



Department of Public Health and Human Services

Public Health and Safety Division ♦ PO Box 202951 ♦ 1400 Broadway ♦ Helena, MT 59602-2951

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Steve Bullock, Governor

Sheila Hogan, Director

Public Health System Improvement Task Force Minutes

April 26, 2017

10:00am-12:30pm

Great Northern Hotel

Helena, MT.

Task Force Attendees:

- **Todd Harwell** (DPHHS, PHSD) – Co-Chair
- **Lora Wier** (MPHA Representative) – Co-Chair
- **Joe Russell** (Flathead City-County Health Department — AMPHO Member)
- **Kathy Moore** (Lewis and Clark Public Health — MEHA)
- **Kristi Aklestad** (Toole County Health Department — Small County Member)
- **Melanie Reynolds** (Lewis and Clark Public Health — Large County Member)
- **Kari Smith** (Department of Environmental Quality)
- **Janet Runnion** (Rocky Boy's Health Board — Tribal Health Department Member)
- **Jean Curtiss** (Montana Association of Counties)

Other Attendees

- **Natalie Claiborne** (Montana State University Office of Rural Health)
- **Jane Smilie** (AMPHO)
- **Kristen Rogers** (Family and Community Health Bureau Chief, PHSD)
- **Ann Buss** (Maternal Child Health Coordination Section Supervisor, PHSD)
- **Mandi Zanto** (Nutrition and Physical Activity Program Manager, PHSD)
- **Jim Detienne** (EMS & Trauma Section Supervisor, PHSD)
- **Terry Ray** (System Improvement Office, PHSD)
- **Laura Williamson** (State Epidemiologist, PHSD)
- **Tia Hunter** (System Improvement Office, PHSD)
- **Jessica Miller** (Plans Coordinator, PHSIO, PHSD)

Excused Task Force Members:

- **Kim Cuppy** (Fallon County Public Health—Frontier County Member)
- **Heather Jurvakainen** (Park County Public Health Department—Medium County Member)
- **Rosemary Cree Medicine** (Blackfeet Tribal Health Department—Tribal Health Department Member)
- **Kristin Juliar** (Montana State University Office of Rural Health)
- **Tony Ward** (School of Public and Community Health Sciences)

Review of Previous Meeting Minutes

- No comments on previous minutes. Minutes were approved.

Legislative Update

- Todd Harwell spoke about the legislative session. We had two new requests for funding. One was for a new grant from the Family and Community Health Bureau, implementing a pregnancy risk assessment

Point of contact for this document: Jessica Miller, Office of Public Health System Improvement, 406-444-5968 or JMiller5@mt.gov

monitoring system (PRAMS). It is a surveillance system giving us more information about the health status of pregnant moms and newborns. Melanie Reynolds asked how many states have PRAMS. Before we applied for the program, about 40 states had it. Currently, about 46 states, included us have PRAMS. We received good feedback from the joint subcommittee about the public health work that is being done across the state. Good feedback regarding how we track and monitor data was received. The legislative session was good overall. The global food freedom bill and raw food bill did not pass. Two prescription drug abuse bills came through, that would increase access to narcan. This is a treatment for someone who is dependent on heroin, or prescription related drugs. The immunization registry bill did not make it out of the committee. There were a number of bills related to tobacco prevention. One was to add e-cigarettes to the clean indoor air act. The second was to increase the tax of tobacco products. Neither of those moved forward. Although we were not successful in getting those bills to pass, I think that we are making some progress on the tobacco tax bill. The Public Health and Safety Division sponsored House Bill 95, to increase access to substance abuse treatment. This bill did pass, allowing more access to inpatient and outpatient substance abuse treatment. There were also a number of mental health related bills on the table this session. The suicide prevention-funding bill is on the governor's desk to sign. This will provide up to a million dollars of public health funding for tribal suicide prevention, as well as veterans and school community based suicide prevention. There were also a number of bills related to heart health. One was to promote training for kids in high schools to have CPR training.

Block Grant Update from Programs

- Terry Ray gave updates on the funding for the Preventive Health and Health Services Block Grant. Todd commented that this is over a million dollars a year through the prevention public health fund from the ACA. This is one of the few funding opportunities that has some flexibility.
- Mandi Zanto the program manager for the nutrition and physical activity program gave an update on built environment. It is one of the five focus areas within their grant, but it is the only one that falls under the block grant. They received \$100,000 last cycle and this cycle they requested \$120,000. Their main objectives are to decrease the proportion of adults who report they are overweight or obese from 60% to 54% and to decrease the proportion of adults who engage in no leisure time physical activity from 24% to 22%. In the past they combined overweight and obesity, however they are breaking them out now in order to see the separate trends. Obesity among Montanan adults was shown to have decreased in recent years. BRFSS reported leisure-time physical activity differently after 2011 so the data can only be compared with those dated after 2011. The program is looking at policy implementation at the community level. One of the goals is to increase yearly the number of communities that developed/adopted a pedestrian or transportation master plan. In order to do this, we are working to train communities through the Annual Building Active Communities Initiative's Action Institute. To attend this training, the community has to bring a multi sector five-member team. These usually consist of Public Officials, Parks and Recs, Public Works, or an advocate for the community. This training is for three days over policy implementation and planning. This is now a multi sector approach involving MT. Department of Transportation, Department of Commerce, Fish Wildlife and Parks, and Bike Walk MT., because the obesity problem is not within public health alone. There is an advisory council involving these departments that meet quarterly to discuss these issues. The next training will be in May in Butte, MT. and will involve seven new communities. The first action institute took place in 2013 and the number of active transportation policies that have passed have increased over the years as a result of this program. Todd Harwell asked who the new communities that were taking the training were. Some of the new communities are Deer Lodge, Anaconda, Columbia Falls, and Ennis. Initially the communities had to have a population of 10,000 or more to participate in the training, now we are targeting the smaller communities.
- Jim Detienne the EMS & Trauma Section Supervisor gave an update on Emergency Medical Services. One of the biggest challenges is education and licensing for the Emergency Care volunteers. We are looking at implementing more distance education to combat these challenges. Another challenge is

passing bills and politically deciding if it is legal to prevent emergencies. Jane Smilie asked what some of those bills were. SJ 21 is the broad study volunteer EMS and Fire and SJ 32 studies community health as it relates to EMS. Joe Russell asked how many counties would levy the ambulance fund. Just about every county has that funding through the county bill levy. More and more counties are starting to pay people through that fund to supplement the volunteers. Joe Russell commented that one of the biggest issues for volunteers is the cost for the training. Jim stated that is why distance education is on the top of their list. Another challenge is collecting data and using it effectively, so the office will be requesting an epidemiologist to help out with this. Kristi Aklestad asked if the AED system will be updated. The AED system will be moved to the new system and updated. Kristen Rogers asked if there are defibrillators around the state. Yes, there have been some grants in the past that helped fund cardiac ready communities which includes having AEDs. Kristi Aklestad commented that one of the challenges is that the database is not up-to-date with the counties, allowing licenses to expire. The challenge revolves around having to have a doctor or nurse sign off on every AED and keeping the system updated and current.

- Jim Detienne also gave an update on Poisoning Prevention. Funding to support poison control is used to contract with the Rocky Mountain Poison Control Center in Denver, Colorado. This past year, 5,000 calls were taken, saving the funds it would cost to contact EMS services. We are using data from these calls to figure out what the strategies are to prevent emergencies. The calls are anywhere from I took the wrong pill what do I do, to calls concerning animals. Melanie Reynolds asked what percentage is from opioids. The number of calls involving opioids is actually a small percentage. Janet Runnion asked if they are able to tell what kind of calls they are receiving from the tribal communities. Yes, they are able to see where the calls are coming from and what type of emergencies they are.
- Kristen Rogers the Family and Community Health Bureau Chief gave an update on Sexual Assault Prevention. The rape prevention education program receives \$22,123 from the PHHS block grant. The focus is on trainings, primary prevention of sexual assault on five college campuses to students, faculty, and staff. The campuses are MSU Northern, MSU Billings, MT Tech, UM Western, and Salish Kootenai. The classes at MSU Northern address critical issues such as sexual assault, relationship violence, stalking, and sexual harassment. Salish Kootenai was able to make it mandatory for students, staff, and faculty to complete the trainings. The women and men's health section, provided training called the force of awesome, to the rape prevention education contractors. The training provided research in the fields of education, psychology, sociology, and moral development. One of the challenges involves having an individual trained in providing evidence based bystander intervention. Catharsis is the primary trainer for these trainings at the campuses. They also train the military. Next steps would be for the program to support the three colleges in sending at least one individual to receive training on the evidence based bystander intervention. We would also like to bring several national speakers to tour the five campuses, focusing on male athletes. Jean Curtiss recommended that Kristen Rogers talk to Missoula about rape prevention. They made the national radar for assaults on campus and have done a lot of work on the UM campus for education opportunities. The domestic violence prevention program in Missoula, MT has also been nationally recognized. They have posters that are put in restroom stalls that are great for awareness, and they are happy to share with PHSD's prevention of sexual assault program.
- Tia Hunter from the System Improvement Office gave an update on the Public Health System Support Unit. The original 2015 grant cycle is wrapping up. Currently we are working with the CDC on an evaluation of that grant. The 2016 grant will be completed by June 30 for most counties. Many counties needed an extension for the grant. As a result, we are looking at the timeline for the cycle and evaluating if the time needs to be longer. We are in the process of scheduling Board of Health trainings for Liberty, Phillips, Sheridan, Big Horn, Deer Lodge, Rosebud, Richland, McCone, and Garfield. The next round of funding will include Community Health Assessments, Community Health Improvement Plans, Strategic Plans, Quality Improvement Plans, Workforce Development Plans, Performance Management, and

CHIP Implementation. Funding is moving more towards the PHHS Block Grant rather than receiving funds through the Montana Healthcare Foundation. This opportunity will probably be more competitive as a result. The announcement will go out during the first part of May and the grant will start in September. Todd Harwell commented that even if the county health department is not moving towards accreditation, these funds could still help with building community health assessments.

- Laura Williamson the State Epidemiologist gave an update on the Indicator Based Information System (IBIS). PHHS Block Grant funds have been used to fund IBIS, which is an online data query tool. Several other states are using the same platform as our IBIS, which enables us to collaborate with other states. IBIS system went live in July of 2016. There are currently five data sets on the system. The best way to get [to IBIS](#) is to google Montana IBIS. You are now able to do data queries on birth and death records, population demographic estimates, and inpatient admissions. The query system is similar to CDC wonder. The system is also on the DPHHS website. In March of 2017, we worked with the primary care office to get an indicator system. This will be a report by county on mortality and hospitalization outcomes and demographic factors. The primary care office will use this information to help with their designation healthcare shortage areas. Jane Smilie asked about trainings for IBIS. Last year, there was a data use training at Summer Institute. Later this year there will be some Moodle trainings and which will be accessible through the IBIS website. New Mexico also has some YouTube videos available on the IBIS system. Joe Russell asked if the epidemiologists outsourced to the counties go through Laura's office. Currently there are over 20 epidemiologists and most of them are spread out and work directly with public health programs like tobacco and injury prevention. Those epis are embedded in those programs and are not directly supervised by Laura's office. Laura supervises about eight epidemiologists through the Office of Epidemiology and Scientific Support (OESS). As the director of OESS, Laura is charged with coordinating the surveillance activities throughout the state, as well as data reports, and technical support. Melanie Reynolds asked if there are any local health departments with epidemiologists. Joe Russell commented that there are two epidemiologists in Flathead County. Melanie Reynolds commented that there are many communities in different stages of completing Community Health Improvement Plans. One of the challenges for accreditation is having a good tracking system for local health departments. One of the goals for OESS is to figure out how we can effectively get local health data into the local health departments.
- Terry Ray the System Improvement Office Supervisor gave an update on operations and workforce development. The PHHS block grant will be funding 43 individuals to attend certificate of public health courses. Out of those 43 individuals, only 18 are from the PHSD. The remaining individuals are from local health departments. Another training opportunity that is offered this year from the block grant will be the public health management certificate. This year there are 16 participants currently. MEHA and MPHA are currently advertising the management certificate. There will be eight slots open for MPHA and four slots open for MEHA. This will include five days in Seattle and online classes every week. Registration for the Management Certificate program will be open until the end of May.

Maternal and Child Health Block Grant Update

- Ann Buss the Maternal Child Health Coordination Section Supervisor gave an update on the maternal and child health block grant update. Title V funding is flexible in allocating how each state spends their dollars. Under Title V laws, 30% automatically has to fund children with special healthcare needs. For FY 2016, 25% went to state programs and administration, while 45% of the funding was able to go to county public health departments. The graphs shown in the packet give a breakdown of how the money is spent at the local level. When we selected our National and State Performance Measures, we aligned our measures with the State Health Improvement Plan's objectives. We will know in the next couple of weeks what the performance measures are for this next fiscal year. Knowing how the local health departments intend to spend their funding will help us move towards evidence-based best practices, and evidence informed approaches to the performance measure they have selected. Some counties choose not to take the Title V funding because the amount of money allocated based on the size of their

population is so small that the cost of implementing these programs does not offset the funds received. Other counties have county commissioners that have historically chosen not to take the funding. This year we looked at Fallon, Hill, and Yellowstone County's reports and saw how they used their funding and what performance measures they selected. These summary reports provide a snapshot of how the different counties are using their funding to address the selected performance measures and how they have set their own goals.

- We will also be doing a deeper assessment of how we as a state look at the two performance measures that deal with children's special health care needs. As a result, we will be doing an analysis of National Performance Measure 12 (transition services) and State Performance Measure 4 (medical home). The first part of May, we will be meeting with individuals from the Maternal and Child Health Workforce Development Center out of University NC Chapel Hill. We want to look at the results of the statewide survey that CSHS completed with the Rural Institute at the University of Montana. The data will look at a system of care in Montana that will be able to meet the needs of these children. This is a challenge due to the rurality of Montana. This data will be looked at on the 15th and 16th of May.
- We ask that you provide feedback on the 2016 Annual Report and the 2018 Title V application. We are also asking for feedback on how we can meet the needs of the local health departments and communities. Jean Curtiss asked how the money is spent and who the money goes to for the Children with Special Health Services. The money goes to three different regional centers that provide pediatric care for those kids with special healthcare needs. This includes clinics that provide cleft, metabolic, and cystic fibrosis services as well as others. Title V funding is based on a pyramid of services. The top of the pyramid is direct care. We spend very little of the funding on direct care services, but the whole purpose of the May meeting is to look at how the CSHS funding can develop a system of care and improve the delivery of services that we can offer. Melanie Reynolds commented that one of the emerging public health issues is maternal perinatal mood disorders. Are there any resources to help on this issue? Ann Buss will follow up with this request.

State Public Health Workforce Development Update (PHSIO, AMPHO, MPHA, MEHA, UM, AHEC)

- Terry Ray asked the chairs if we could table the presentation on the Workforce Development Group. This presentation will be saved for the June 28th Task Force meeting.
- Jane Smilie stated that Missoula and Yellowstone counties have been doing workforce studies and looking at where the shortages are. Terry Ray stated that the workgroup is working on more training and education trying to build a collective impact for all of the organizations. Jane Smilie gave an update on two new AMPHO projects. One is a Leadership Summit at the Summer Institute. The Montana Healthcare Foundation is providing the funding for this event. We would really like for local health departments to bring their emerging leaders to this summit. The idea will be to celebrate the success that we have had in Montana in getting many local health departments accredited as well as our state health department. Along with celebrating these successes, our goal is to discuss next steps. This conference will be held in Billings on July 19. The next thing AMPHO is working on is the mentorship program. We have identified faculty that we are working with for this program. Our kickoff meeting will be on August 17th with the focus being on leadership. The document details how we will be matching the mentors with the mentees. This is a yearlong program with peer-to-peer relationships. There will also be a series of four webinars regarding change management, public health law and policy, budget and finance, and performance management and quality improvement. Kristi has created an online public health leaders handbook that will be available to all local health departments. The state has funded this, allowing the mentor mentee pairs to travel to each other's health departments.
- Lora Wier from the Montana Public Health Association gave an update on MPHA's annual conference. This conference is scheduled for September 19th and 20th in Missoula, MT. The theme is about integrating clinical care, environment, and public health. We work with the University of Montana in regards to a practicum placement of PhD candidates in local health departments. Currently there is a PhD candidate placed in Lincoln County and a MPH student placed in Beaverhead County. We just

finished working with the System Improvement Office to fund five individuals to go to New Orleans for a Performance Management Forum. Another five individuals will also be funded to go to a training conference in Albuquerque in June.

Follow-up Items

- Next meeting will be a face-to-face meeting on August 16th at the Public Health and Safety Division's Cogswell Building in Helena, MT. 1400 Broadway, Helena, MT 59620.

The next meeting will be a face-to-face meeting at the Public Health and Safety Division's Cogswell Building in Helena, MT on August 16, 2017



Agenda
Public Health System Improvement Task Force
April 26, 2017
10:00am-12:30pm
Great Northern Hotel–Iron Horse Ballroom, (406) 457-5500
835 Great Northern Boulevard
Helena, MT 59601

10:00am	Roll call of members	Chair
	Approval of previous meeting minutes and announcements	Chair

Old Business

10:10am	Legislative Update	Todd Harwell (PHSD Administrator)
10:20am	Block Grant update from programs EMS and Prevention of Deaths from Poisonings Nutrition and Physical Activity Workforce Development and Support to Local and Tribal Health Depts. Prevention of Sexual Assault	Terry Ray Jim Detienne Mandi Zanto Terry Ray Kimberly Koch

New Business

11:00am	Maternal and Child Health Block Grant Update	Ann Buss (MCH Coordinator and Section Supervisor)
11:20am	State Public Health Workforce Development Update (PHSIO, AMPHO, MPHA, MEHA, UM, AHCEC)	Terry Ray (System Improvement Coordinator)
11:30am	Lunch will be served (Great Northern Hotel catering)	

****For assistance on April 26th, please contact Jackie Tunis at (406) 444-7374***

For more information, contact Jessica Miller at 406-444-5968 or JMiller5@mt.gov

Office of Public Health System Improvement, Public Health and Safety Division, MT DPHHS

Preventive Health and Health Services Block Grant Progress Review 2017

Outline

- ▶ PHS Block Grant Overview Terry Ray
 - ▶ Built Environment Mandi Zanto
 - ▶ Emergency Medical Services Jim Detinne
 - ▶ Poisoning Prevention Jim Detinne
 - ▶ Sexual Assault Prevention Kristen Rogers
 - ▶ Public Health Sys Support Tia Hunter
 - ▶ Indicator Based Info Sys. Laura Williamson
 - ▶ Ops. and Workforce Dev. Terry Ray
- 

PHHS Block Grant

FFY 2016 & 2017 = \$1,032,403

FFY 2017 & 2018 = \$1,038,435

Built Environment
\$100,000
\$125,000

Building Active Communities Initiative Institute

Built Environment Consultant-MSU

Emergency Medical Services
\$100,000
\$124,000

Training and Tech. Asst.

Emer. Care Council support

Epi. support

Pre-hospital info system

Prevention of Deaths from Poisonings
\$220,000
\$196,000

Rocky Mountain Poison Center Contract

Prevention of Sexual Assault
\$22,123
\$22,123

Faculty Training and Education

System Support
\$100,000
\$150,000

Mini-Grants

Sponsorships /Partnerships

PH Management Certificate

BOH Trainings

IBIS
\$30,000
\$30,000

Internal Opns, Workforce Development
\$312,280
\$335,000

Cert. Pub. Health

Summer Institute

WF Dev. Plan

PHSITF

SHA/SHIP

Built Environment

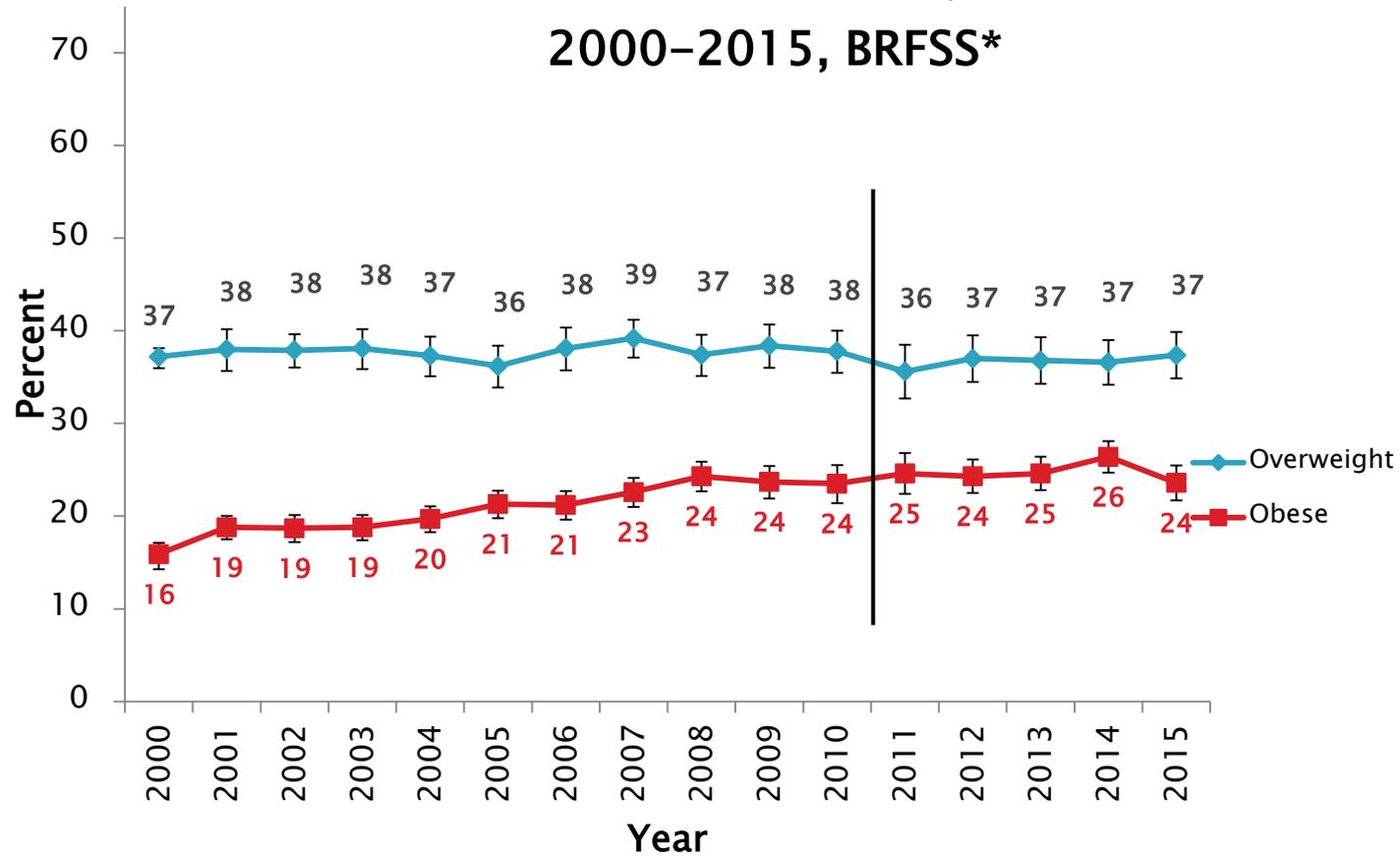


Nutrition and Physical Activity Program: Built Environment

▶ State Health Objectives

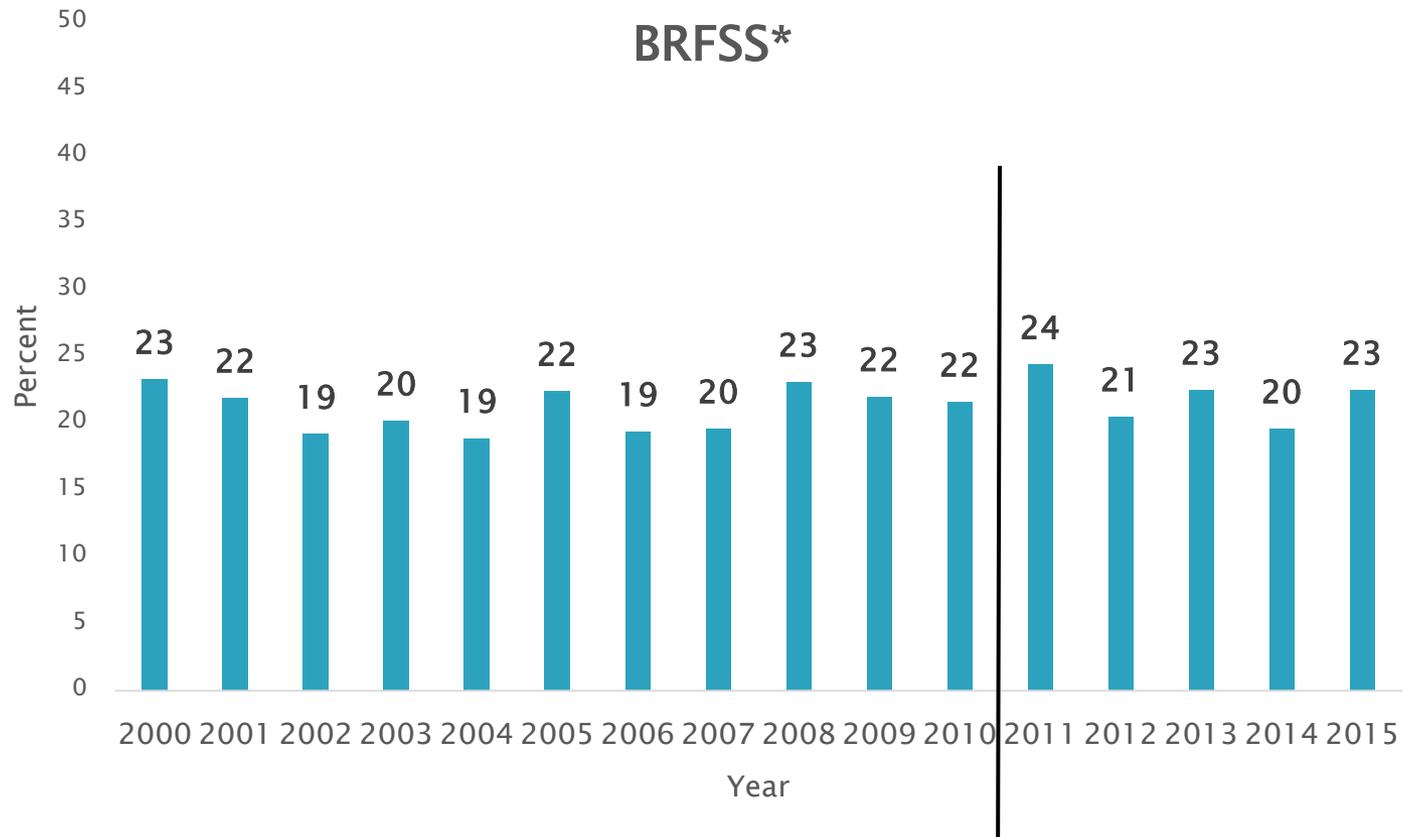
- Decrease the proportion of adults who report they are overweight or obese from 60% to 54%
- Decrease the proportion of adults who engage in no leisure time physical activity from 24% to 22%

Trends in Body Mass Index (BMI) among Montana adults, 2000–2015, BRFSS*



*Due to changes in methodology, BRFSS estimates from 2010 and prior cannot be directly compared

Percent of Montana adults who engage in no leisure-time physical activity, 2000–2015, BRFSS*



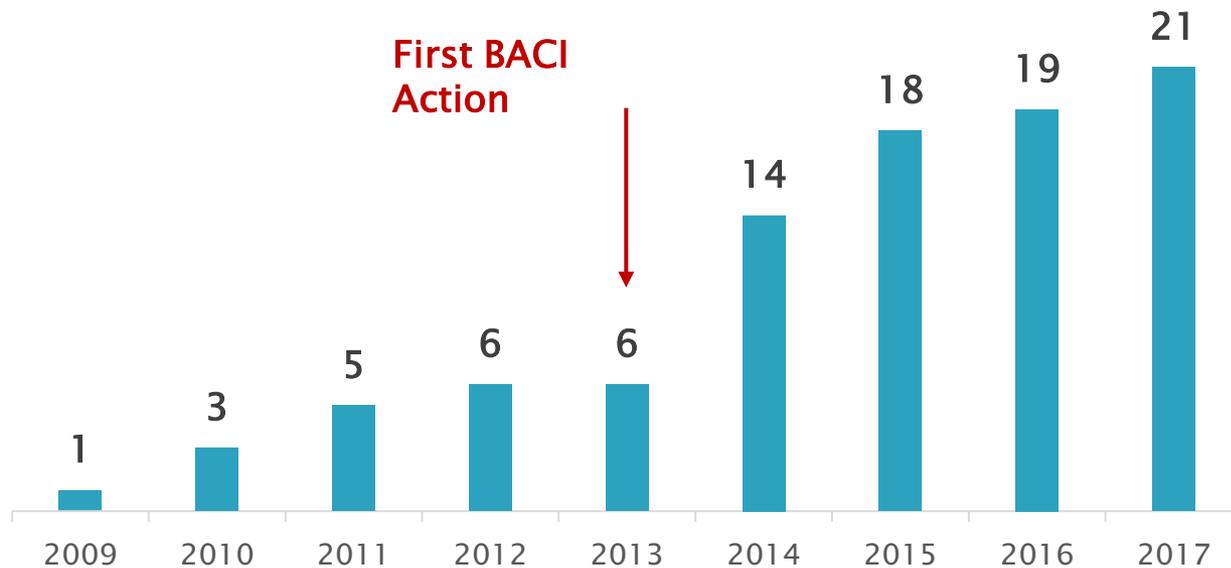
*Due to changes in methodology, BRFSS estimates from 2010 and prior cannot be directly compared to estimates from 2011 and later.

Nutrition and Physical Activity Program: Built Environment

- ▶ Policy Implementation FY 15/16
 - Number of communities that developed and/or adopted a pedestrian or transportation master plan rose from 16 to 21
 - 16 Communities have attend built environment training through NAPA's Building Active Communities Initiative's Action Institute
 - The Action Institute in a multi sector partnership including DPHHS, MT Dept of Transportation, MT Dept of Commerce, Fish Wildlife and Parks and Bike Walk Mt
 - In May 2017 the 5th Action Institute will take place in Butte, hosting 7 new communities

-

Cummulative Number of Built Environment Policies* Passed in Montana Communities, 2009–2017



*Policies include Complete Streets (or similar) policies and Master Plans (transportation, bike, pedestrian, or downtown) with a non-motorized component.

Emergency Medical Services & Trauma Systems

Poison Control



EMS & Trauma Systems

PHSD Strategies Supported

- **Emergency Care Council**
 - Education
 - Medical Oversight
 - Public Education
 - Funding & Reimbursement
 - **State Trauma Care Committee**
 - **New NEMESIS-Compliant Data System for EMS services**
 - **Workforce Development – Service Manager Workshop**
 - **Educational Opportunities**
 - **Emergency Medical Dispatch**
- 

EMS & Trauma Systems

Poison Control

PHSD Strategies Supported

- **Contract – Rocky Mountain Poison Control Center**
- **FY 16**
 - **12,117 total calls**
 - **7,531 Human Exposures / 2,068 Information Calls**
 - **RMPC managed 5,035 cases where the poison occurred – no ED visit necessary**
- **Savings of Emergency Room costs = > \$1,500,000**

5,001 Exposures Age 19 and Under!

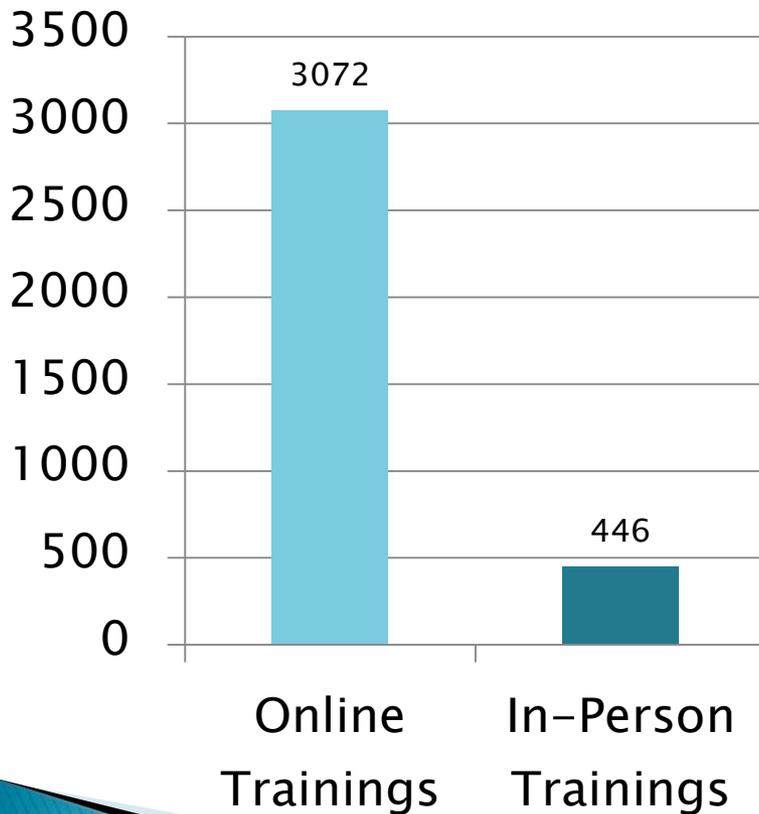


Prevention of Sexual Assault

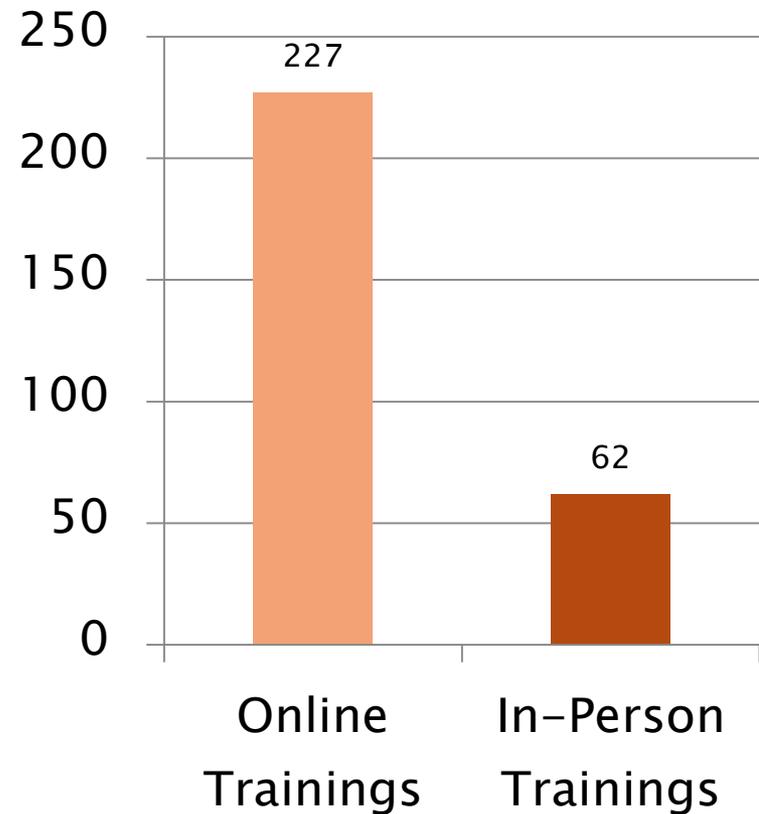


Rape Prevention Education (RPE)

Students

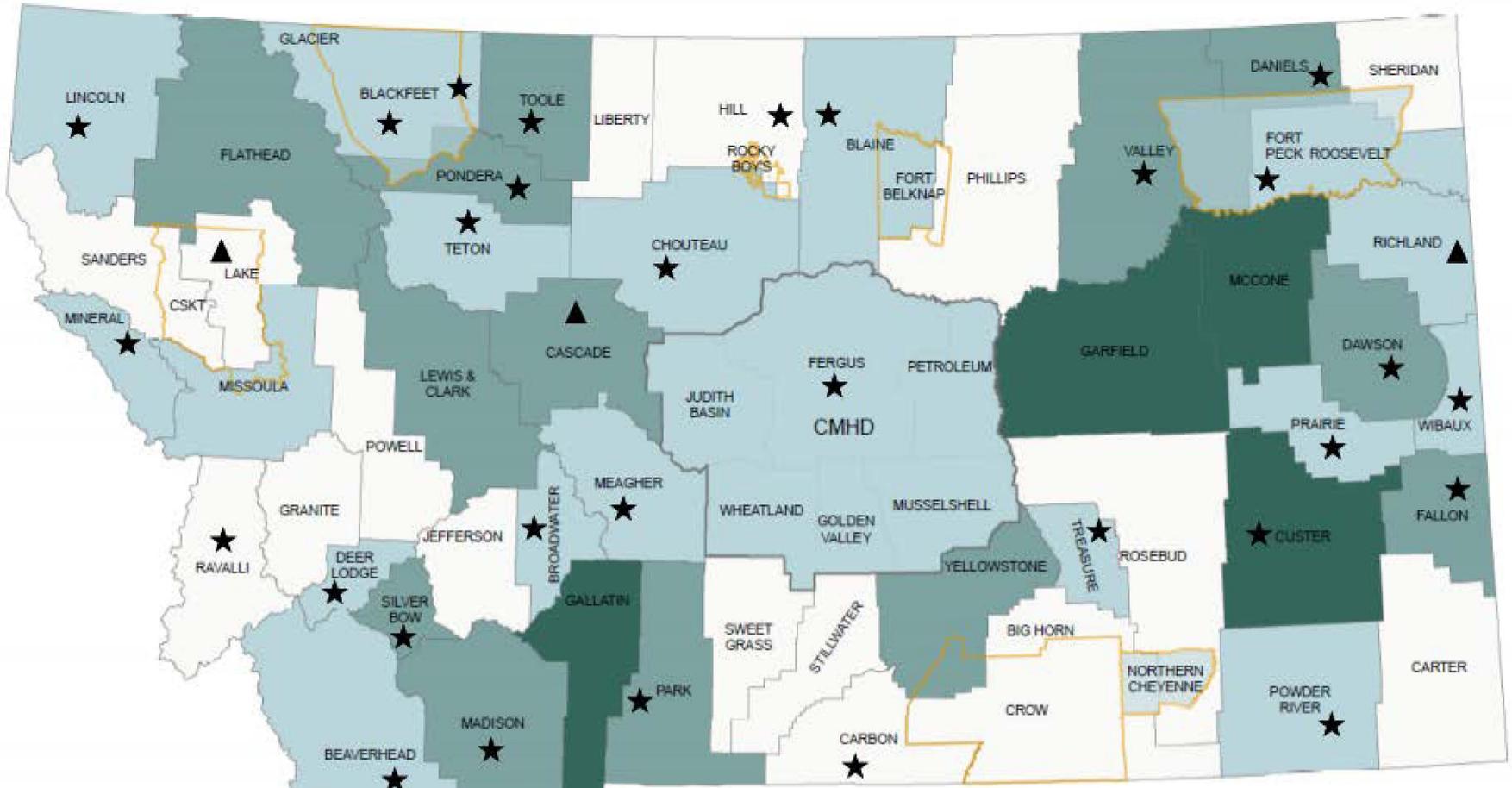


Faculty/Staff



Public Health System Support





- Not a grant recipient
- 2015 grant recipient
- 2015 and 2016 grant recipient
- 2016 grant recipient
- Completed LBOH Training or Tribal Council Discussion
- Scheduled LBOH Training or Tribal Council Discussion

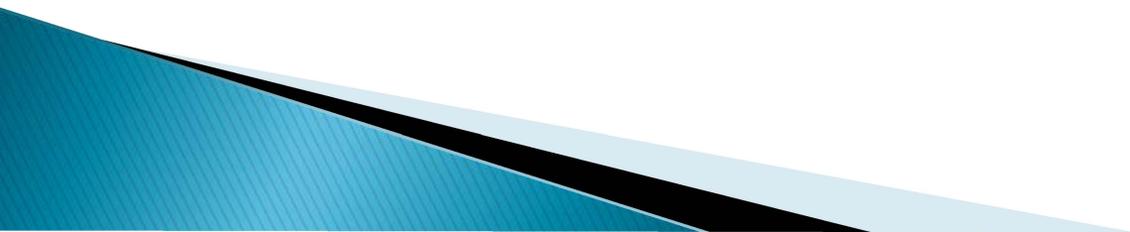
Montana Indicator Based Information System (IBIS)



Montana Indicator Based Information System (IBIS)

- ▶ Success: 5 data sets added to system
 - Birth records, death records, Population – June 2016
 - Inpatient hospital admission, Primary Care Office indicators – Mar 2017
- ▶ Challenges
 - Need to increase awareness of the tool among potential users
 - Need to develop training resources on how to use the tool
 - Progress to add data sets slower than anticipated
- ▶ Next steps
 - Training & awareness planning: Moodle training
 - Add additional datasets: BRFSS, Tumor Registry, Injury Hospitalization, Emergency Department

PHSD Operations and Workforce Development



Public Health and Safety Division Internal Operations and Workforce Development

PHSD Strategies Supported

- **Train employees to use evidence-based public health practices.**
 - **Collaborate with schools of public health and other academic programs to develop the public health workforce.**
 - **Implement a division-wide integrated performance management system**
 - **Evaluate the effectiveness of all programs and modify them as needed.**
 - **Improve the capability of the Health Stat application to be used as a program management tool.**
- 

PHSD Internal Operations and Workforce Development

Activities

- **Certificate of Public Health** **43 participants (18 from PHSD)**
- **Public Health Management Certificate** **16 participants (73 to date)**
- **2017 SHA and 2018-2022 SHIP production**
- **PH System Improvement Task Force support**
- **PHSD and State-Wide Workforce Development Assessments and Plans**
- **PHSD Performance management database and info systems maintenance**



Questions



Maternal and Child Health Block Grant – Fact Sheet

In Montana, funds are used by the state and county public health departments to address health issues such as:

- Decreasing the number of **women who smoke during pregnancy**
- Providing families with requested **health education**
- Increasing the number of children up-to-date on **immunizations**
- Increasing rates of **breastfeeding** for infants
- Decreasing the number of **teen pregnancies**
- Improving **oral health** care for children and pregnant women
- Decreasing deaths from **unintentional injury and unsafe sleep environments**

- The Title V Maternal and Child Health Block Grant (MCHBG), remains the only federal program that focuses *solely* on improving the health of all women, children and families.
- The MCHBG is a federal, state and local level partnership. It supports the core public health functions of resource development, capacity and systems building, public information and education, program linkage, and technical assistance to communities.
- The MCHBG is administered by the U.S. Department of Health and Human Services, Health Resources Services Administration (HRSA).
- HRSA requires that 30% of the state’s MCHBG allocation is spent exclusively on services for children and youth with special health care needs, and only 10% or less on administrative costs.
- For federal fiscal year 2017, 51 county health departments accepted funding to address one of the National or State Performance Measures.
- MCHBG funding also helps a number of state programs, such as: Fetal, Infant, Child & Maternal Mortality Review; Newborn Metabolic & Hearing Screening; Women’s & Men’s Health; Maternal & Child Health Coordination; Oral Health; Home Visiting; and the Office of Epidemiology and Scientific Support

Montana’s MCHBG Federal Funding & Number of Person Served, Fiscal Years 2012 - 2016

FY 2012	FY 2013	FY 2014	FY 2015	FY 2016
\$2,387,995	\$2,236,161	\$2,154,629	\$2,219,096	\$2,284,817
93,716	97,574	98,476	107,669	<i>Pending</i>

