



# *Serving Montana's* **Children and Families**



2019

# 2019

**1,164**

Pack n' Play cribs distributed  
as of November 2019  
through the Safe Sleep Initiative.

**1,096**

Referrals to local home visiting sites through  
CFSD and the First Year's Initiative targeted  
home visiting program for at risk families.

**12,000**

Approximate number of newborns  
screened for 31 conditions that require  
early intervention to prevent disability or  
death if not detected at birth.

**220**

Families served through the Parent Partner Program,  
supporting families with children with special health needs.

**\$71.9 million**

Amount collected in child support in 2019.

**506**

Children served and supported through the transition out  
of foster care through the Chaffee Program in 2019.

**3,624**

Current number of children in care, the lowest since 2017.

**1,547**

Students with disabilities receiving job exploration and training through Pre-ETS.

**297**

Children served through the Craniofacial/Cleft Palate Clinic.

**\$16 Million**

Amount in competitive federal grants Montana DPHHS has been awarded as of September 2019 through a University of Montana partnership to serve health needs of families in rural Montana with barriers to health access.

**1,000+**

Teachers who have been trained in PAX Good Behavior Game, impacting more than 20,000 students.

**998**

Children 0-6 who received oral health education.

**415**

Estimated number of people who have attended CORE trainings to educate community partners around the state on the safety model, signs and symptoms of neglect and how to report it.

by the  
**numbers**

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The Department of Public Health and Human Services (DPHHS) is committed to working with key stakeholders to connect Montana children and families to the services that are needed to help them be successful and thrive in the community.

As the 2019 Serving Montana's Children and Families Report attempts to convey, these efforts are carried out myriad ways. This is very complex and difficult work, but also extremely rewarding.

To be clear, these efforts are successful only through collaboration and teamwork from all involved. The Legislature, judicial system, the Tribes, medical providers, numerous community partners, advocates, the public, and others all play a role. We all share in this responsibility.

This report showcases the programs and initiatives that have shown to be effective, as well as areas in need of more attention.

Our goal at DPHHS is to seek constant improvement on current efforts and be strategic when implementing new initiatives.

As we move forward, we hope this report provides context to the numerous ways that are underway that help make Montana the best place to live and raise a family.



## Section I: Child and Family Services Division Overview

Keeping children safe and families strong is the vision that drives CFSD's work in Montana, which is to protect children who have been or are at substantial risk of abuse, neglect or abandonment. We strive to assure that all children have the ability to reach their highest potential. We recognize the protective capacities of families and incorporate them in assessments, decision-making, and actions with the goal of improving safety, permanency, and well-being for children. We encourage our communities to strengthen their prevention efforts and to share responsibility for the safety of its children and families.

Child and Family Services makes every effort to keep children safe within their home. To this end, CFSD provides in-home services to preserve, strengthen, and stabilize families. In addition to receiving and investigating reports of child abuse and neglect, we also provide in-home safety services to prevent placement of children into foster care, out-of-home safety services, and reunification services that include working with the parents to identify those services needed to reunite the parents and child safely. Reunification is our primary goal.

Community providers are an important resource that help us facilitate these services. In addition, upon a child's placement in out-of-home care, the Child Protection Specialist works with the child's parents to develop and implement a court-ordered treatment plan. This plan is designed to provide the services necessary to address and resolve those issues that led to the out-of-home placement; thereby, allowing the child to safely return to the home.

### **Services include:**

- Substance abuse treatment
- Drug and alcohol monitoring
- Mental health treatment
- Parenting classes
- Stress and anger management
- Home visiting
- Child care/respite
- Transportation
- Budgeting

When children cannot safely remain in their home, they experience less trauma and disruption when they are placed with relatives or families with whom they have prior significant relationships. We make diligent efforts to locate relatives and place children with them whenever possible and in the best interests of the child.

If a safe and appropriate relative cannot be identified, a child may be placed in a licensed foster family or other licensed youth care facility.



## Child and Family Services Division Statistics

### **Kinship Care**

Montana continues to be one of the leading states nationally utilizing kinship placements. 52.5% of all children in foster care are placed with relatives.

### **Reunification**

Reunification with his/her parents is the primary permanency goal for the child. It is important to highlight that 65.8% of children in foster care in Montana are returned to their parents.

### **Adoptions**

DPHHS helped facilitate over 480 adoptions in 2019, an increase of over 100 from the previous year. DPHHS also facilitated 198 guardianships.

### **Impact of Drugs on Kids in Care**

The number of open placements with drugs as an indicator is nearly 69%, and the number of open placements involving methamphetamine is about 63.3%.

**Currently, the number of children in care is about 3,624.**

## Centralized Intake

Centralized Intake is located in Helena, Montana at CFSD's Central Office and Centralized Intake Specialists operate a toll-free hotline, 24 hours a day, 7 days a week.

In FY 2019, Montana citizens called Centralized Intake (CI) approximately 30,000 times. Of those calls, over 20,980 of them required documentation within our system and 10,847 required investigation. 15,392 children were involved in these investigations. Of these, the number of reports where child abuse and neglect was substantiated was 2,268. While the number of calls has varied, the percentage requiring further investigation has increased.

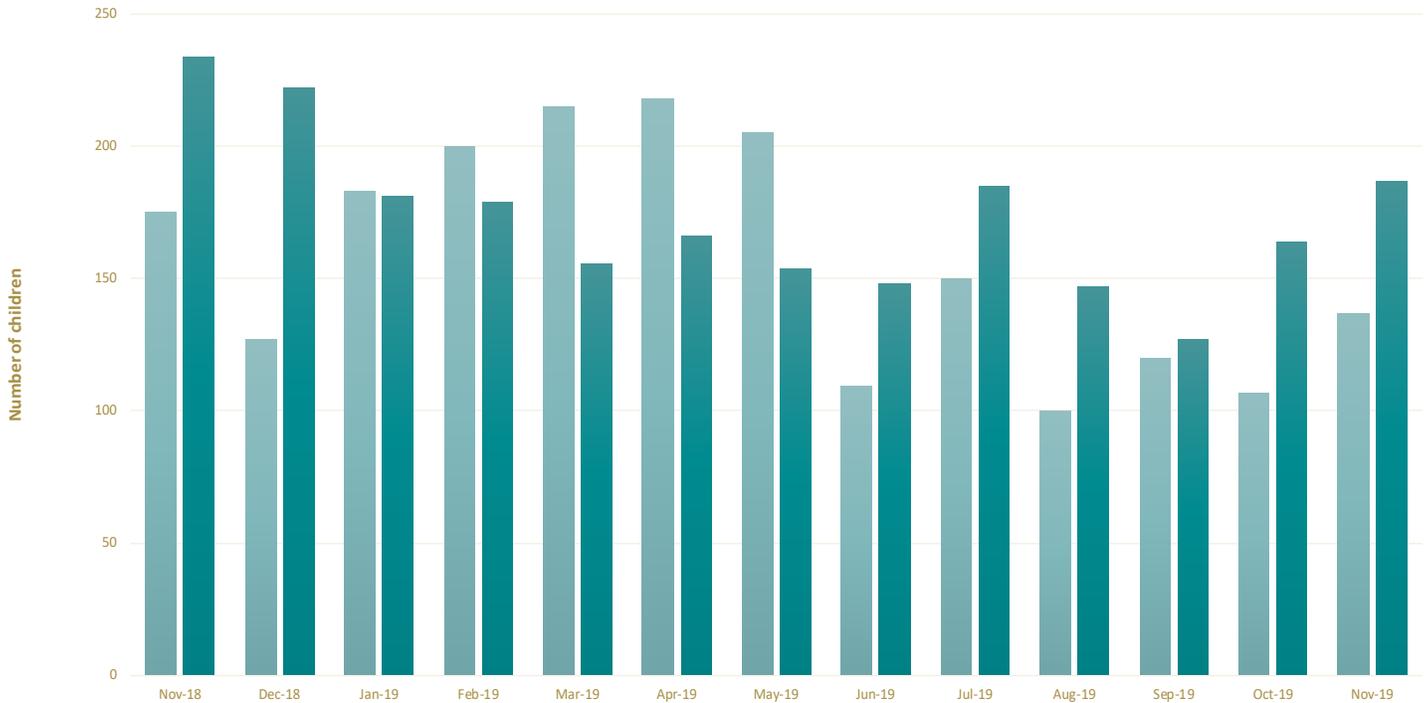
DPHHS added a new feature to the 24-hour Child Abuse and Neglect Hotline by including a priority line for callers from the medical profession.

By pressing "2" after calling the hotline at 1-866-820-5437(KIDS), the caller receives priority status. This feature allows medical providers to report suspected abuse or neglect more quickly and efficiently and return to patient care.

- Reorganized supervisory structure to ensure **enhanced oversight** of report categorization
- Wait times are **under 2 minutes**
- Callers asked **enhanced questions** about newborns and safe sleep

# Children Entering & Exiting Care

November 2018 - November 2019



	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	
<b>Kids Entering Care</b>	175	127	183	200	215	218	
<b>Kids Exiting Care</b>	234	222	181	179	156	166	
	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
<b>Kids Entering Care</b>	205	109	150	100	120	107	137
<b>Kids Exiting Care</b>	154	148	185	147	127	164	187

The table above details the number of children entering and exiting care from 11/2018 to 11/2019.

## Family First Prevention Services Act

The Family First Prevention Services Act (FFPSA) of 2018 provides states and tribes opportunities to use federal funding to support children and families. Evidenced-based in-home parenting support, mental health services, or substance abuse treatment models, can be utilized to prevent their entrance into foster care. In addition, FFPSA creates new requirements for specific congregate types called Qualified Residential Treatment Programs (Q RTP) to ensure children are receiving the appropriate level of treatment when in the foster care system. Q RTPs must provide aftercare planning and support to maintain children in a home-like setting after treatment.

FFPSA marks one of the biggest child welfare reform efforts since the Fostering Connections to Success and Increasing Adoptions Act of 2008. All states must be in compliance with FFPSA by October 2021. DPHHS has partnered with Montana State University Extension Office to implement an evidence-based kinship navigator program and with University of Montana, Center for Children, Families and Workforce Development Center for support communication and policy development.

## Child Abuse and Neglect Review Commission

The Child Abuse and Neglect Review Commission (CANRC) was established in 2017 as a result of the recommendations from Governor Steve Bullock's Protect Montana Kids Commission. The purpose of the Commission is to conduct a detailed and systematic examination into the events that led up to and followed a child fatality or near fatality. The Commission is charged with providing recommendations based on these extensive reviews.

The Commission is a team committed to sharing these responsibilities and recognizes that when families and communities collaborate, the opportunity for success increases. The Commission is comprised of professionals from across the state of Montana with expertise in judicial and legal fields, child abuse and neglect, domestic violence, sexual assault, mental health, medical, tribal services, foster care systems, and childhood survivors of abuse and neglect.

Since its inception, the Commission has reviewed four cases. This Commission's first report is here: <https://dphhs.mt.gov/reviewcommission>.

## Fetal, Infant, Child and Maternal Mortality Review Prevention Program

FICMMR is a statewide effort, powered locally by multi-disciplinary county teams, to reduce preventable fetal, infant, child and maternal deaths. The goal of the FICMMR program is to reduce risk factors and decrease the number of preventable deaths through educational outreach and evidence-based and best-practice prevention.

Review team members are comprised of health and social service professionals, law enforcement, coroners, tribal representatives, and experts from other fields. FICMMR review teams share and discuss comprehensive information on the circumstances leading to a death, if it was preventable, and the response to the death.

The process identifies critical community strengths and needs in order to effectively address the unique social, health, and economic issues associated with negative health outcomes which may have caused or contributed to the preventable death.



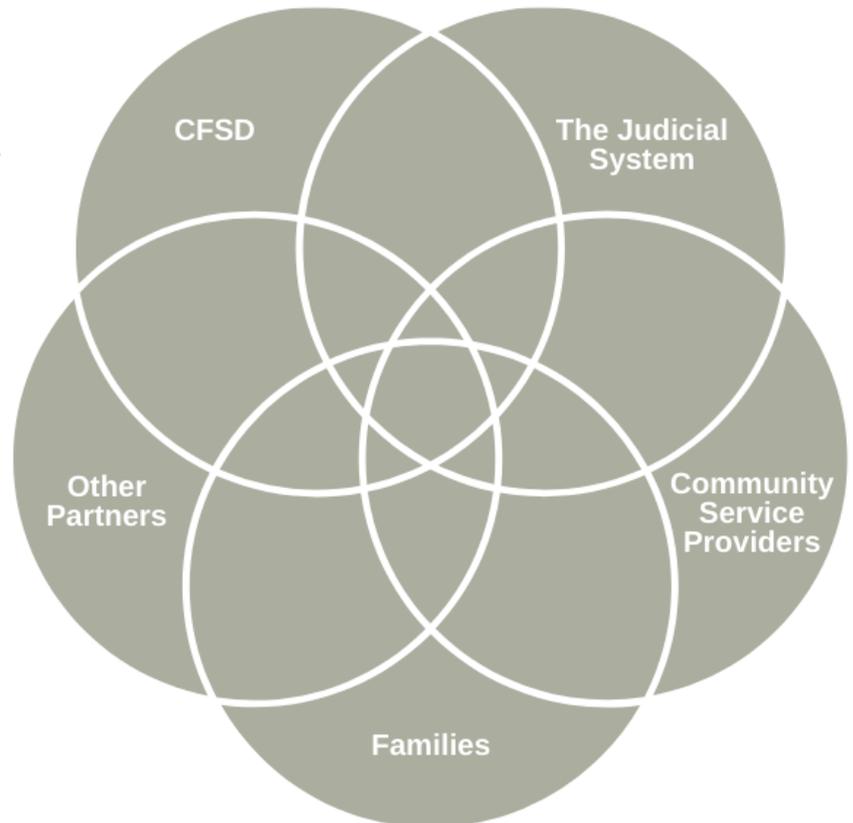
## Community Collaboration

Child safety is too important to do this work by ourselves. To keep children safe, CFSD, the judicial system, community service providers, and others collaborate to provide a continuum of services that ensure the safety of children. This team works to support the strengths of families, as well as increase each family's ability to provide a safe, healthy, and nurturing environment for their children. Community service providers provide direct services to children and families, such as education, parenting classes, child care, mental health, substance abuse, medical, and dental services.

# Ensuring Child Safety

To keep children safe, CFSD, the judicial system, community service providers, and others collaborate to provide a continuum of services that ensure the safety of children.

This team works to support the strengths of families, as well as increase each family's ability to provide a safe, healthy, and nurturing environment for their children.



### Collaboration with the Judicial System

In judicial districts with family drug treatment courts, CFSD staff collaborate and coordinate with other family drug treatment court stakeholders. Many local communities have ongoing meetings involving CFSD staff and county attorneys to discuss local judicial issues and cases. Within the last year, Billings instituted an Indian Child Welfare Court (ICWA) court to facilitate improved cooperation among the court, the tribes, and CFSD to ensure ICWA requirements are met and Indian children maintain connection with their culture and the tribal community to the greatest extent possible. On the state level, the director of the Montana Court Improvement Project (MCIP) is a key stakeholder in CFSD's work with the courts. Topics included expanded use of pre-hearing conferences and streamlining CFSD's processes for timely adoption.

Another tool used in collaboration with the district courts is the Pre-Hearing Conference model (PHC), which was originally developed in Yellowstone County district courts and now used in six additional judicial districts. These tools help increase the rate of family reunification, increased buy-in from the parties by providing a safe and neutral environment, and decrease judicial workload because cases are able to move to resolution more quickly.



## Addiction Recovery Teams

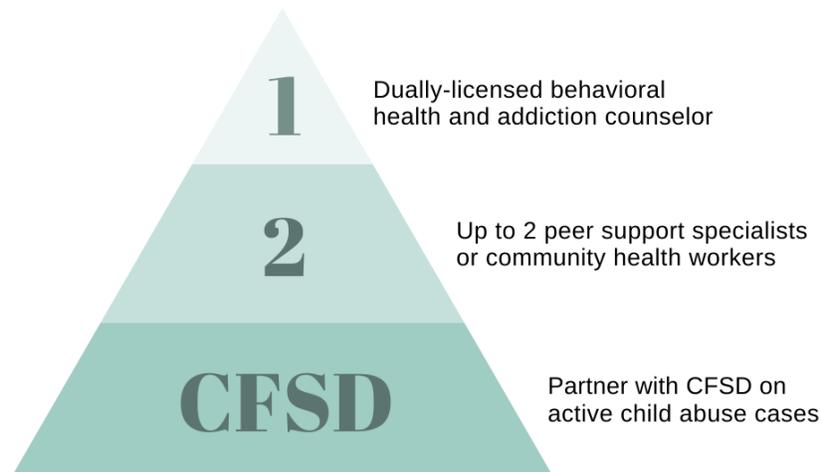
Given that **68.9% of cases currently involve one or both parents dealing with substance abuse** with the majority of cases involving methamphetamines, DPHHS is piloting Addiction Recovery Teams (ART).

These teams consist of one dually-licensed behavioral health and addiction counselor and one to two peer support specialists or community health workers to partner with the Child and Family Service Division teams on active child abuse cases.

The ART Team personnel partner with Child Protective Services workers on open CPS investigations, to identify and coordinate treatment and recovery needs of family member(s) with a substance use disorder. The peer supports are people who have successfully managed their own addiction and the child welfare system. These teams are housed in CFSD offices and provide immediate evaluation for clients with potential substance use disorder. If treatment is warranted, the Peer Support walks alongside the client as needed to keep him/her engaged with treatment and CFSD.

## Addiction Recovery Team Members

Addiction Recovery Teams currently operate in Billings and Missoula, with plans to expand these pilots statewide.



## Family Support Teams

The Family Support Team (FST) concept was created in Great Falls to assist with services when a child was determined to be unsafe in the home and was at risk of being removed or had been removed. The FST works as a team to match the right provider with the right services at the right time specific to the family's needs and allows for service provision to occur sooner to prevent removal or to allow children to immediately and safely return home.

### What is a Family Support Team and how does it work?

*This model brings together parents, children, natural and community supports, service providers, and agency staff.*

- Allows for the coordinated development of safety plans and service plans
- Fosters the development of relationships between the family and provider
- Defines roles and responsibilities of all involved parties



This model brings together parents, children, natural and community supports, service providers and agency staff to coordinate safety plans and service plans, foster relationships between the family and providers, and defines roles and responsibilities of all involved parties to keep the family engaged in the process and safely return children as soon as immediate safety concerns are addressed. Child and Family Services intends to expand this pilot project across the state.

### University of Montana Grant Writing Partnership

A grant writing partnership between the Center for Children, Families and Workforce Development and the State of Montana has yielded rich results – almost \$16 million in new grants to fund programs to support children and families in the state.

Beginning in 2018, the Center established a partnership with the State to improve Montana's ability to bring more federal grant dollars in-state to promote the health and well-being of Montana's children, youth and families. The Center provides technical assistance in locating, designing, and writing grant applications. As projects are funded, the State works with the Center and U of M for research and evaluation and scaling evidence-based practices to expanded populations.

The model has proven successful for strengthening the infrastructure to support Montanans who need improved access to health-related services.

As of September 2019, the State-UM partnership has won **12 grants** that have netted nearly **\$16 million** in competitive federal funding, most of which will support the health needs of families in small towns with geographic barriers to access.

### Ongoing Regional and Local Collaborations

Many ongoing collaborations are also happening at the regional level. They include, but are not limited to CFSD representation on boards and councils such as:

# Ongoing CFSD Collaborations

- Local youth advisory boards (Missoula and Kalispell)
- United Way Youth Impact Council (Billings)
- Western Montana Addition Services Board (Missoula)
- Youth Services Center Board (Billings)
- Domestic violence prevention boards
- Children's advocacy center boards
- Local drug task force groups
- Best Beginnings Advisory Councils/Early Childhood Coalitions
- Local CASA boards
- Malmstrom Air Force Base quarterly interdisciplinary team meetings
- CFSD representation on the State Systems of Care Statutory
- Montana Alliance for Families Touched by Incarceration
- Shaken Baby Prevention Task Force
- Delta Advisory Board
- Family violence prevention
- Early Childhood Comprehensive System School Readiness Task Force
- Best Beginnings Governor's Advisory Council
- Fetal, Infant, Child and Maternal Mortality Review (FICMMR) Boards
- Family Support Services Advisory Council
- Services for children with developmental disabilities
- Lifespan Respite Committee
- Office of Public Instruction Special Education Advisory Panel
- Montana DOJ Domestic Violence Fatality Review Commission
- Prevent Child Abuse and Neglect (P-CAN) Group
- Other multi-disciplinary teams

### CORE Trainings

The Community Resources (CORE) Training teaches community partners about the safety model that Child and Family Services uses to ensure children are safe. In this training, partners learn about the different components of the safety model to understand how CFS makes decisions about child safety. Understanding what maltreatment is and is not, is critical to keep children safe. Community partners learn about each category of abuse as it is defined in the law and gain knowledge about what to look for as in, signs and symptoms of abuse and neglect and how to report it.

CORE trainings offer one of the most powerful tools for engaging communities as partners in the effort to keep kids safe. In 2020, CFSD will continue providing these trainings across the state and welcomes requests for this training for anyone who wants to learn more about CFSD's safety model.

## **In 2019, CFSD conducted 9 CORE trainings in all six regions across Montana, reaching 415 participants.**

### **Tribal Consultations**

DPHHS' relationship with tribal communities is important to ensure the needs of Native American children in foster care are being met. This year, CFSD participated in two consultations in collaboration with the Tribes to improve child welfare outcomes for Indian children.

These ongoing consultations facilitate greater understanding of the historical trauma Native Americans have experienced throughout their lives and how involvement with Child and Family Services is viewed and received.

### **Workforce Development and Training**

The Center for Children, Families and Workforce Development (Center), in partnership with the Montana Child and Family Services Division (CFSD), is implementing the Montana Child Welfare Coaching Program with all new Child Protection Specialists in Montana for a period of not less than one year. Existing workers who need help with skill development may also participate.

The coaching program uses the Child Welfare Skills-Based Coaching Model, a formal, professional, evidence-based coaching model designed for child welfare organizations.

The Center employs six full-time Workforce Training Consultants (WTC) as professional coaches and trainers. The coaches use reflective practice theory to help workers:

- Increase policy driven practice
- Enhance knowledge and skills to effectively engage and work with children, families and community partners
- Learn and demonstrate best practices
- Increase professional development
- Increase job satisfaction and worker retention

Coaching also serves as a transfer of learning function to help workers integrate new learning into practice.

### **Montana Child Abuse and Neglect Training**

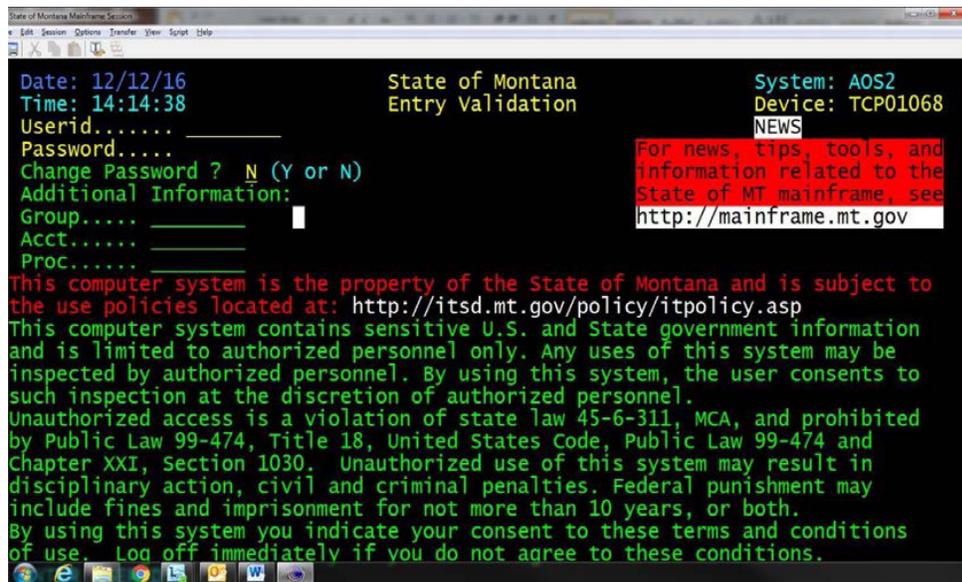
CFSD is committed to workforce development as a means for retaining and maintaining a qualified, experience child welfare workforce. The Montana Child Abuse and Neglect Training (MCAN) is intended to better prepare newly hired CPS and Centralized Intake staff to be successful

in their jobs. This two-week training on the safety model offered multiple times throughout the year to ensure new staff has the training and tools needed to work successfully on behalf of Montana's children.

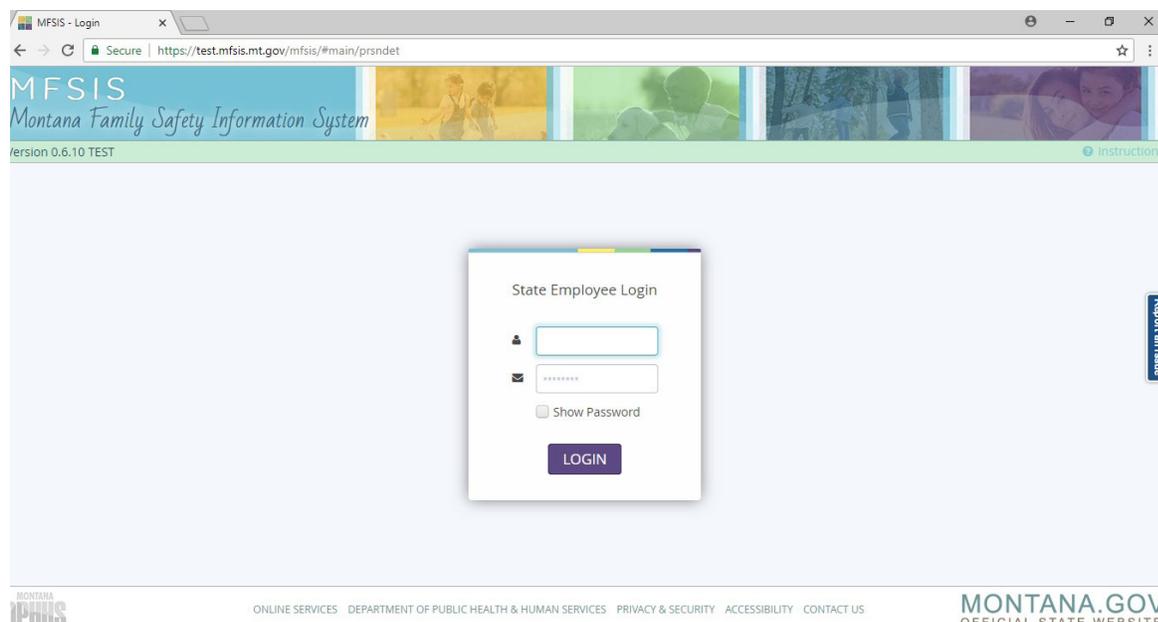
## Additionally, Field Training Lead Specialists provide on-the-job coaching and mentoring throughout the first year of employment for new workers.

### Montana Family Safety Information System (MFSIS)

MFSIS is the new child welfare management system, which will improve the availability and quality of the information. Real-time and accurate information is necessary for the effective delivery of timely and appropriate services required to protect Montana's children, to help strengthen Montana families, and to provide program integrity.



The old CAPS system is shown at left and the MFSIS system is below.



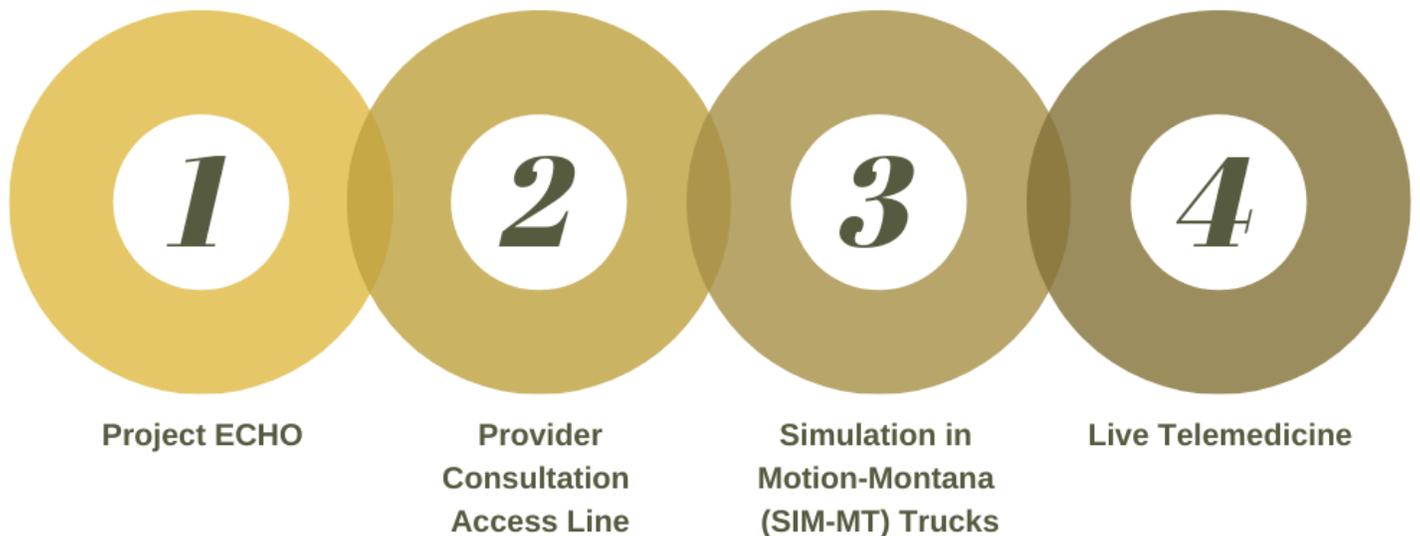
## Section II: Programs and Initiatives

This section contains a sampling of DPHHS programs that serve children and families in Montana. The order is from prenatal through adult and family programs. Additional information about each program can be found online at [www.dphhs.mt.gov](http://www.dphhs.mt.gov).

### Montana Obstetrics and Maternal Support (MOMS) Program

DPPHS received almost \$10 million dollars from HRSA to fund a 5-year program that started October 1, 2019. The goal of MOMS is to decrease maternal mortality and morbidity and focuses on high-risk pregnant and postpartum women through the use of telemedicine in rural/frontier, underserved communities, including reservations. Billings Clinic is the telemedicine “Hub” for this project and will provide expert, telehealth services for rural physicians participating in the MOMS program. Real-time emergency and urgent care consultations will also be available to rural providers and their patients.

### Four key components of the *MOMS* program:



### Maternal & Child Health Block Grant

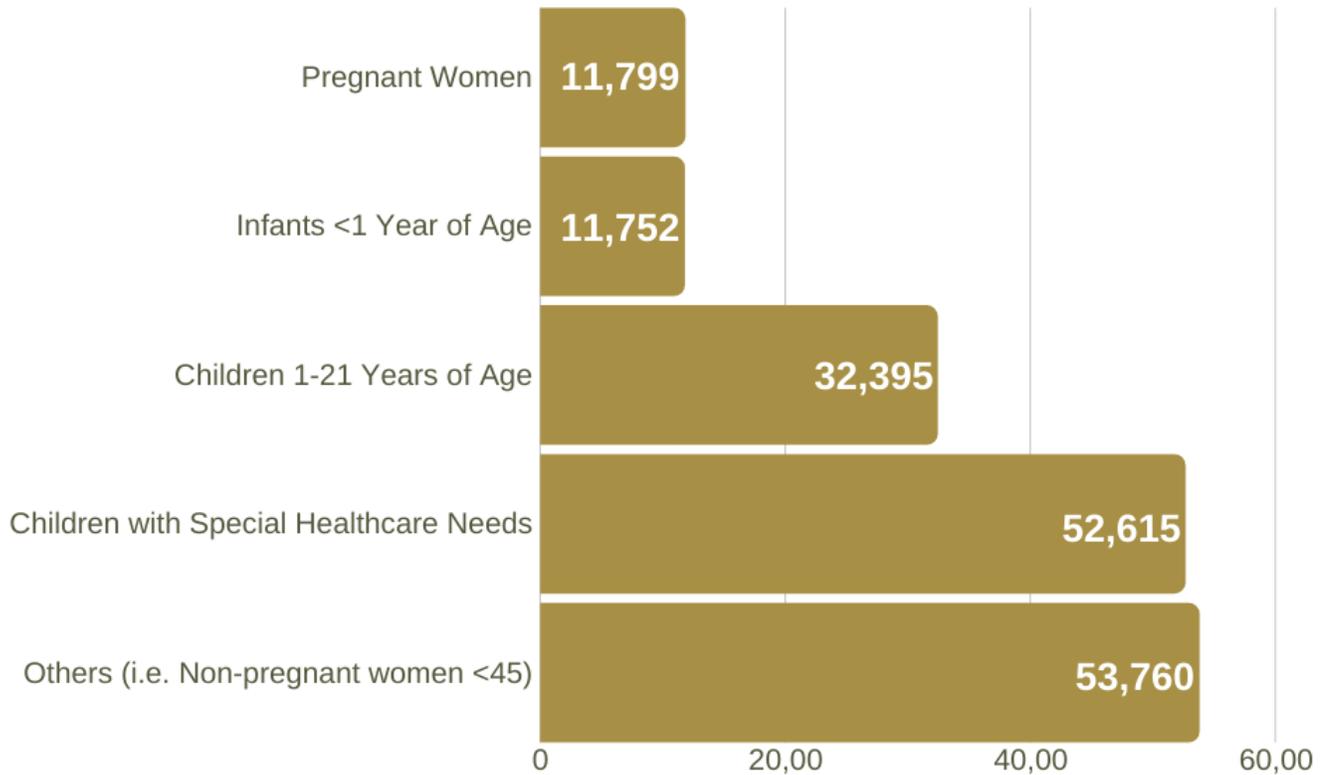
Created as a part of the Social Security Act of 1935, the Title V Maternal & Child Health Block Grant (MCHBG) remains the only federal program that focuses solely on improving the health of all women, children and families.

In Montana, funds are used by state and county public health departments to address health issues such as: health education on a wide range of topics, including infant safe sleep environments; support for children with special (extraordinary) health care needs; access to public health services; adolescent healthcare; oral health for children and pregnant women; injury-prevention; and, supporting social services affecting health.

**The MCHBG is a vital federal, state and local level partnership which supports community-based work to improve the health of all women, children and families.**

# Maternal & Child Health Block Grant

In FFY18, Montana served **162,321** residents. Here is a breakout of the numbers served by population category:



## First Years Initiative

The First Years Initiative (FYI) is specifically aimed at preventing child abuse, neglect, and fatalities of children zero to 3, recognizing the increased rate of vulnerability and instances of abuse and neglect in this age range. This partnership among public health departments, non-profit organizations, and CFSD provides targeted resources, education, and services during the early critical period in the lives of children and their parents—pregnancy, the weeks and months after birth, and extending through the first years of a child’s life.



## Three major parts of the initiative are in full swing:

- **Home visitors** solely committed to families in need who are known to CFSD
- Extensive planning and collaboration to roll out a **safe sleep campaign**
- A private-public partnership with the Montana Healthcare Foundation for the Perinatal Behavioral Health Initiative, now known as the **Meadowlark Initiative**, in sites across Montana to serve women with wrap around health and behavioral health services during the critical prenatal window

## Home visiting

DPHHS worked with established home visiting sites in public health departments and non-profit organizations to hire additional home visitors to work alongside child protection workers located in 13 communities across the state. These additional home visitors are exclusively dedicated to CFSD cases and are housed within the current infrastructure of the statewide, federally-funded home visiting program. Each home visitor carries a caseload of 18-25 families who are referred to home visiting by the local CPS offices. They provide families with targeted resources, education, and services during the early critical period in the lives of children and their parents—from pregnancy through the first years of a child's life.

Thus far with identified First Years Initiative sites from January 1, 2018 to November 12, 2019, there have been **1,096 referrals** from Child and Family Services to local sites, resulting in **340 children** being served during this time.

## Safe Sleep Initiative

The primary goal of the Safe Sleep Initiative is to decrease sleep-related infant deaths, which would play a significant role in decreasing infant mortality rates in Montana. Sleep-related deaths constitute the vast majority of infant (under the age of 12 months) deaths in Montana.

In partnership with Healthy Mothers, Healthy Babies (HMHB), the Safe Sleep Initiative provides Pack n' Play cribs, along with safe sleep education and training materials, to at-risk families across Montana. This Initiative is also rolling out a statewide Safe Sleep Campaign in 2020. This focused campaign will emphasize the importance of safe sleep environments for infants and will include public awareness and education for all Montanans.

Between July 2018, and November 2019, DPHHS & HMHB distributed **1,164 cribs** and **265 car seats** to First Years Initiative sites, home visiting sites, Child & Family Services offices, and family-serving non-profit organizations, in all counties and reservations across the state.

## Meadowlark Initiative

The Perinatal Behavioral Health Initiative, now branded as the Meadowlark Initiative, integrates behavioral health screening and treatment into perinatal care to improve maternal, child, and family health and social outcomes. The Meadowlark Initiative is funded and supported through a partnership between the Montana Healthcare Foundation and DPHHS.

A goal of the initiative is to ensure all Montana women have timely access to behavioral health support they need to be healthy and have healthy families.

There are currently eight sites involved in the initiative for the first round of invitations, with the goal of supporting at least one prenatal practice in each Montana community that has a hospital that delivers babies.

Women around Montana will have prompt access to effective, supportive care for mental health issues and drug and alcohol use. Assisting pregnant women with healthy pregnancies and healthy babies is an agency priority and addressing their behavioral health is a key step for ensuring the safety of their children when they are born.

## Women, Infants and Children



The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) serves families with incomes under 185% poverty level. WIC has been found to save future healthcare costs, lower infant mortality, improve nutritional status of participants, and is valued as a support system by those who participate during a particularly vulnerable place in their lives. Families receive health screening, nutrition education and breastfeeding support by trained dietitians and lactation consultants, as well as healthy foods to supplement their diets and referrals based on their unique circumstances.



Typical referrals include:

- Healthcare providers
- Dentists
- Additional assistance with food (SNAP, food banks)
- Immunizations
- Home visiting programs
- Substance abuse treatment

In 2019, Montana WIC served an average of **16,005 participants per month** with about **\$800,000 per month** worth of food benefits used each month by participating women, infants and children (up to age 5).

## Montana Baby-Friendly Hospital Initiative

Recognizing that infant nutrition is a public health issue, the Montana Baby-Friendly Hospital Initiative (MT BFHI) partners with labor and delivery hospitals across Montana to provide technical and financial support for birthing facilities that strive to offer optimal level of breastfeeding support and mother/infant care improving health incomes for mothers and babies.

Currently, the MT BFHI has partnered with **13 Montana birthing hospitals and birth centers** to assist their efforts in achieving the prestigious WHO/UNICEF Baby-Friendly Designation. Recent National Immunization Survey (NIS) data highlights **91.3% of Montana mothers** “have ever breastfed” which is the **3rd highest** in the United States.

## Newborn Screening Program

Montana's Newborn Screening Program ensures every baby born in Montana can have a healthy start to life and the best possible outcomes with early detection by providing three tests (bloodspot, hearing and critical congenital heart defect) to screen for 31 conditions requiring early intervention to prevent injury, disability or death, if not detected at birth.

This program provides funding, training, data collection, and equipment to midwives, birthing centers, and hospitals statewide. The program also ensures families with children identified with hearing loss, a metabolic or genetic disorder, or a heart defect, have access to follow-up services including diagnostic testing, specialty care, and family support.

**Each year this program affects all babies born in Montana – approximately 12,000.**

## Child Care Assistance for Working Families

Child care can be expensive for working families. By helping low income families pay for child care, parents can work.

Last year, the Best Beginnings Scholarship Program partnered with just over **5,700 families** to pay for child care. As a result, more than **8,000 children** were able to enroll in child care programs throughout the year.

## Supporting Child Care Businesses

Through local Child Care Resource and Referral Agencies, child care providers can participate in professional development, business development, coaching and mentoring programs. The Early Childhood Project through MSU partners with the state to support child care businesses in credentialing along a career path and in providing scholarships and incentives for educational goals.

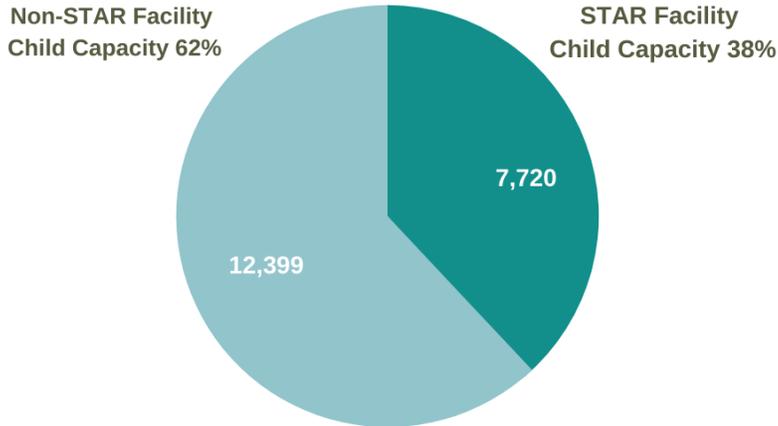
Through the Best Beginnings STARS to Quality Program, child care programs are dedicated to quality improvement, so that children are receiving the highest quality early care and education. Early childhood programs are supported in their improvement goals through assessment, coaching, mentoring and incentives.

The five-star system supported **270 early childhood programs** in 2019, representing just under **40% of the licensed child care slots** in the state.

More than half of the participating programs achieved a new STAR level during the year.

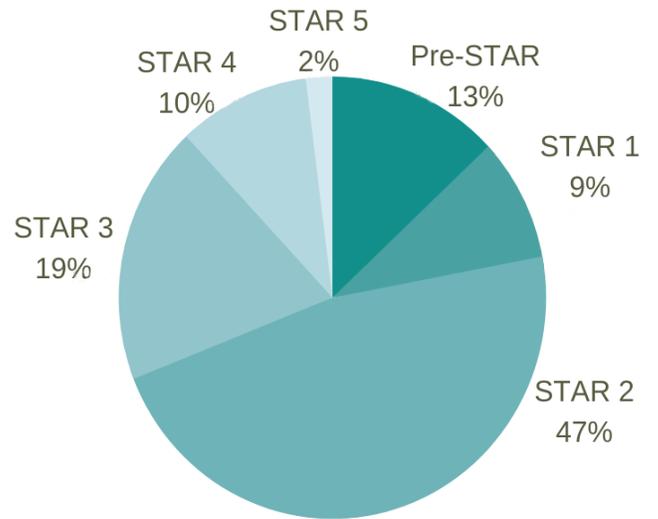
# Stars to Quality Program

Child Capacity 6/31/2019 (Licensed Child Care)

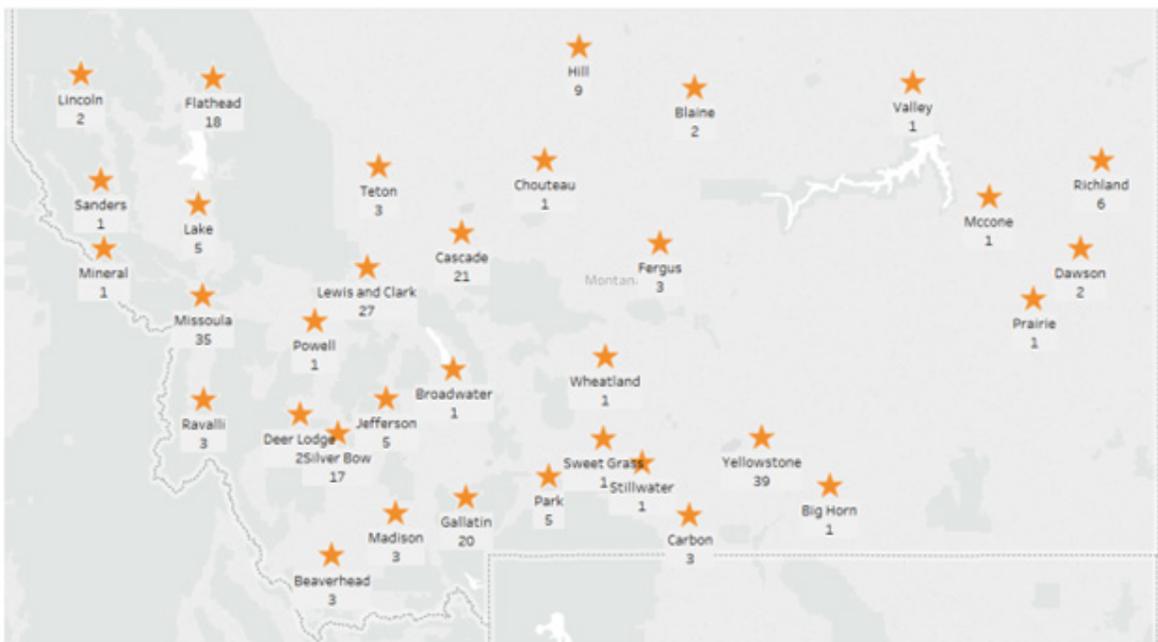


## Stars to Quality Levels

AS OF 7/1/2019



The following map shows by county where there are child care programs that have chosen to participate in the Best Beginnings STARS to Quality Program.



★ Licensed Child Care – STARS to Quality Program

## Oral Health

### Montana State University College of Nursing (MSU-CON)

Historically, Montana's American Indian populations have suffered the greatest burden of oral health diseases. The partnership between the DPHHS Oral Health Program and MSU-CON is successfully delivering oral health education and preventative services to this vulnerable population by revitalizing Early Head Start and Head Start oral health curriculum on the Northern Cheyenne Nation.

MSU-CON students visited the eight Early Head Start and Head Start classrooms on the Northern Cheyenne Nation three times during the 2018/2019 academic year.

**During these visits: 370 sealants** were placed on **66 children** **114 cleanings** and **151 fluoride applications** were completed and **54 referrals** were made, **11** of which were deemed “urgent.”

### Community Oral Health Partnerships

The DPHHS Oral Health Program partners with county health departments to provide guidance and support for oral health activities to surrounding health departments. This program introduces preventative oral health services into the primary care setting, which increases opportunity for young children and their families to understand the importance of oral health and receive a referral to a dental home.

**From September 1, 2018 to August 31, 2019: 998 children** 0-6 years of age received oral health education; **296** received oral health risk assessments; and **159** received fluoride varnish applications.

## Montana Milestones Part C Program

Early social/emotional development and physical health provide the foundation upon which cognitive and language skills develop. This comprehensive program is significant because high quality early intervention services can change a child's developmental trajectory and improve outcomes for children, families, and communities. The program is available to eligible infants and toddlers from birth to age 3.

The focused child and family goals of the Part C Program are:

- To improve social and emotional skills including positive relationships
- The acquisition and use of knowledge and skills
- Use of appropriate behaviors to meet their needs

**From July 1, 2019 to December 13, 2019, there have been:**

**676 referrals** from families, medical personnel, hospitals, Indian Health Services, public health and social services agencies, child care and early learning centers, and child protective services.

Currently **840 infants and toddlers** are enrolled in the program across Montana.

## Montana No Kid Hungry

Nearly 1 out of every 6 kids in Montana will struggle with hunger during their childhood. Montana No Kid Hungry's mission is to end child hunger in Montana by connecting kids to the healthy food they need to succeed in the communities where they live. Through a partnership with DPHHS, the office of Montana Governor Steve Bullock, and the national non-profit organization Share Our Strength, Montana No Kid Hungry has dedicated itself to putting an end to child hunger in the state.

Montana No Kid Hungry is working to eliminate childhood hunger in Montana by:

- Improving food access by increasing participation in school breakfast, summer meal, and afterschool meal programs
- Enhancing meal quality at school and at home
- Keeping the focus on wholesome foods
- Raising awareness through increasing the visibility of this important issue
- Getting communities involved and engaging youth

### Breakfast After the Bell

One of Montana No Kid Hungry's top priorities in addressing childhood food insecurity is through increased access to school breakfast. Ensuring food-insecure students have access to breakfast daily provides a more equitable start to the school day, allowing student to focus and learn optimally in the morning while preventing future trauma associated with hunger.

From April 2018 through November 2019, Montana No Kid Hungry granted **\$175,794** in private funds to **41 schools** and an additional **916 food-insecure students** are accessing breakfast daily. Since Montana No Kid Hungry began providing breakfast after the bell grants to schools in 2014, an additional **6,889 food-insecure students** have been able to access school breakfast daily so they can start the school day fueled to learn.

### The Summer Meals Program

The federal Summer Food Service Program (SFSP) was designed to ensure that low-income children get the nutrition they need when school is not in session. MT No Kid Hungry provides grants and assistance for schools and other organizations to launch mobile meal solutions that address transportation barriers, add activity programming to increase participation, assist with starting new summer meal sites (especially in the counties that currently don't have a summer meal site), and help programs expand their number of operation days and/or add another meal/snack.

This program operated in **267 sites** across montana with more than **\$50,000 awarded** in grant funds.

## Targeted Case Management

Targeted Case Management (TCM) services assist Medicaid eligible youth with Serious Emotional Disturbance (SED) to gain access to needed medical, social, educational, and other services. Services

are provided by a licensed mental health center with a license endorsement permitting the mental health center to provide case management services. Case management services include assessment, determination of need, development and periodic revision of a specific care plan, referral and related activities, and monitoring and follow-up activities.

Targeted Case Management has served **3,550 clients** and expended **\$4,715,600** in total Medicaid funds.

## Healthy Montana Kids

Healthy Montana Kids (HMK) is a benefit program for uninsured low-income children whose family's income do not qualify for Medicaid eligibility. The Medical benefits are administered through Blue Cross Blue Shield of Montana, with the exclusion of: Federally Qualified Health Centers, Rural Health Clinics and Community Based Psychiatric Rehabilitation Support Services. Dental and pharmacy benefits are administered through DPHHS.

**There are currently 22,520 kids enrolled in HMK.**

## Autism Treatment Services

Autism Treatment Services provide evidence-based interventions available to Medicaid-HMK+ (up to age 21) and CHIP-HMK (up to age 19) members who meet medical necessity. These services include a Treatment Plan, Implementation Guidance, and Intensive Treatment. Services are delivered by qualified Board-Certified Behavior Analysts, Board Certified Assistant Behavior Analysts, Student Interns, and Registered Behavior Technicians.

From July 1, 2018 to June 30, 2019: **60** Medicaid-HMK+ and CHIP-HMK members were authorized for Autism Treatment Services. From July 1, 2019 to November 30, 2019: **29** Medicaid-HMK+ and CHIP-HMK members were authorized for services.

With the growing prevalence of Autism Spectrum Disorder, children can receive evidence-based individualized services to help them reach their fullest potential.

## Montana Access to Pediatric Psychiatry Network

**DPHHS and Billings Clinic partnered to launch a new program, called the Montana Access to Pediatric Psychiatry Network (MAPP-Net), through \$2.2 million in federal funding.**

The program connects pediatric psychiatrists to providers across the state caring for children and youth with mental and behavioral health issues, and will include expert consultation, resources, training, and support to benefit Montana's children and youth.

The goal is for primary care providers to serve children and youth with mental health care needs in

their own communities with support from expert specialists through Project ECHO and a telehealth consultation Access Line. In 2019, Montana implemented the pediatric mental health Project ECHO.

Since March 2019, an average of 35 providers have attended each Project ECHO session including pediatricians, family practice physicians, nurses, and behavioral health providers. MAPP-Net is empowering and supporting primary care providers to serve children and youth with mental health care needs in their own communities when possible.

## PAX Good Behavior Game

The PAX Good Behavior Game is an evidence-based substance-abuse prevention model that has now been implemented in over a hundred elementary schools across Montana. PAX GBG is not a curriculum, but rather teaches educators how to use fun and engaging tools throughout the day that have been proven to increase self-regulation skills in their students leading to peace, happiness, and productivity in the classroom and throughout the school.

While short-term effects include a diminishment of negative behaviors in schools and therefore an increase in productive academic learning, long-term impact includes prevention of both substance abuse and suicide, decrease in bullying and school violence, higher student retention and graduation rates, and the successful mitigation of the effects of adverse childhood experiences (ACEs).

Over **1,000 teachers** have been trained in this model and are implementing PAX in their classrooms, resulting in positive impact for over **20,000 students** in Head Start through Grade 6 as well as three large after-school programs each serving **hundreds of at-risk youth** each day.

## Craniofacial/Cleft Palate Clinic

Children with a cleft lip/palate or other craniofacial anomalies experience myriad challenges starting at birth that include developmental, hearing, dental, eating, speech, social, and cosmetic issues. These children and their caregivers face a series of surgeries and require holistic support from a team of specialists that collaborate in efforts to optimize outcomes through education, support, research and interdisciplinary team care.

### **The Montana cleft palate/craniofacial team members:**

- Plastic surgeon/craniofacial specialist
- ENT doctor
- Pediatrician
- Audiologist
- Speech therapist
- Nurse
- Dentist
- Orthodontist
- Nutritionist
- Social worker
- Counselor

This team is certified by the American Cleft Palate Craniofacial Association (ACPA) and Cleft Palate Foundation (CPF) who dedicates their efforts to create a world where people with cleft and craniofacial conditions thrive.

This year, **297 children** with craniofacial anomalies received these services in Montana.

### Tribal Health Improvement Program

The Tribal Health Improvement Program (T-HIP) focuses on providing integrated healthcare services to high-risk Native American Medicaid members. The focused goal of the program is to reduce the observable healthcare disparities that Native American's face in Montana through issues specific to early education, prevention, and services. This program is significant because it provides tribes with the ability to design health programs that are tailored to their population's key health disparities with ample funding available for their population health goals to be reached. It ensures health resources are available for the early years of a child's life, which are the most formative and vulnerable when it comes to the effects of historical trauma and social determinants of health.

In November 2019, **20,498 Medicaid individuals** were eligible to participate in T-HIP. Of these individuals, **9,934 were children** under the age of 18, comprising approximately **48%** of total eligible members.

For example, Rocky Boy's T-HIP unit was able to serve 50 adolescents between January and March, 102 adolescents between April and June, and 173 adolescents between July and September. 18 adolescents received exercise services for diabetes prevention through Fort Peck's T-HIP unit. Blackfeet, Confederated Salish and Kootenai, Fort Belknap, Fort Peck, Northern Cheyenne, and Rocky Boy are the current reservations being served by T-HIP.

### Sexual Violence Prevention and Victim Services Program

The Sexual Violence Prevention and Victim Services Program (SVPVS) delivers education and resources through contracts with 10 college campuses, and 30 middle school, as well as supports activities in high schools, local and statewide coalitions, community violence prevention organizations, and statewide surveys.

## Five core focus areas of *SVPVS*:



The estimated reach of SVPVS program impact on children, adolescents, young adults and educators is **25,000 individuals statewide.**

The Sexual Violence Prevention and Victim Services Program implements prevention efforts to reduce risk factors and increase protective factors associated with sexual violence perpetration and victimization.

### The Montana Foster Care Independence Program

Youth in foster care face unique and difficult challenges as they turn eighteen and leave the foster care system. Studies indicate that they are less likely to finish high school and become self-supporting. They are also more likely to be homeless or to become parents at a young age. The Montana Foster Care Independence Program, also known as John H. Chafee Foster Care Independence Program (CFCIP), helps Montana foster youth develop the life skills they need to make a successful transition into adulthood.

By assisting youth in achieving self-sufficiency and obtaining future goals, the MCFCIP enables youth in the foster care system create a healthy lifestyle and a successful future. The CFCIP strives to assist youth in the foster care system by offering benefits to eligible youth in order to avoid these circumstances. Services include life skills assessments and instruction, transitional living plans, and educational and vocational assistance including education and training vouchers (ETVs).

**In 2019, 506 students received ETVs and other services.**

### Pre-Employment Transition Services

The Pre-Employment Transitions Services (Pre-ETS) program gives students with disabilities an introduction to work, helping them make informed job choices, learn good work habits, and get real work experience.

Services include job exploration counseling, work-based learning experiences, counseling on postsecondary programs, workplace readiness training and instruction in self-advocacy. The program is significant because it helps students with disabilities get ready for life, work and independence beyond high school.

From October 1, 2018 through September 30, 2019 Pre-Employment Transition Services have been provided to **1,547 high school students with disabilities.**

### Montana Transitions Resources

The Montana Transition Resources (MTR) project is funded under a contract with Children's Special Health Services (CSHS) and is based at the University of Montana Rural Institute for Inclusive Communities. This project supports children and youth with special health care needs (CYSHCN) to transition successfully into adulthood. Activities are focused on developing leadership and self-advocacy skills for CYSHCN and their parents/guardians and education and tools for professionals working with these families.

This year, the Transition and Employment Projects utilized social media to raise awareness and **192 youth and adults** attended workshops. More than **75 families, schools, agency staff, and attorneys** received in-person, email or phone technical assistance from MTR project staff.

This project is statewide, and information dissemination efforts reach a national audience.

### Commodity Food Distribution

The commodity food distribution programs' truck drivers delivered over 400,000 cases of food to hungry Montanans last year through food banks, shelters, school lunch commodity foods, and food distribution on Indian Reservations.

The Child and Adult Care Food Program (CACFP) supported over **7.5 million meals to children** in participating child care programs.

### Energy Assistance

The Low-Income Energy Assistance Program (LIEAP) and the Weatherization Program work hand-in-hand to aid families in staying warm throughout the colder months in Montana through help to offset high heating costs and/or to make improvements to a house so that heat stays in and the cold stays out.

**In 2019, 3,760 children were served by energy assistance programs.**

### Supplemental Nutrition Assistance Program

The Supplemental Nutrition Assistance Program (SNAP) provides food assistance to eligible Montanans. The average SNAP household receives SNAP benefits for just **18 months**. Eligibility criteria for this entitlement program is set at the federal level. One in every eleven Montanans receives SNAP benefits and nearly two-thirds of SNAP participants are children, elderly, or have disabilities.

Through the Supplemental Nutrition Assistance Program, just under **107,000** individuals received SNAP benefits and **42% were children**.

On average, approximately **56,611 households** receive SNAP benefits each month and the monthly benefit amount is **\$239** per household.

### Strengthening Montana's Early Childhood System

In January 2019, DPHHS received a Birth to Five Preschool Development Planning Grant from the Administration for Children and Families to conduct a robust needs assessment and create a strategic plan related to strengthening Montana's early childhood system. The Strengthening Montana's Early Childhood System project found combining programs could reduce duplication of efforts. This work, in part, led Governor Bullock's office and the Department to initiate the development of a new division focused on early childhood and family support programs.

The new division will encompass existing programs that address child care licensing, early childhood services, intervention services for young children who have developmental delays, nutrition programs for kids, home visits, and health programs for children, teens and families to streamline, align, and share common values across the division to ensure all children will achieve their maximum potential.

The **Early Childhood and Family Support Division** will have about **100 employees**.

### **The programs that will move under the division are:**

- Early Childhood Services Bureau
- Family and Community Health Bureau
- Child Care Licensing
- No Kid Hungry program
- Montana Milestones Part C
- Family Education and Support Program
- Montana Children's Trust Fund

### **Employment and Family Support**

The Montana Temporary Assistance for Needy Families (TANF) Program is designed to help families become stable, able to work, and financially secure. To be eligible for TANF, the household must have a child or include a pregnant woman in her 3rd trimester.

During 2019, the TANF program served almost **7,000 children**.

### **Child Support Services**

The Child Support Enforcement Division (CSED) encourages responsible parenting, family self-sufficiency and child well-being by providing assistance in locating parents, establishing paternity, establishing modifying and enforcing support obligations and obtaining child support for children.

With a total open caseload of 33,878, CSED services impact over 120,000 individuals; 52,525 of these individuals are children.

In 2019: CSED collected a total of **\$71,979,428** in child support, **678 paternities** were resolved, **1,915 child support orders** were established, and **1,298 support orders** were reviewed for modification. Last year, CSED assisted in the insurance enrollment of **14,106 children**.

### **Circle of Parents Support Group**

Circle of Parents is an evidence-based parent-led support group that seeks to reduce child abuse and neglect. Circle of Parents support groups allow parents facing unique challenges to come together and share common experiences, successes, and difficulties through a monthly meeting co-led by parents and professionals. Anyone in a parenting role can openly discuss the successes and challenges of raising children to find and share support.

Circle of Parents groups meet monthly, are free of charge, and foster an open exchange of ideas, support, information and resources. There is childcare and dinner available at all meetings.

**58 children** and **47 families** have already been served by Circle of Parents.

### Montana Parent Partner Program

Montana's Parent Partner Program provides "parent mentors" in a clinical setting to families who have children with special health care needs. Parent Partners are professionally trained and personally experienced to help families become self-advocates, find the resources they need, and provide emotional support.

Because of their life situation, parents of children with special health care needs are at increased risk of isolation and despair, which are primary indicators for depression and anxiety. Through a relationship with an experienced Partner, the program supports best possible outcomes for children and families while reducing isolation and its impact on Montana's rural and frontier families.

This year, Montana Parent Partner Program served **220 families** with over **600 encounters**.

### Montana Medical Home Portal

The Montana Medical Home Portal is a website for families, providers and other professionals to connect with local and statewide resources, and find information about diagnosis, conditions and treatment for a variety of pediatric health issues. This site is a "one-stop shop" to find specialty medical and behavioral health providers, and resources for all things child health.

The Montana Medical Home Portal website averages about **2,000 hits per month**.

### Children's Special Health Services Financial Assistance Fund

The Children's Special Health Services Financial Assistance Program provides funding for out-of-pocket expenses for children and youth with special health care needs, up to \$2,000 per federal fiscal year. Families earning up to 350% of the federal poverty can use this fund.

The funding is flexible to include medical expenses and enabling services like respite care, travel for appointments, occupational therapy toys, among others. This program also partners with CFSD staff and created an abbreviated application for CPS workers to use for their clients.

Since 2019, this program served **100 children**, including 10 in state custody. Children and families have received help with out of pocket expenses totaling **\$83,499**.

### Parenting Montana

Parenting Montana is a universal prevention effort that offers supportive tools grounded in evidence-based practices to help Montana families thrive. The specific goal is to cultivate a positive, healthy culture

among Montana parents with an emphasis on curbing underage drinking, and to provide tools and resources to address every day parenting challenges.

Parentingmontana.org features practical tools for parents who want to know more about issues such as anger, bullying, chores, confidence, conflict, discipline, friends, homework, listening, lying, peer pressure, reading, routines and stress, and underage drinking. The tools use a socially- and emotionally-informed process that is developmentally appropriate. The website is organized by age-appropriate topics for age five all the way up to 19-year-olds.

Each tool uses a five-step process for dealing with simple and challenging parenting issues. This provides parents with a way to create intentional opportunities to build their child's social and emotional skills and avoids leaving these important skills to chance.

Since its launch in January 2019, [parentingmontana.org](https://parentingmontana.org) has racked up **75,701** page views.





