizations and agencies within Montana including the Indian Health Service/Tribal Health Department/Urban Indian Organization (I/T/U) systems. TMHWG participants serve in roles that provide direct services, deliver maternal health education, or manage grant funding for maternal health programs.

To develop the workgroup, DPHHS and HMHB-MT NAI Program drafted planning and outreach materials, including two-page informational document and sample outreach materials, and conducted individual and group engagement through emails, phone calls, and presentations at stakeholder meetings.

The TMHWG highlights innovative programs and strategies that support mothers and families. It also shares feedback with the MMHA Steering Committee, workgroups, and state and local maternal health programs to assist with strategic planning, advocacy,

and funding. Furthermore, it participates in development processes to establish long-term goals for healthy tribal families and communities. The TMHWG will also leverage funds to pilot new or sustain existing maternal health initiatives that affect tribal communities. In SMHI Year 2, MOMS Program will allocate \$50,000 of SMHI funding annually to fund initiatives through the TMHWG.

The TMHWG meets monthly virtually and will aim to convene in-person annually. In SMHI Year 1, the TMHWG held five virtual meetings and one in-person meeting. In August 2025, MOMS, HMHB-MT, and Yarrow hosted a two-day engagement and planning meeting on the Blackfeet Indian Reservation with tribal health leaders. The meeting featured presentations from state and national tribal maternal health partners, as well as visioning opportunities to support the development of the TMHWG. Participants engaged in a comprehensive landscape analysis to identify maternal health resources across State and Reservation levels. The event convened 45 Indigenous health partners across I/T/U systems, public health, and maternal health programs from tribal communities across the state, including seven reservations. Discussion themes identified included:

- Ceremony and Culture
- Education and Advocacy
- Policy and Legislation
- Relationship Repair and Building
- Data
- Mental Health
- Capacity and Mobilization
- Incarcerated Relatives

Objective 3: By September 29, 2026 (Year 2), MOMS and the MMHA will submit a final MHSP to HRSA.

MOMS submitted a draft MHSP to HRSA in September 2025. Upon receiving HRSA feedback on the draft strategic plan, MOMS will coordinate with internal and external partners to update and finalize a five-year strategic plan. The strategic plan will include key components from the MMHA and MOMS Program. MOMS will submit a final strategic plan in September 2026.

Goal 2: Enhance maternal health data quality and capabilities in Montana.

***Objective 1:** By September 29, 2025, MOMS and the MMHA will collaborate with HRSA to identify core measures to assess and report, throughout the period of performance.*

In SMHI Year 1, the MOMS Program conducted capacity building and strategic planning processes to support the transition from the data and evaluation structure within the previous funding cycle to the current cycle. In the previous funding cycle, MOMS contracted with the University of Montana's Rural Institute for Inclusive Communities (UMRIIC) to conduct data, research, and evaluation on maternal health topics and programs. In current funding cycle, MOMS leveraged SMHI funding to support internal epidemiology and evaluation positions within the DPHHS MCH Epidemiology Section. Due to the significant change in capacity, MOMS needed to strategically re-examine and plan data and evaluation activities to meet HRSA requirements and support state initiatives.

From September 2024 to April 2025, the MOMS Coordinator collaborated with the SMHI Epidemiologist to conduct planning processes, such as creating work plans and internal reference documents, including an MCH Data Catalogue. The MCH Data Catalogue outlines data sources within DPHHS, highlighting key characteristics such as data ownership, level of access, data restraints, data request processes. The purpose of the MCH Data Catalogue development process was to conduct an internal assessment of DPHHS data sources to support SMHI data project planning processes. The following document will be utilized by the MOMS Program during project planning processes with internal and external maternal health programs, such as the MMRP, Maternal Mental Health Substance Use Disorder (MMHSUD), and Title V.

From May 2025 to September 2025, the MOMS Program collaborated with the MMHA to identify core measures which will be tracked throughout the five-year program, such as alcohol and substance use rates during pregnancy, breastfeeding rates, congenital syphilis cases, tobacco use during pregnancy, and preterm birth percentages. Data sources for each of these measures were identified and baseline statistics were analyzed and presented to the MMHA to ensure all members are aware of the current environment of maternal health in Montana and to track the progress of the alliance's efforts.

In addition, the MOMS Program completed baseline data reports to utilize within planning and implementation processes for SMHI data and innovation projects throughout the five-year period. In January 2025, the MOMS Epidemiologist published a Maternal Health Emergency Department (ED), and Hospital Visit Data Report. The ED/Hospital Report includes data from 2019-2023. Findings from the report noted that the number of visits to the ED or hospital for pregnancy-related concerns has been relatively stable for the past five years, showing no immediate spike or declines. The trends for type of visits were as expected—more immediate or “emergency” visits were handled by ED's. It is a success to note that most delivery situations were handled by hospital care such as general labor and delivery or more complex deliveries, as that

shows that even during problems there was time to transfer to the hospital. As for the demographics, it shows that patients who use Medicaid or other government insurance are more common in ED visits as opposed to hospitalizations, indicating that these visits might be the result of avoiding health care (possibly due to monetary considerations) until the situation is emergency. The full report is located on the MOMS website.

In SMHI Year 1, MOMS collaborated with Montana PRAMS to develop four data briefs, utilizing 2017-2022 survey results. The briefs highlighted Montana moms' experiences with mental health, substance use, intimate partner violence (IPV) and cesarean deliveries. The following health topics were selected based on maternal mortality and morbidity data, and MMHA guidance, and will be used to complement the research studies conducted by the MOMS Program in the previous funding cycle, including the *Maternal Health Care Experiences Study*, *Exploring the Use of Recovery Doulas to Improve Maternal and Infant Health Outcomes in Montana*, and *A Systematic Review of the Use of Doulas to Improve Mental Health Outcomes in the United States*. Below is a summary of the published PRAMS data briefs, located on the MOMS website:

Mental Health: The Mental Health PRAMS Data Brief highlighted that 19.5% of mothers reported they had depression during pregnancy and 13.5% reported they had depression postpartum which is higher than national estimates. Of those who reported depression during pregnancy, one in four also had depression postpartum. However, fewer mothers were screened for depression during their prenatal visit compared to those screened during their postpartum visit.

Substance Use: The Substance Use PRAMS Data Brief noted that 99.2% of respondents attended at least one prenatal visit, and of those who were screened, 9.4% reported alcohol use during pregnancy, and 11.7% respondents reported illicit drug use. 96.5% of expectant mothers were screened for alcohol use during their prenatal visits but only 20.2% were screened for illicit drug use.

IPV: The IPV PRAMS Data Brief indicated that 3.8% of Montana mothers reported IPV prior to pregnancy and 2.2% during pregnancy. Among mothers who report experiencing IPV during pregnancy, differences can be seen among subgroups of maternal characteristics. AI/AN mothers, mothers under 20 years of age, mothers with high school or less education, mothers on public health insurance, and mothers whose income is 100% or less of the federal poverty level had higher prevalence IPV.

Cesarean Deliveries: The Cesarean Deliveries PRAMS Data Brief highlighted that one in four low-risk Montana births resulted in a C-section. For all C-sections, 16% were reported as planned. The top three reasons for a C-section delivery were a previous C-section (41.4%), the baby was in the wrong position (22.0%), or there was a complication (20.1%).

Objective 2: *Annually throughout the project period, MOMS will release a Maternal Health Annual Report (MHAR) about maternal health topics relevant to Montana.*

HRSA requirements for MHAR initiates in SMHI Year 2. From September 2024 to April 2025, the MOMS Program led planning and development processes for the MHAR. Due to the transition in staffing structure, the MOMS Program utilized SMHI Year 1 as an opportunity to assess data access and governance, draft baseline data reports, and conduct collaborative meetings with internal and external partners to solidify data analysis and reporting strategies.

In SMHI Year 1, the MOMS Program initiated planning and drafting processes for the first MHAR of the grant period. The SMHI Year 2 MHAR will be a comprehensive data analysis of maternal mental health in Montana. The SMHI Epidemiologist will utilize emergency department, hospital, Medicaid claims, PRAMS, and MMRC data to analyze maternal mental health trends. The report will be a resource for public health and health care professionals. The SMHI Year 2 MHAR will be released by February 2026.

Goal 3: Promote and execute innovation in Maternal Health Service Delivery

Objective 1: *Annually throughout the performance period, the MOMS program will collaborate with HRSA to identify innovations to implement, coordinate with the MMHA, and assess and report project outcomes.*

To accomplish this objective, the MOMS Program proposed several innovations within the Fiscal Year 2024 (FY 2024) SMHI grant application workplan. Upon award, the MOMS Program coordinated with external maternal health partners and the DPPHS Procurement Team to plan and execute contracts to complete the proposed project plans. The following information provides updates on key maternal health innovations in SMHI Year 1, by contractor:

Billings Clinic

In SMHI Year 1, Billings Clinic transitioned to serving as the clinical education and training lead for the SMHI Grant. Below are overviews of activities completed by Billings Clinic in SMHI Year 1:

Simulation Leadership Academy:

During SMHI Year 1, MOMS executed a contract with Billings Clinic to redesign the previously created SLA curriculum to align with state data and national standards, including presentations, activities, assessments, and coaching opportunities. The online course was changed to an asynchronous format, to allow cohort members to complete the course activities at their convenience.

To ensure quality and cross collaboration, SMHI Year 1 was dedicated to the curriculum-building, evaluation planning, and marketing development of the SLA. To redesign the SLA course, Billings Clinic conducted internal planning meetings with the Women's and Children's Grant Manager, Nurse Consultant, and Physician Consultant to review the previous curriculum and identify opportunities for improvement and external partner meetings with SIM-MT to plan simulation videos and utilization of the learning management system (LMS). The updated SLA course utilizes the Thinkific platform, an interactive site that leverages multimedia and artificial intelligence. The platform aims to increase interactivity and engagement for learners, leading to a higher likelihood of information retention and completion.

From January 2025-August 2025, Billings Clinic drafted course materials and tested features within the learning modules within the LMS. Draft course curriculum was shared with partners for testing and feedback. The updated SLA course was completed in October 2025.

To complement the asynchronous format of the SLA training, an online, asynchronous platform, known as the Rural Simulation Community of Practice (CoP). The CoP platform will aim to connect simulation experts across the country to provide technical assistance and support to SLA participants in designing simulations. The CoP will launch in SMHI Year 2.

Health Care Trainings:

In SMHI Year 1, Billings Clinic facilitated access to various training opportunities for clinical and non-clinical maternal health professionals.

Billings Clinic hosted two in-person Spinning Babies training courses for health care providers on June 2-3 and June 5-6, 2025, in Billings. The focus of Spinning Babies is physical support of physiological birth that reduces occurrence of unnecessary cesarean deliveries which can lead to adverse outcomes. The content is rooted in evidence-based practice, combining best practices in western medicine as well as the physiologic birth concepts endorsed in the Indigenous doula courses. The trainings had 46 attendees. FY 2023 SMHI carryover funds supported training expenses, and attendee travel (lodging, meal assistance, etc.).

Billings Clinic, in partnership with Postpartum Support International Montana Chapter (PSI-MT) hosted an in-person "Foundations in Paternal Perinatal Mental Health" training in Helena in October 2025. The two-day training increased skills and knowledge on psychosocial dynamics and evidence-based interventions with fathers. SMHI funding supported training scholarships for 11 participants.

Billings Clinic supported four training scholarships for the PSI Perinatal Mood Disorders: Components of Care training. The two-day virtual training delivers evidence-based and up-to-date information on strategies for the assessment and treatment of perinatal mood disorders. The training scholarships were provided to clinical partners to support screening and assessment processes.

SIM-MT:

In May 2025, MOMS received carryover funding to support onsite simulation trainings to increase knowledge and skills to respond to obstetric emergencies. The trainings with SIM-MT supported rural and tribal health facilities in building skills and processes to reduce error and improve outcomes. In SMHI Year 1, 14 trainings were completed at facilities on or near tribal reservations, including Rocky Boy, Crow Agency, Fort Peck, Northern Cheyenne, and Salish Kootenai. Training topics available for sites to select included the following: Precipitous normal delivery, Postpartum hemorrhage, Preeclampsia/Eclampsia, Obstetrical trauma, Shoulder dystocia, and Maternal postpartum substance abuse. Total participation for the training was 212 individuals, with 56% of participants being nurses. Evaluation results indicated that participants were satisfied with the trainings and increased knowledge, skills, and communication.

HMHB-MT:

In SMHI Year 1, MOMS Program contracted with HMHB-MT to conduct doula workforce development initiatives. Contract initiatives include hosting virtual and in-person training opportunities for doulas, supporting community-based outreach for Indigenous doulas, and doula education for health care providers.

In June 2025, HMHB-MT hosted a “Doula Day” prior to the Perinatal Mental Health Conference in Helena. The Doula Day provided information and networking opportunities for the profession, including a presentation on the Gate Theory for Pain Management by Kendra Potter and discussion and information-sharing on the outcomes of the SB319 doula licensure bill and what to expect for the rule-making process.

In October 2025, HMHB-MT hosted an Indigenous Lactation Counselor Training for Indigenous birth workers in Greenough, Montana. The goal of the training was to increase knowledge, connections, and resilience amongst Montana birth workers. HMHB-MT conducted thoughtful planning for the event, incorporating healing activities, contracting with Indigenous led organizations, including Indigenous caterers, utilizing an Indigenous designed logo for the training, and hosting classes such as ribbon skirt making and plant medicine in the evenings after the training sessions. The training produced 18 Indigenous Lactation Counselors to support Tribal communities in

Montana.

Finally, HMHB-MT worked with Indigenous doulas in Tribal communities to streamline the Family Care Space Program. The Family Care Space Program is an initiative that aimed to provide guidance and supplies to Indigenous organizations to host safe, comfortable spaces for families to attend to physical and emotional needs at community cultural events, such as powwows. In SMHI Year 1, HMHB-MT supported the implementation of Family Care Spaces at powwows in Crow Agency, Northern Cheyenne, Fort Peck, and Helena.

Tribal Maternal Health Mini Grants:

In July 2025, the MOMS Program released a funding opportunity announcement to fund Tribal Maternal Health Mini Grants. Awards were up to \$10,000 each.

The 2025 Tribal Maternal Health Mini Grants were eligible for organizations located within or serving AI/AN communities in Montana, including tribal governments (i.e. tribal health departments, tribal health clinics, etc.), urban Indian organizations, tribal colleges, Indigenous health non-profit organizations, and private businesses providing health services to Indigenous communities in Montana.

The purpose of the 2025 Tribal Maternal Health Mini Grants was to support innovative, community-centered, initiatives that increase awareness of maternal health services and resources amongst service populations, connect community advocates and health professionals with pregnant, postpartum, and parenting community members, and support culturally safe education opportunities for health care providers, birthing professionals, and community members.

In SMHI Year 1, MOMS executed five contracts with organizations serving Indigenous communities. Due to procurement delays, mini grant contract timelines were approximately one month. However, despite the short timeframe for the mini grants, grantees reported leveraging funds to support community events, such as community baby showers, health fairs, and storytelling events, hosting community conversations with Elders and maternal health partners, and purchasing supplies and equipment to support future maternal health initiatives, such as media equipment for a comprehensive women's health website, CPR and mental health online trainings and equipment, and breastfeeding pumps for WIC clients.

Public Awareness: National Maternal Mental Health Hotline Campaign:

In SMHI Year 1, MOMS developed and disseminated a digital media campaign to promote the HRSA-funded National Maternal Mental Health Hotline. The National Maternal Mental Health Hotline offers free, confidential, 24/7 support to individuals

before, during, and after pregnancy. The MOMS Program collaborated with the state-contract media marketing vendor, Windfall, to update the HRSA-developed promotional materials to reflect priority populations, especially AI/AN mothers.

To disseminate the campaign, MOMS and Windfall utilized digital marketing platforms including StackAdapt paid advertisements, Meta platforms (Facebook and Instagram), and Pinterest. The media campaign ran from May to September 2025.

During the campaign, digital outreach achieved strong engagement across platforms. The StackAdapt English campaign was extended through August to meet pacing and Key Performance Indicators (KPI) targets, resulting in:

- 3,375,098 impressions,
- 7,195 clicks,
- 0.21% Click Through Rate (CTR)
- \$3.10 Cost per Click (CPC), and
- \$6.33 Cost Per Thousand Impression (CPM).

Targeted advertisements focused on English-speaking and Spanish-Speaking women aged 18-45 in Montana. Meta platforms delivering over 2.7 million impressions for English-speaking women. Spanish-language placements reached a smaller audience (77,263 Meta impressions), reflecting the state's demographic composition, but maintained low CPCs across platforms. Across StackAdapt, Meta, and Pinterest, the campaign generated over 8.1 million impressions and 42,991 clicks, providing valuable data on audience engagement and message reach. Across StackAdapt and Meta, the 25-44 age group delivered the strongest results. Pinterest performed well with younger moms aged 18-24.

Overall, the campaign effectively reached Montana moms, with cost-effective results. These metrics will inform the SMHI Year 2 campaign and contribute to broader evaluation efforts.

Siloed Documentary Promotional Materials

In the previous SMHI grant cycle, MOMS produced a feature-length documentary film, titled *Siloed*. *Siloed* highlights the experiences of mothers and families living in rural and remote Montana communities. The film discusses challenges within the perinatal and postpartum periods, including limited access to emergency obstetric services due to geographic location, lack of resources for recognition and treatment of maternal mental health conditions, impacts of social determinants of health within the birthing process.

The film follows three mothers in Montana located across the state as they navigate the unique challenges of parenthood. Through the power of storytelling, *Siloed* aims to communicate shared experiences and challenges amongst pregnant, postpartum, and parenting women in the state to initiate systems-change and improve health outcomes.

In SMHI Year 1 of the current funding cycle, the MOMS Program collaborated with media marketing contractor, Windfall, to design and produce promotional materials for the *Siloed* documentary. MOMS and Windfall developed printed and online promotional materials, including posters, social media graphics, and a film screening guide. The promotional materials were disseminated through DPHHS MCH partners, MMHA members, and at exhibitor booths at Montana health care conferences. The documentary is publicly available, and promotional materials are encouraged for partner use.

Goal 4: Ensure performance measurement, program evaluation, and continuous quality improvement for maternal health innovations in Montana

Objective 1: By September 29, 2029, MOMS will identify and share the innovations with potential for replication, scale-up and sustainability to improve maternal health.

To support the evaluation planning process in SMHI Year 1, the MOMS Program conducted preliminary preparation for the new evaluator position prior to onboarding in April 2025. From September 2024-January 2025, the MOMS Coordinator and Epidemiologist shared planning resources, including evaluation trainings and templates, drafted program evaluation questions and a Logic Model, and outlined Year 1 planning activities to support the finalization of the SMHI Evaluation Plan by September 2025, including large group meetings and project timelines.

From April 2025-September 2025, the MOMS Coordinator and Evaluator collaborated on the development of the evaluation plan and annual evaluation report during SMHI Year 1 through check-in meetings every two weeks, a four-hour Evaluation Planning Meeting in June 2025, and asynchronous feedback sharing on drafted evaluation products. The completed plan includes a comprehensive overview of program activities, evaluation and data management strategies, partnership engagement, and communication opportunities. The SMHI Evaluation Plan draft was submitted to HRSA in September 2025.

In addition to completion of the SMHI Evaluation Plan, the MOMS Evaluator actively contributed to several key initiatives to advance evaluation planning and strategic alignment. In May, the Evaluator participated in the MOMS Program's strategic planning meeting to inform evaluation priorities and ensure alignment with broader program goals. The Evaluator also designed and implemented a feedback survey for the MMHA, analyzed the results, and developed a summary report to support stakeholder engagement and guide program improvement efforts.

Accomplishment and Challenges

Accomplishments

Development of a Statewide Maternal Health Alliance: In SMHI Year 1, the MOMS Program, in partnership with Yarrow, developed a statewide maternal health alliance. The development of the MMHA required various levels of stakeholder engagement and collaboration. From September 2024-May 2025, MOMS conducted extensive outreach and engagement with maternal health organizations and partners to increase partnerships and collaboration within the MMHA. Outreach efforts included informational interviews with previous task force members in the previous SMHI funding cycle (known as Maternal Health Leadership Council), development and dissemination of an interest form to recruit new members, and follow-up interviews with new members who completed the interest form. In addition, the MMHA formed internal workgroups, Membership and Structure and Data and Metrics, to support the Common Agenda drafting, recruitment, and data analysis processes. The MMHA hosts quarterly meetings to deliver education on the Collective Impact Model and key components of the alliance, share updates from workgroups, and collaborate with members to further develop the alliance structure and function.

Within its first year of inception, the MMHA took great strides in engaging maternal health partners across state, local, and tribal programs. The MMHA is a strategic initiative that coordinates across organizations and communities to implement interventions and evaluate progress through selected indicators. Through multifaceted approaches, the MMHA engaged maternal health partners to align with statewide priorities and make measurable improvements amongst communities in Montana. MOMS and Yarrow will continue to collaborate with partners in SMHI Year 2 through the establishment of structures such as the Steering Committee and workgroups. In elevating the Collective Impact Model, MMHA will continue to serve as a collaborative body to increase coordination and communication across maternal health programs in Montana.

Development of a Tribal Maternal Health Workgroup: In March 2025, the MOMS Program, DPHHS OAIH, HMHB-MT NAI Program and Yarrow initiated a TMHWG, a group consisting of maternal health leaders across public health and I/T/U systems. The TMHWG was created for tribal maternal health leaders to have a dedicated space to coordinate and collaborate on initiatives—identifying priorities and opportunities to support partners across the state. The MOMS Program collaborated with partners to provide financial support to planning processes, virtual and in-person meetings, and community-based mini grants. The HMHB-MT NAI Program and Yarrow led the outreach, engagement, and management processes for the TMHWG, which set the foundation for a multi-faceted, dynamic, and sustainable workgroup. In SMHI Year 1, the TMHWG held five virtual meetings and one in-person, two-day convening. The TMHWG Convening, held in August 2025 in Browning, provided opportunities for maternal health

partners to strengthen partnerships, learn about innovative projects and workgroup structures, identify relevant data trends and policies, and highlight work completed through TMHWG members. Following the meeting, the TMHWG reviewed discussions, completed evaluation processes, and identified preliminary focus areas for the workgroup. Through collaboration, MOMS, HMHB-MT NAI Program, and Yarrow developed a comprehensive workgroup to support maternal health in Indian Country.

Challenges

Staff Capacity Limitations: Upon award of the FY 2024 award, MOMS pivoted staffing strategies and personnel to accommodate the updated annual grant budget. The most significant shift in staffing for the FY 2024 award was transitioning data and evaluation support from an external contract agency to internal positions. In the previous SMHI funding cycle, the MOMS Program contracted with the UMRIC to conduct maternal health research and evaluation. Within the current SMHI funding cycle, DPHHS proposed to fund 1.0 FTE for epidemiology and evaluation support through the MCH Epidemiology Section. The epidemiologist (0.5 FTE) and evaluator (0.5 FTE) are dually funded through the CDC ERASE-MM grant, ensuring strong coordination between the MMRPP and SMHI Program. Due to the shifting of staffing and program structure for the SMHI grant, additional time and work was needed to plan and develop initiatives, including data analysis projects and evaluation plans. Allocating sufficient time to the planning processes of the initiatives ensured internal and external partnerships were established, data governance was confirmed, and goals were solidified.

Staff Hiring and Onboarding Delays: In April 2025, the MOMS Program onboarded the evaluator, completing all hiring and onboarding processes for DPHHS. Within the hiring process, DPHHS experienced numerous barriers to progress, including delays to processing paperwork due to Human Resources team staffing levels and conducting two rounds of job postings due to insufficient applications received upon initial posting. Delays in hiring and onboarding resulted in budget re-obligation and lags in project timelines. To overcome barriers, the MOMS Coordinator and Epidemiologist conducted preliminary evaluation planning processes to support the finalization processes upon filling the position.

Procurement and Contract Development Processes: DPHHS procurement and contracting processes were a common barrier to the progress within SMHI Year 1. As a result of shifting procurement policies and low staffing capacity, procurement processes experienced delays which impacted project initiation timelines. To overcome future procurement challenges, the MOMS Coordinator worked closely with the DPHHS Procurement Team to clarify processes and timelines for the identified procurement methods with the internal team and allow sufficient time for development processes.

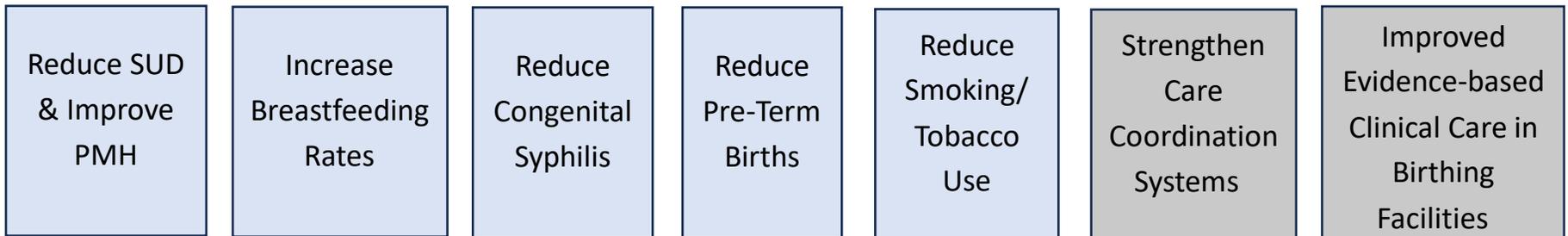
**Appendix A. MMHA
Overview Graphic**

Goal: Reduce Maternal Morbidity and Mortality.

Vision: MT is best place in the nation for perinatal experience.

POPULATION-LEVEL OUTCOMES

SYSTEM-LEVEL OUTCOMES



CROSS CUTTING STRATEGIES

1. Increase Access to Care
2. Foster a Skilled, Resourced, Supported Workforce
3. Create Data – Clear and Accessible
4. Support Policy that Supports these Objectives
5. Reduce stigma/bias, Improve trust, Increase safety
6. Coordinate SDOH needs (Including adequate insurance coverage)

Guiding Principles

Transparency | Trust | Clear & Open Communication | Inclusive Participation | Shared Dedication | Data-Informed Decisions | Strength-Based

Action Driven | Focus on Flourishing | Community Centered Design | Sustainability & Lasting Impact

Appendix B. SMHI Year 1 MMHA Membership Roster

| Representing/Role | Name | Organization |
|--|--------------------------|---------------------------------|
| Statewide organizations | | |
| DPHHS | | |
| Family and Community Health Bureau | Jacqueline Isaly | DPHHS |
| Title V/MCH Block Grant | Mandi Zanto | DPHHS |
| Maternal Mortality Review Program | Carolyn Royal | DPHHS |
| MIECHV | Leslie Lee | DPHHS |
| Medicaid/HMK (CHIP) | Mary LeMieux | DPHHS |
| Maternal Mental Health and Substance Use Grant | Shawnalea Chief Goes Out | DPHHS |
| HIV/STD/Syphilis Section | Kristi Aklestad | DPHHS |
| Behavioral Health and Developmental Disabilities | Nikki Campbell | DPHHS |
| Office of American Indian Health | Stephanie Iron Shooter | DPHHS |
| Office of American Indian Health | Heidi DeRoche | DPHHS |
| Breastfeeding Program | Terry Miller | DPHHS |
| Breastfeeding Program | Jessica Kechely | DPHHS |
| PRAMS | Kara Grandy | DPHHS |
| MCH Epidemiologist | Mary Duthie | DPHHS |
| Injury Prevention/Overdose Prevention | Maureen Ward | DPHHS |
| State Health Improvement Plan | Jeremy Royal | DPHHS |
| WIC | Lacy Little | DPHHS |
| Child and Family Services Division | Brandi Loch | DPHHS |
| MCH Evaluation | Maysa Walters | DPHHS |
| Montana Tobacco Use Prevention Program | Nicole Aune | DPHHS |
| Non-DPHHS | | |
| Perinatal Quality Collaborative | Carly Holman | University of Montana |
| Blue Cross Montana | Sadie Lubbers | Blue Cross Blue Shield MT |
| Montana Public Health Institute | Holly Jordt | Montana Public Health Institute |
| Montana Healthcare Foundation | Tressie White | Montana Healthcare Foundation |
| Montana Primary Care Association | Olivia Riutta | MPCA |
| Montana Hospital Association | Shani Rich | Montana Hospital Association |
| Montana State University AHEC | Sydney Pearce | Montana State University AHEC |

| | | |
|--|------------------------|---|
| Montana State University College of Nursing | Julie Ruff | Montana State University College of Nursing |
| Mountain Pacific Quality Health Foundation | Kassie Runsabove | Mountain Pacific Quality Health Foundation |
| Montana State University College of Nursing; Research | Lindsay Benes | Montana State University |
| Montana State University College of Nursing; Research | Tracy Hellem | Montana State University |
| Meadowlark Evaluation | Kristal Jones | JG Research |
| Meadowlark Evaluation | Kiely Houston | Montana Healthcare Foundation |
| Health Care Consulting | Jennifer Wagner | Convergence Health |
| Reproductive Health Consulting | Aileen Glaiser | Mountain Strategies and Operations |
| | | |
| <i>Community-based organizations</i> | | |
| RMOMS | Kayla Sanders | Healthy SW MT Network |
| RMOMS | Krystal Richards | Healthy SW MT Network |
| Healthy Mothers Healthy Babies (HMHB) | Stephanie Morton | Healthy Mothers Healthy Babies |
| Early childhood coalitions | Mary Collins | University of Montana |
| Perinatal Substance Use Network | Marcy Hanson | University of Montana |
| Postpartum Support International | Carson Ziegler | Postpartum Support International |
| Postpartum Support International | Stephanie Bauch | Postpartum Support International |
| | | |
| <i>Tribes and tribal representatives</i> | | |
| Native American Initiatives, HMHB | Amy Stiffarm | Healthy Mothers Healthy Babies |
| Native American Initiatives, HMHB | Diona Buck | Healthy Mothers Healthy Babies |
| Native American Initiatives, HMHB | Chelsea Bellon | Healthy Mothers Healthy Babies |
| Native American Initiatives, HMHB | Valene Talks Different | Healthy Mothers Healthy Babies |
| Rocky Mountain Tribal Leaders Council (RMTLC) Tribal Epidemiology Center | Cinda Ironmaker | RMTLC |
| Rocky Mountain Tribal Leaders Council Tribal Epidemiology Center | Melissa Big Leggins | RMTLC |
| Indian Health Service (IHS) | Steven Williamson, MD | IHS, Billings Area |
| Indian Health Service (IHS) | Tara Peterson | IHS, Billings Area |

| | | |
|--|------------------------|--|
| Tribal health departments | Erica Johnson | Fort Belknap Tribal Health/WIC |
| Northern Cheyenne Tribal Health, Public Health Nurse | Felicia Blindman | Northern Cheyenne Tribal Health |
| Family Medicine Residency of Western Montana (FMRWM), Indigenous Health Specialist | Drew Babcock | FMRWM |
| | | |
| <i>Clinical organizations and individuals</i> | | |
| Substance use counselor | Stephanie Fitch | Billings Clinic |
| Substance use counselor | Pam Ponich | One Health |
| Rural midwife | Tiffany Stensvad | Family Beginnings LLC |
| Labor and delivery nurse | Tami Larson | Sidney Health Center |
| Social worker | Jessica Liddell | University of Montana |
| Outpatient Nurse and MSW student | Chelsea Solberg | University of Montana |
| Family Medicine in Rural Area | Julie Cross, MD | Logan Health, Eureka |
| OB in rural area | Marjorie Albers, MD | Billings Clinic Miles City |
| Family physician | Samantha Greenberg, MD | Family Medicine Residency of Western Montana |
| Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) | Whitney Wells | Bozeman Health |
| Obstetric Simulation Instructor | Charlene Ramirez | St. Vincent's/Intermountain Health |
| | | |
| <i>Social services</i> | | |
| Legal assistance | Harley Ternes | Montana Legal Services Association |