



Community-Based Child Abuse Prevention (CBCAP)

FY 2020 Annual Report

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Lead Agency Identifying Information

Board Members

Brooke Bartholomew

Region 1, Miles City

Kristina Davis

Region 2, Great Falls

Joe Raffiani

Region 3, Billings

Patricia Butler

DPHHS

Region 4, Helena

Tracy Moseman

OPI

Region 4, Helena

Leslie Caye

Board Chair

Region 5, Pablo

James Scott Wheeler

Board Vice Chair

Region 6, Kalispell

Montana Children's Trust Fund

MT Department of Public Health and Human Services

Early Childhood and Family Support Division

PO Box 4210

Helena, MT 59604

MLavinder@mt.gov

EIN: 810-30-2402

DUNS: 142 549 299

Melissa Lavinder, Program Manager

(406) 444-3002

MLavinder@mt.gov

Amy Swann, Budget Analyst

(406) 444-3484

Amy.Swann@mt.gov

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1. Leadership Role in State Prevention Activities

Montana Children’s Trust Fund (MT CTF) is a leader and voice for primary and secondary prevention of child maltreatment in Montana and serves as Montana’s Lead Agency for Community-Based Child Abuse Prevention (CBCAP) Grants. Established by the Legislature in 1985, it acts as a quasi-public entity and is governed by a seven-member Board of Directors appointed by the Governor. The board members bring a wealth of knowledge and experience about the needs of children and families. Two board members must represent state agencies involved in education and social work relating to children. The Governor ensures that the board represents the State’s broad, vast geographic diversity throughout Montana. MT CTF Board of Directors represented all six Child and Family Services regions in Montana during the reporting period.

Montana Children’s Trust Fund (MT CTF) was housed in the Director’s Office of the Montana Department of Public Health and Human Services (DPHHS). In January 2020, MT CTF moved to the DPHHS Early Childhood and Family Support Division (ECFSD). MT CTF is elevated within the Division, affording MT CTF the opportunity to impact the direction of primary and secondary child abuse and neglect prevention and collaborate more effectively with other prevention and early intervention programs. A conscious effort has begun to merge duplicative efforts, leverage the limited resources of the state, and align with the child welfare system for a stronger impact while pushing prevention to the forefront of conversations statewide.

MT CTF focused leadership efforts on:

1. Supporting a variety of prevention programs across the state
2. Offering trainings and technical assistance related to child abuse and neglect prevention, strengthening families, and leading positive change
3. Increasing awareness around prevention activities and messages

With limited staff and resources, MT CTF cannot work alone. Woven throughout each of the following sections is collective impact and collaboration with other state entities and nonprofits, which has proven to be vital in providing effective services. The nature of these relationships will be laid out in more detail in Section 3: Collaborations and Partnerships.

Strategic Funding Mechanism

MT CTF’s goal is to support sustainable, effective prevention programs aligned with safety, permanency, well-being, and continuous quality improvement. Given the size of Montana and its rural nature, MT CTF funded geographically diverse family support programs that were sensitive to the needs and gaps of the communities they served.

The target population included families and caregivers of children ages 0-18, especially those at risk for child maltreatment and neglect. Additionally, many MT CTF programs intentionally reached out to underserved populations, such as caregivers with special health care needs, caregivers of children with special health care needs, families living at or below the federal poverty line, families at risk of or currently experiencing homelessness, parents who are victims of domestic violence, incarcerated parents, military and veteran parents, and young parents.

Community-Based Grants

MT CTF grantees completed the first year of a five-year grant cycle for community-based organizations using evidence-based and evidence-informed practices to provide primary and secondary child abuse and neglect prevention.

Request for Proposal. Based on feedback from previous and current grantees, as well as a committee of board members, MT CTF improved its Request for Proposals by eliminating redundant sections, requesting work plans post-award notice, adding a service area risk score, and increasing the possible grant award. MT CTF also required uniform program and outcome assessments, use of an electronic statewide bi-directional referral system, and alignment with the Strengthening Families Framework.

Renewal Process. To be considered for a renewal contract, funded programs submitted an application that included updating logic models, goals, methods, work plans, and budgets. They were also required to take the free online training: Bringing the Protective Factors Framework to Life in Your Work. Decisions were made based on these components, as well as their current outcome data and information learned during site visits.

Essential Care Items to Tribal Nations

Due to COVID-19, access to care items was limited, especially for rural and tribal areas where big box stores are farther away. MT CTF supplied a small grant to provide essential care items to our tribal nations' parents and caregivers. Items included approximately 23,000 diapers, 6,000 menstruation supplies, 700 nursing pads, 200 packs of wipes, 90 containers of formula, 70 thermometers, 100 masks, 186 small hand sanitizer bottles, and 4 large hand sanitizer bottles. MT CTF reached all eight tribes through this mini-grant and matching funds. Providing these concrete support items reduced stress on parents and helped prevent unintended neglect that might have occurred if parents were unable to access these items for their families.

Training and Technical Assistance

MT CTF funded training opportunities for family support professionals, ranging from general nonprofit management and fundraising to parental engagement and professional skill-building.

Grantees

MT CTF utilized site visits and semi-annual reporting to evaluate how funded programs were faring throughout the grant cycle. This gave MT CTF staff and board members the opportunity to review grantees' work, ensure projected service outcomes were met, and identify further technical assistance and capacity building needs.

The renewal process for grantees was non-competitive, allowing MT CTF staff to provide technical assistance and feedback before submitting the final renewal applications to the MT CTF Board. Staff also conducted a call with grantees in February 2020, held two months before the due date, to walk through the application template and answer any questions.

As mentioned previously, grantees were required to take Bringing the Protective Factors Framework to Life in Your work. They were also asked to take the Let's Grow Montana eLearning Courses during the grant year.

Let's Grow Montana

In August 2019, MT CTF partnered with DPHHS Family and Community Health Bureau and the Center for Children, Families, and Workforce Development (CCFWD) to survey home visitors and assess their training needs. Based on findings and consultation with MT CTF, CCFWD developed trainings on Motivational Interviewing, Family Diversity, Child Development, Substance Abuse and Mental Illness, Leadership Fundamentals, and Leading Positive Change. These trainings used a three-pronged approach: online training modules, tele-coaching, and a skill-building workshop. Due to COVID-19, the skill-building workshop was provided virtually. Conducting these trainings virtually allowed MT CTF to reach more isolated areas of the state, reducing the burden of travel on providers, as well as reducing strains on staffing. This project will be discussed further in Section 7: Training, Technical Assistance and Evaluation Assistance.

Montana Early Childhood Project

During the previous reporting period, MT CTF collaborated with the DPHHS Early Childhood Services Bureau to develop training on trauma-informed care and the prevention of abusive head trauma, as well as self-care and wellness for early childhood professionals. The trainings below became available on the [Montana Early Childhood Project site](#) in October 2020.

Trauma Informed Care and the Pyramid Model (6 hours). Participants will be able to: 1. Define trauma and toxic stress and the impact of these on children, 2. Analyze what the trauma-informed Pyramid Model is about, and 3. Discover strategies for building protective factors and resilience in young children.

Wellness: Taking Care of Yourself (2 hours). Participants will be able to: 1. Explore why taking care of yourself is important, 2. Reflect on research about teacher wellness and how it can impact teaching practices, and 3. Explore strategies around stress reduction techniques and mindfulness.

Montana Prevent Child Abuse and Neglect Conference

MT CTF participated on the planning committee for the Montana Prevent Child Abuse and Neglect Conference (CAN) and planned to sponsor the event. However, due to COVID-19, the CAN Conference was canceled. The 2021 planning committee is currently building on the conference that was scheduled last year and will include some of the planned presenters. The CAN Conference will be offered virtually in April 2021.

Great Beginnings Great Families Conference

Due to COVID-19, the Great Beginnings Great Families Conference was held virtually. The conference was scaled back and offered free of charge. MT CTF staff notified grantees and partners of the opportunity and attended the trainings.

Awareness

To promote child abuse and neglect as a public health concern and promote the healthy, positive development of children, MT CTF employed public awareness as a major strategy. Educating the community on their role in strengthening families and the lifelong consequences of child abuse and neglect manifested itself through surveys, media development, public events and trainings, and traditional and social media.

Assessing Culture of Relationships and Abusive Head Trauma Prevention

MT CTF invested in a data-informed marketing project to increase funding for prevention and family support and public engagement in the prevention of child maltreatment. MT CTF contracted with Montana State University Center for Health and Safety Culture (CHSC) to conduct surveys on abusive head trauma prevention, the Period of PURPLE Crying, knowledge of MT CTF, and support for its mission. Based on the information gathered, MT CTF and CHSC updated MT CTF's Crying Card, added information about infant crying to [ParentingMontana.org](https://parentingmontana.org) (an age-specific parenting resource and social and emotional learning site) and developed three video and radio ads to help promote creating a plan for coping with infant crying, as well as promote MT CTF. Due to COVID-19, the timeline of this project was delayed and is now close to completion.

Public Events

MT CTF funded or sponsored, coordinated, promoted, and/or provided information at various trainings and events, including:

- Perinatal Mental Health Conference
- Montana Prevent Child Abuse and Neglect Conference (planned but canceled due to COVID-19)
- Virtual Strengthening Families Month (Child Abuse Prevention Month) activities

Media

Print publications. MT CTF utilized a mailing campaign to reach out to churches and faith-based organizations for Blue Sunday. MT CTF also worked to revise the Crying Card. MT CTF designed a program [brochure](#) and sent it to the Perinatal Mental Health Conference registrants.

Radio. Radio outreach was conducted statewide, often with in-kind matches. MT CTF used the Montana Radio Company for the Income Tax Check-Off Campaign and Strengthening Families Month. Northern News Network and Montana Public Radio were also used to advertise for the Income Tax Check-Off Campaign.

Television. MT CTF advertised with Montana Television Network (MTN) for the [#GoBlue Campaign, Go Blue Mondays](#), and Income Tax Check-Off Campaign ("[What can you do with a dollar?](#)" and "[Helping Hands](#)").

Web. Although MT CTF's [website](#) receives minimal traffic, the information is kept current, easy to access, and ADA Compliant. Information provided on the website includes parenting resources, training information, ways to get involved with prevention, events, current grantee information, application and reporting templates, and board meeting minutes. The MT CTF website moved under the Early Childhood and Family Support Division in November 2020, along with many other prevention and early intervention program sites. The website is organized by service type rather than by the organizational chart. This will make finding services and support easier for families.

Facebook. MT CTF [Facebook page](#) saw an 8% increase in fans during the reporting period. The page reaches 87% women and 12% men, mainly ages 25 to 44. Other than event promotion, Facebook was used to provide tips on parenting, wellness, and family friendly activities; help promote grantees' and partners' events; create awareness about their programs; and keep a pulse on statewide happenings.

MT CTF used Facebook to recognize award recipients. Typically, they are recognized at the CAN Conference. This activity was so successful, that it has been added to MT CTF's regular plan. During the Summer, MT CTF conducted a Facebook swag giveaway to celebrate reaching 1,000 fans and increase visibility of the program.

YouTube. MT CTF advertised the Income Tax Check-Off Campaign on YouTube.

In addition to the above efforts, MT CTF required all grantees to coordinate and/or participate in Strengthening Families Month during April. All of MT CTF grantees' Strengthening Families Month activities were impacted by COVID-19. Some were able to pivot to virtual activities, while some did not have the capacity and had to cancel events. Strengthening Families Month efforts will be described in more detail in Section 9: Strengthening Families Month and Public Awareness.

2. Actions to Advocate for Systemic Change

As the lead agency in Montana for preventing child abuse and neglect, MT CTF strives to be a voice for strengthening families and make prevention a priority at all levels of social ecology. MT CTF engages traditional and non-traditional partners to facilitate communication among the many well-intentioned programs that exist in Montana. To create systemic change, intentional collaboration and communication must occur on a regular basis. The nature of these collaborative relationships will be described in more detail in Section 3: Collaborations and Partnerships.

MT CTF continues to improve the delivery of community-based and prevention-focused programs and activities by focusing on research and data, training and awareness activities, and programming that prioritizes strengthening families and communities to ensure the healthy development of children statewide while seeking to highlight that everyone plays a role in raising children, no matter their profession.

Becoming a Data-Informed State

Although collecting and analyzing data takes a great deal of time and effort, it is crucial in leading Montana towards positive systemic change. MT CTF has taken a more proactive leadership role in shaping statewide, data-informed child abuse and neglect prevention strategies. In fact, the two projects mentioned below sparked the beginning of an internal workgroup to analyze child death and injury including partners such as DPHHS Early Childhood and Family Support Division's senior epidemiologist and Fetal, Infant, Child & Maternal Mortality Review (FICMMR) staff, as well as DPHHS Child and Family Services Division leadership.

Assessing Culture of Relationships and Abusive Head Trauma Prevention

In partnership with Montana State University Center for Health and Safety Culture (CHSC), MT CTF developed a survey for Montana adults in Montana to measure awareness of the Children's Trust Fund; values and beliefs about safe, stable, and nurturing relationships; and beliefs and behaviors regarding creating a plan to prevent anger when frustrated with a crying infant. Data will be discussed in Section 8: Evaluation Data.

The information gained from this project will be used to further abusive head trauma prevention and other child maltreatment prevention efforts, embedding this work throughout the Early Childhood and Family Support Division programs. This project has also led to further data conversation among internal partners. For example, MT CTF met with Early Childhood and Family Support Division leadership, Fetal, Infant, Child &

Maternal Mortality Review staff, and Child and Family Services Division leadership to discuss what internal data exists to help move the prevention of abusive head trauma and other infant death prevention forward.

Geospatial Analysis of Risk Factors for Child Maltreatment

MT CTF partnered with internal epidemiologists and a Geographic Information Systems (GIS) Analyst to explore risk factors that are correlating with child abuse neglect reports across Montana. In the initial analysis, rates of youth dropping out of high school, larceny, rape, divorce, licensed childcare facilities, MIECHV-funded home visiting, and pediatricians were found to be significant in reports of child abuse and neglect. Some of these community characteristics correlated in a manner opposite of expected, perhaps due to an increase or decrease of a child's contact with mandatory reporters. Read results in more detail in Section 8: Evaluation Data. MT CTF will continue to refine data and research methods with internal partners.

Grantees Measurements

In the most recent Request for Proposals (RFP), MT CTF required the use of common program and outcome assessment tools to obtain more cohesive data from grantees.

Program Assessment. Funded programs were required to utilize the Parent Leadership and Continuous Quality Improvement subscales from the FRIENDS National Resource Center tool, Understanding the Role of Program Assessment in Child Abuse Prevention: Tools for Peer Review and Beyond. They collected the baseline data and chose areas for improvement to report on annually.

Outcome Assessment. Funded programs were required to utilize the Revised Protective Factors Survey. The data received is easier to work with when demonstrating the impact of funding dollars. The use of the online database also reduced some of the reporting workload of funded programs. There were a few technical difficulties using the online database, such as attempting to use the electronic survey with program participants. This resulted in much fewer surveys being completed than when completed in-person. There were also a few discrepancies between the paper version and the electronic version, which were reported to FRIENDS National Resource Center.

Montana Children's Health Data Partnership (MCHDP) Project. Stakeholders, including some MT CTF grantees, from across Montana came together in 2018 to develop actionable, early childhood performance measures to improve the social determinants of health for children. Funded programs were asked to identify one of the ten measures they would work to improve over the course of the grant cycle and report on annually.

Training and Awareness

Trainings

Let's Grow Montana trainings and tele-coaching series were developed and conducted virtually via Moodle and Zoom, respectively. MT CTF also hosted a virtual exhibitor booth at the Perinatal Mental Health Conference. Although the event was cancelled due to COVID-19, MT CTF helped plan the Montana Prevent Child Abuse and Neglect (CAN) Conference. Many of the presenters scheduled to speak will participate in the 2021 CAN Conference.

Awareness Campaigns

Instead of developing a marketing plan, MT CTF contracted with Montana State University Center for Health and Safety Culture to not only assess and grow awareness of MT CTF, but also to assess and grow positive social norms around relationships and the prevention of abusive head trauma. In addition to this project, MT CTF funded its annual Income Tax Check-Off, Not Even for a Minute, and Strengthening Families Month Campaigns.

Strengthening Families Month

Strengthening Families Month activities were significantly impacted by COVID-19 in 2020. All activities had to be conducted virtually, or in accordance with the Governor's Guidelines. Many local activities around the state were canceled, although MT CTF and its grantees found alternative ways to strengthen families such as providing activity drop-offs or pick-ups.

Legislation Related to Children and Families

Although MT CTF does not conduct advocacy efforts, legislation has important implications for MT CTF and Montana families. Provided below are some important pieces of legislation relating to children and families from Montana's 66th Legislative Session, which ran from January to April 2019.

Family First Prevention Services Act (FFPSA)

The Family First Prevention Services Act (FFPSA) is vitally important for Montana, which has the third highest per capita placement rates for children in foster care. MT CTF was included in internal and external stakeholder meetings for FFPSA and had conversations with leadership at the Child and Family Services Division (CFSD). MT CTF reviewed and provided feedback on the FFPSA plan before it was submitted to the United States Children's Bureau in November 2020.

Prevention of Child Sexual Abuse

[House Bill 640](#) revised the statute of limitations laws to allow for delayed reporting in child sexual abuse cases, increased penalties to felonies against mandatory reporters who fail to act in child sexual abuse cases, required CFSD to notify the County Attorney of child sexual abuse allegations received, and required county attorneys and CFSD to retain records of child sexual abuse allegations for 25 years.

[House Bill 298](#) was passed in Montana's 65th Legislature in April 2017, requiring Montana Office of Public Instruction (OPI) to create a curriculum to educate elementary school children about sexual abuse, including steps to report when they experience it. The law was passed with no funding, however OPI offers online courses for educators regarding child sexual abuse and trafficking.

Healthy Pregnancies

[Senate Bill 267](#) allowed women who are pregnant with a substance use disorder to seek evaluation, treatment or support services without being charged criminally.

Early Education and Child Care

[House Bill 225](#) and [755](#), measures to fund preschool, were both tabled in the House Education Committee. [House Bill 177](#) would have provided options to school districts to fund preschool but was also tabled.

Resilient Parents and Families

Several bills were passed that help Montana families raise healthy children:

- [House Bill 54](#), [21](#), and [20](#) strengthened reporting standards for missing indigenous women
- [House Bill 583](#) directed the executive branch to collect data for children receiving targeted case management
- [House Bill 726](#) extended the obligation to pay child support for children with disabilities if they remain in the home of the custodial parent.

Another significant bill was [House Bill 208](#), which would have ensured paid family and medical leave insurance for the workforce. However, the bill was tabled in committee.

Medicaid

[House Bill 658](#) ensured that 100,000 Montanans would not lose access to affordable healthcare. This bill emerged as the vehicle for continuing Medicaid expansion.

[Senate Bill 30](#) created a funding source for peer support services under Medicaid. These services employ peer support specialists to work with individuals coping with a substance use disorder (SUD). Peer specialists have successfully completed treatment for their own SUDs and offer insight on seeking and completing treatment.

Children, Families, Health, and Human Services Interim Committee

The Interim Committee decided in June 2019 to carry out two different study resolutions relating to child protective services as a combined study. [House Joint Resolution 48](#) requested a study of ways to support families involved in the child protection services system and reduce the number of children removed from their homes for suspected child abuse or neglect. [House Joint Resolution 49](#) requested a study of the role of law enforcement and the courts in the child protection services system. The committee decided to proceed with two bills, requiring a new emergency protective services hearing and continued review of judicial pilot projects involving child protective service cases.

[Senate Bill 202](#), a bill that would revise guardianship, conservatorship, and other protective arrangements, was tabled during the 2019 Legislature. The Interim Committee decided to introduce two bill drafts in the 2021 Legislature.

3. Collaborations and Partnerships

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Child Welfare, such as: | <input checked="" type="checkbox"/> Strengthening Families, Head Start | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> CFSR/PIP | <input checked="" type="checkbox"/> Early Head Start | <input checked="" type="checkbox"/> Public Health/ACES |
| <input type="checkbox"/> IV_B/PSSF | <input checked="" type="checkbox"/> Maternal, Infant, & Early Childhood | <input checked="" type="checkbox"/> Business Community |
| <input type="checkbox"/> CFSP/APSR | Home Visiting | <input type="checkbox"/> Project Launch |
| <input checked="" type="checkbox"/> State Team Planning Meeting | <input checked="" type="checkbox"/> Early Childhood Comprehensive | <input checked="" type="checkbox"/> Other |
| | Systems | |

MT CTF is dedicated to building and strengthening new and existing collaborations and networks of partners such as state agencies, faith-based and civic organizations, tribal partners, and businesses to better leverage the resources in Montana. Partnerships range from information sharing, material distribution, and communication to contracts and leveraging funds to meet common goals. A conscious effort was made to merge duplicative efforts and leverage the limited resources of the state for a stronger impact while pushing prevention to the forefront of conversations statewide.

MT CTF works with agencies, workgroups, advisory boards and others to create meaningful policies and procedures that the state can use to be more effective on individual and collective work. MT CTF participates in strategic planning for a variety of groups, and many board members have dual roles as leaders, activists and directors of agencies, coalitions and other entities, such as Montana Early Childhood Advisory Council, Office of Public Instruction, and Montana Interagency Coordination Council (ICC).

Internal Partners

Early Childhood and Family Support Division (ECFSD)

The Montana Department of Public Health and Human Services (DPHHS) established the Early Childhood and Family Support Division in January 2020 to better coordinate programs and services for infants, children, individuals, and families. ECFSD includes a broad range of early learning and development, health, family support, and social services programs supporting these populations.

Geospatial Analysis of Risk Factors of Child Maltreatment. MT CTF partnered with ECFSD epidemiologists and a GIS Analyst to examine existing risk factor data for child maltreatment and demonstrate where high-need areas are in Montana to help direct future funding.

Let's Grow Montana. MT CTF partnered with Healthy Montana Families Home Visiting and the University of Montana Center for Children, Families, and Workforce Development (CCFWD) to survey home visitors for training needs in August 2019. MT CTF and CCFWD developed online trainings that went live in May 2020, a tele-coaching series that started in June 2020, and a virtual skill-building workshop that took place in October 2020. Evaluation of these training opportunities will inform projects moving forward into the next fiscal year. See Section 8: Evaluation Data.

Family Engagement Workgroup. MT CTF worked with the Family Engagement workgroup, which is part of the Montana Early Childhood Advisory Council (formerly Best Beginnings Advisory Council). MT CTF served on a subcommittee to develop a plan to involve family members in conversations that impact the lives of their children and families. Members of this subcommittee included Head Start State Collaboration Office, Part C, Best Beginnings childcare, and the University of Montana Rural Institute. See Section 6 for more details.

Child and Family Services Division (CFSD)

MT CTF worked to strengthen its relationship with CFSD by discussing how the two entities might partner and coordinate efforts on primary and secondary prevention of child abuse and neglect. CFSD administrators were notified of MT CTF Board Meetings and invited to participate. It is MT CTF's intention to continue building and strengthening this relationship, which will include data sharing.

Family First Prevention Services Act (FFPSA). Internal and external meetings were held to discuss and educate stakeholders on FFPSA. [House Bill 604](#) required DPHHS to create a strategic plan to develop and expand prevention programs. MT CTF along with other DPHHS prevention entities were at the table to discuss the components of a compliant FFPSA plan. MT CTF also provided feedback on the plan in August 2020. The plan was submitted to the Children’s Bureau in November 2020.

State Team Planning Meeting. MT CTF participated in the State Team Planning Meeting in March 2020. Much of the conversation centered around the court system after abuse and neglect cases have been filed. MT CTF used this meeting as a learning opportunity and provided simple ways for the group to participate in primary prevention activities, such as Strengthening Families Month. This was well-received, especially because the team is currently engaged in complex tertiary pilot projects such as Pre-Hearing Conferences, Emergency Protective Services Courts, and Family Support Teams.

CFSD Statewide Advisory Council. MT CTF staff took part in CFSD Statewide Advisory Council Meetings. Discussions included FFPSA, regional CORE Trainings, Montana Family Safety Information System (MFSIS), workforce development and staff retention, and COVID-19 challenges.

Montana Prevent Child Abuse and Neglect (CAN) Conference. The statewide conference represented collaboration between MT CTF, CFSD, the Court Appointed Special Advocates for Children (CASA), the Court Improvement Program, and the Department of Justice. Although planning for the conference took place, the in-person event had to be canceled due to the COVID-19 pandemic.

Court Improvement Program (CIP)

MT CTF participated in CIP Advisory Committee Meetings. Although not part of the core decision-making group, MT CTF has been able to provide valuable insight while also learning more about the court system and legal representation as it pertains to children and families. A notable role of MT CTF was providing feedback on a parent’s guide to understanding the process and timelines of dependency and neglect cases. CIP also participated in the State Team Planning Meeting.

State Health Improvement Plan (SHIP)

The purpose of the SHIP Healthy Mothers, Babies, and Youth/ACEs Workgroup is to maintain a living work plan and align efforts and resources to improve health outcomes. The goals are to 1) decrease unintended pregnancies by increasing the use of effective contraception methods; 2) increase home visiting services for all Montana families; 3) increase education and awareness of the importance of prenatal care, birth outcomes, postpartum care, and childhood health; 4) increase childhood and adolescent immunizations; and 5) decrease maternal and child health disparities among American Indian populations. Conversations focused on creating an ACES resources and training webpage for the public and different professional sectors.

Office of Public Instruction

Montana Student Well-being Advisory Committee (MSWAC). The main goal of MSWAC is to build and expand capacity at the state and local levels to make schools safer and improve school climate, increase awareness of mental health issues, and connect children and youth with mental, emotional, and behavioral health issues with needed services. Additional goals for the MSWAC are to reduce duplication of services and increase collaboration at the local and state levels.

Interagency Coordinating Council (ICC) Workgroup

The ICC Workgroup's main goals are reducing child abuse and neglect, youth drug use, youth violence and crime, school dropout rate, and teen pregnancy and sexually transmitted infections. The ICC Workgroup facilitates functional communication among involved agencies, departments and local entities throughout the state. It is charged with developing comprehensive and coordinated prevention programs that will strengthen the healthy development, well-being, and safety of children, families, individuals, and communities, particularly children and families that are deemed to be at risk. Historically, the ICC has met quarterly, however, during the reporting period, the council only met once. The person responsible for organizing the meetings retired in December 2019. In October 2020, the ICC Workgroup met to discuss what the workgroup could look like moving forward.

Montana CONNECT Referral System

MT CTF encouraged its grantees and partners to explore the electronic referral system that is expanding statewide. [CONNECT](#) is a closed-loop referral system, allowing for a higher level of communication among service providers, more efficient care coordination, and a measurable impact on health outcomes. Programs selected for the new five-year grant cycle, which began on July 1, 2019, are required to use CONNECT, as it becomes available and functions well in their communities. Some of the funded programs are also ambassadors for CONNECT in their communities.

External Partners

MT CTF Grantees

MT CTF partnered with its grantees to provide evidence-based and evidence-informed services and awareness in their communities. Funded programs were required to identify collaborative partners to help strengthen resource sharing, referrals, communication, ongoing evaluation, and quality improvement activities.

Strengthening Families Month coordination

Strengthening Families Month activities have been sponsored by Blue Cross Blue Shield of Montana since 2015. MT CTF hosted a statewide Strengthening Families (Child Abuse Prevention) Month coordination call. This cross-sector group represented 18 counties and shared the goal of leveraging resources, sharing ideas, and cross promoting Strengthening Families Month. Through these partners, MT CTF distributed 1,600 blue pinwheels and 700 informational pinwheel lapel pins, along with other educational and promotional materials across the state. Many groups also participated in the #GoBlue Campaign on social media. Churches and faith-based organizations were encouraged to participate in Blue Sunday and other family strengthening activities.

Parental Support and Resources during COVID-19 Pandemic

To better connect parents with support and resources during the COVID-19 pandemic, MT CTF facilitated conversations with the DPHHS ECFSD Early Childhood Services Bureau, Part C, and Child and Family Services Division; Office of Public Instruction and Montana Afterschool Alliance; University of Montana Center for Children, Families, and Workforce Development; Zero to Five; Healthy Mothers Healthy Babies; mental health consultants; and a pediatrician. Notable accomplishments of this group were being able to share knowledge of existing resources, including access to distance learning equipment for students, and to assist in disseminating a survey conducted by Zero to Five to determine how COVID-19 was impacting families.

Healthy Mothers Healthy Babies

MT CTF has a long-standing relationship with Healthy Mothers Healthy Babies (HMHB), especially relating to abusive head trauma statewide prevention efforts. HMHB was kept informed of the status of MT CTF's project to assess the culture of abusive head trauma prevention and was invited to participate in a discussion with DPHHS stakeholders on the findings of the survey.

HMHB was also awarded a small grant from MT CTF to provide essential care items to all eight tribal nations' parents and caregivers during the COVID-19 pandemic.

Prevent Child Abuse America – Montana Chapter

MT CTF Program Manager was recruited to the Montana Chapter of Prevent Child Abuse America Board of Directors, which meets monthly. Project topics include adverse childhood experiences and trauma-informed care, Child Abuse Prevention Month, a virtual parent connection group, and Health Families America. Participation on this Board will increase collaboration, as well as reduce duplication of efforts.

4. Needs Assessment and Prevention Service Array

MT CTF assessed unmet needs in Montana for an assortment of projects using a variety of methods. What follows are descriptions of how each need was assessed for each prevention service conducted.

MT CTF Grantees

Funding was granted to local, non-profit agencies and community-based organizations. Risk data on maltreatment rates, state involvement rates, high school dropout rates, poverty rates, divorce rates, violent crime rates, alcohol outlet density, and rural nature was analyzed for each county in Montana. Organizations that applied for funding were assigned a risk score based on their service area. With the Geospatial Analysis project, MT CTF hopes to further refine this tool for program selection in the future. The descriptions below indicate areas of high risk for each funded program, immediately followed by their chosen prevention strategy funded by CBCAP dollars.

Alliance for Youth serves Cascade County and scored high in maltreatment, state involvement, and high school dropout rates. **Prevention Services:** Circle of Security, Nurturing Parenting, Parent Cafés, and Kid Kafés.

Dawson County Health Department scored high in maltreatment, high school dropout, and divorce rates. **Prevention Services:** Love and Logic, Parents as Teachers, 1-2-3 Magic, Bright by Text, parent-child activities, parent resource library, child safety seat checks, and Safe Sitter and Safe@Home workshops.

Nurturing Center serves Flathead, Lincoln, Lake, and Sanders Counties. Because of this, the evaluation committee averaged the risk score of all counties listed. While Flathead County only scored high in divorce rates, Sanders County was the highest risk county, scoring high on all but violent crime rates. Lincoln County and Lake County fell between Sanders and Flathead Counties, respectively. **Prevention Services:** Active Parenting, Circle of Security, and 1-2-3 Magic.

Parenting Place serves Missoula County and scored high in maltreatment, state involvement, divorce, and violent crime rates. **Prevention Services:** Nurturing Parenting Program and Exchange Parent Aide Home Visiting.

Peace Place serves Cascade County and scored high in maltreatment, state involvement, and high school dropout rates. **Prevention Services:** Morning and afterschool respite care, Parent-Implemented Interventions for behavioral challenges, Powerful Tools for Caregivers, and a parent support group.

Statewide Projects

Let's Grow Montana

In the summer of 2019, MT CTF worked with Healthy Montana Families and the University of Montana Center for Children, Families, and Workforce Development (CCFWD) to survey home visitors across Montana to determine their training needs. Topic areas identified by home visitors were Motivational Interviewing, Family Diversity, Substance Use and Mental Health, Child Development, and Leadership. **Prevention Service:** CCFWD designed and published a dedicated website for prospective participants called [Let's Grow Montana](#). The website provided a landing page, virtual classroom, and resource hub for anyone interested in taking the self-paced eLearning courses, tele-coaching sessions, 3-hour skill-building workshop, or reading pertinent articles and resources.

Assessing Culture of Relationships and Abusive Head Trauma Prevention

DPHHS is mandated to develop educational materials on abusive head trauma prevention and to distribute them at no cost to recipients. MT CTF became involved in these efforts in 2009. Shortly after, the Crying Card was developed. In 2012, MT CTF began funding statewide implementation of the Period of PURPLE Crying, for which a large investment was made to recruit hospitals and birthing centers to implement the program with new parents. Later, MT CTF made investments to expand PURPLE to additional providers that work with new parents and infants. The final dose of the Period of PURPLE Crying is using universal methods to reach all parents. To start dose 3, MT CTF decided to check in on recognition of PURPLE and MT CTF, as well as parents' willingness to create a plan about how to cope with their baby's crying. **Prevention Service:** MT CTF surveyed Montana adults to measure awareness of the Children's Trust Fund and the Period of PURPLE Crying; values and beliefs about parent-child relationships; and beliefs and behaviors regarding developing plans to prevent anger when frustrated with a crying infant. These survey results informed the redesign of the Crying Card, as well as radio and video ads regarding MT CTF, building healthy relationships with children, and how to cope with a baby's crying.

Geospatial Analysis of Risk Factors for Child Maltreatment

Two of MT CTF's main goals are: 1) MT CTF supports sustainable, effective programs aligned with its priorities of safety, permanency, well-being and continuous improvement, and 2) MT CTF is sustainable and effective in meeting statewide needs. In order to meet these needs with limited resources, MT CTF needs to understand child maltreatment and the risk and protective factors associated with it across the vast state of Montana. **Prevention Service:** MT CTF partnered with epidemiologists and a GIS Analyst to explore and map risk factors that correlate with child abuse neglect cases in Montana.

Prevention Service Array in Montana

Prevention in Montana is carried out through a variety of state agencies and nonprofits to strengthen and protect families by reducing risk factors and increasing protective factors.

Primary and secondary prevention are largely carried out by MT CTF and various state and private entities including allies and grantees that seek to reduce the stigma of accessing parenting programs. State programs include Addictive and Mental Disorders Division, Early Childhood and Family Support Division, Human and Community Services Division, Office of Public Instruction, and Comprehensive School and Community Treatment. Non-profit, educational and foundation partners include Center for Children, Families, and Workforce Development, Children's Alliance of Montana, ChildWise, Elevate Montana, Healthy Mothers Healthy Babies, Prevent Child Abuse America – Montana, Montana CASA/GAL Association, Montana Healthcare Foundation, and Headwaters Foundation.

Tertiary Prevention is supported through the Child and Family Services Division (CFSD), the Children's Justice Bureau, and many of the programs listed above.

A small amount of information on the State programs are provided below, but more information can be found in the [DPHHS Strategic Plan: Preventing Child Abuse & Neglect in Montana](#).

Addictive and Mental Disorders Division (AMDD): The mission of AMDD is to implement and improve an appropriate statewide system of prevention, treatment, care, and rehabilitation for Montanans with mental disorders or addictions to drugs or alcohol.

Early Childhood and Family Support Division (ECFSD) provides coordinated services and resources to promote well-being and support the health and development of children, individuals, families, and communities. It is home to many prevention and early intervention programs including, but not limited to, childcare programs; programs serving children with special health care needs; nutrition education and support programs, home visiting, and child abuse prevention efforts. ECFSD strives to assure that children, youth, and families are healthy and thriving.

Children's Mental Health Bureau (CMHB) cares for and supports individuals under 18 years of age who have been diagnosed with serious emotional disturbance (SED).

Office of Public Instruction (OPI) has several initiatives that serve at-risk youth with a focus on strengthening families.

Comprehensive School and Community Treatment (CSCT): Students with more severe mental health concerns can be served in Montana Schools through CSCT, a school-based behavioral health service for children with SED supported by the CMHB.

Child and Family Services Division (CFSD) seeks to keep families safe and strong and to protect children who have been or are at substantial risk of abuse, neglect or abandonment.

Children's Justice Bureau at the Montana Department of Justice is an agency-wide initiative focused on improving the Department's response to child abuse victims and supporting their recovery.

Individuals and Families Served

The charts below reflect numbers served, as reported by MT CTF grantees in their final reports for contract dates July 1, 2019 through June 30, 2020 following the state fiscal year. The numbers reflect direct

preventative services only and do not include community awareness, outreach, collective impact, or training numbers. These numbers represent unique individuals and do not reflect a person receiving services on multiple occasions.

Population Served	# Served
Children with disabilities	75
Parents with disabilities	33
Children	725
Parents/Caregivers	744
Families	633

5. Outreach to Underserved Populations and Cultural Competence Efforts

- parents
- racial and ethnic minorities
- children and adults with disabilities
- homeless families and those at risk for homelessness
- unaccompanied homeless youth
- adult former victims of child abuse and neglect or domestic violence
- members of other underserved or underrepresented groups (i.e. fathers)
- other option

Racial and ethnic minorities

Montana is a predominantly white state at 89%. The largest minority group in Montana is the Native American community, with 7% of the population identified as only American Indian and/or Alaska Native. Despite Montana’s demographics, children of American Indian descent represented 29% of children involved with Child and Family Services in FY2020. Through Strengthening Families Month and the Essential Care Items to Tribal Nations project, MT CTF reached all eight of the tribal reservations during the reporting period. MT CTF staff also attended the Montana Tribal Relations training.

Rural and frontier areas

Because of Montana’s vast geography and small population, MT CTF relied on partners to reach rural Montana. For example, MT CTF funded a small grant to provide essential items to tribal populations, which are located in rural areas. MT CTF provided awareness materials at the Perinatal Mental Health Conference and sent materials to programs at their request. Continuing from the previous reporting cycle, MT CTF provided trainings virtually to allow more service providers to take advantage of the offering. If trainings were only provided in-person, travel costs would be too high for some areas of the state to attend and they would need to leave their daily work for several days.

Diversity, Equity, and Inclusion Workgroup

MT CTF participated on a recently formed workgroup to address diversity, equity, and inclusion (DEI) within our programs and the DPHSH Early Childhood and Family Support Division (ECFSD). In this group, members began to identify DEI work happening across ECFSD and possible strategies to implement. The DEI Workgroup prepared to present the case for DEI to ECFSD leadership. The presentation occurred shortly after the end of the reporting period but was well-received and helped set the tone for divisional strategic planning.

Outreach Reported by MT CTF Grantees

MT CTF encouraged grantees to conduct outreach to underserved populations, especially those listed as their target populations. Below are examples of outreach reported by grantees.

Alliance for Youth

Alliance for Youth conducted outreach activities through partnerships with programs and organizations in the community such as the Indian Family Health Center, L.O.V.E., Head Start, Great Falls Public Schools, Young Parents Education Center, Benchmark Human Services, Peace Place, Family Connections, YWCA, Benefis Hospital, Great Falls Clinic, Veteran Services, Eagle Mount, Cameron Family Center and many others. Prior to COVID-19 social distancing restrictions, social marketing activities were also paired with interactive activities at resource fair events.

Dawson County Health Department

Dawson County Health Department collaborated with the Head Start Parent Committee to host a group connection called Pancakes with Santa for the community, with a targeted population of Parents as Teachers and Head Start clients. Services were also advertised with the drug court. As a result, the 1-2-3 Magic class was comprised of drug court participants, Parents as Teachers clients, and Head Start parents. Presentations of services were also given to the parents and staff at Head Start, Special Education Preschool, local pediatricians, Child Protective Services, and the Glendive Foster Care Project.

Nurturing Center

Supplies and information were provided to the Flathead City-County Health Department, Child Development Center, Flathead County Detention Center, and schools. Resources included information related to mental health, parenting skills, community resources, and community services available for individuals and their family members. The Nurturing Center also conducted outreach via social media, community meetings, partner staff meetings, flyers, brochures, posters, and other electronic distribution.

Parenting Place

Parenting Place collaborated with over 70 community organizations to host “Project Community Connect” (PCC) in January. This event is largely for people experiencing homelessness or those at-risk of homelessness but was also marketed for anyone in need of support or services. Services included dental care, haircuts, food, clothing, legal aid, mental health consultants, job/resume building, childcare options, and other various education services.

Parenting Place also collaborated with Women’s Opportunity and Resource Development (WORD) to hold groups for women who experienced domestic violence and/or incarceration. Staff reached out to Missoula Developmental Services Corporation to provide Adverse Childhood Experiences trainings for staff.

Peace Place

Peace place provides respite and Parent-Implemented Intervention strategies to parents of children with special health care needs. The organization sent a newsletter to families served at least once per month.

6. Parent Leadership and Involvement

Family engagement has been a topic of importance among many state agencies related to prevention and intervention. These stakeholders have found that meaningful parent involvement sometimes takes years. Below is a description of parent leadership activities conducted by MT CTF at the state level, as well as activities carried out by funded programs.

State Level Activities

Family Engagement Workgroup

MT CTF staff is involved in an internal Family Engagement Workgroup subcommittee. The subcommittee is writing a theory of action to develop and pilot a family voice framework to model authentic family partnership and ultimately improve programs and systems that support families and children in Montana. The family-driven team to develop and pilot the framework would be comprised of at least 50% family members, which has been defined loosely to include family configurations that do not fit neatly into the legal term of parent. Family members may include biological parents, adoptive parents, foster parents, stepparents, grandparents, siblings, and others of significance to a child. Building blocks to achieve this goal include recruitment of and planning with the team, open dialogue about families' experiences with services, professional development opportunities, and leadership opportunities.

FRIENDS Parent Advisory Council

Heather Stenson, a staff member of a former CBCAP subgrantee, was recruited to the national FRIENDS Parent Advisory Council. This is the first time Montana has been represented on the Council. Heather is now invited to MT CTF Board Meetings to participate and share knowledge gained from the Council.

Grantee Measurement Tool

MT CTF required grantees to use the Parent Leadership Subscale of the FRIENDS evaluation tool: Understanding the Role of Program Assessment in Child Abuse Prevention. Grantees were required to fill out the full self-assessment subscale and select five target items to improve on during the grant year. MT CTF provided training on the required program assessment tool during the Grantees Meeting in August 2019.

Parent Leadership Reported by MT CTF Grantees

Funded programs were required to utilize the Parent Leadership and Continuous Quality Improvement subscales from the FRIENDS National Resource Center tool, Understanding the Role of Program Assessment in Child Abuse Prevention: Tools for Peer Review and Beyond. They collected the baseline data and chose areas for improvement to report on annually. Below are examples of parent leadership reported by grantees.

Alliance for Youth

Parents were active members on program committees, councils, and boards. Alliance for Youth provided ongoing skill development for parents by offering training and support in advocating for issues important to them. Parents were provided opportunities to contribute, including program planning, program review and evaluation, developing and adapting curriculum, program decisions, program outreach, facilitating activities, orienting new participants, and fundraising.

Dawson County Health Department

Two parents joined the governing board, Best Beginnings Coalition, giving them the opportunity to help with decision making, program review and planning. One parent added to the board was also a Parents as Teachers client. 35 new families participated in weekly Mommy/Daddy & Me video and take-home craft kits, which were positively received. Seven parents reached out with ideas for upcoming projects.

Nurturing Center

The program recognized contributions of parent leaders internally and externally within the community. The program established a mechanism to provide adequate resources for parent leaders, such as stipends and childcare. This effort was in collaboration with the Best Beginnings Community Council.

Parenting Place

Parenting Place offered classes at various times of the day and week including weekends and evenings. Classes were provided in group settings and in one-on-one settings. These classes have been in person or virtual to meet the ever-changing needs of families.

Six families helped plant a community garden this spring, and multiple families offered their time and labor to weed or harvest the garden.

Parenting Place held an open house to share services and recruit parents for the board of directors. A monthly parent newsletter was emailed to update parents on services and other family friendly events.

Peace Place

The primary means of parent leadership was serving on the board of advisors, which did not have any legal control over Peace Place, as it was the subsidiary of a church. Some parent volunteers were engaged in special events, as well as parent support group functions. Peace Place re-organized as a separate legal entity from First Presbyterian Church, effective July 1, 2020. The former board of advisors was disbanded, but parents were still eligible to serve on the new board. The current Program Review Committee is comprised of more than 50% parents.

Parents were included in the governance change conversations. First, there was a committee of both church elders and Peace Place stakeholders, which explored the strengths and weaknesses of Peace Place as it existed prior to this year. Each member of this committee consulted with current parents and former clients of Peace Place. Then, when a recommendation came to establish a new governance, staff called every single parent to share the information and to solicit input.

7. Training, Technical Assistance and Evaluation Assistance Activities

Individuals who received training and technical assistance from Lead Agency	695
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MT CTF offered support and training in two main ways: Let's Grow Montana and ongoing technical assistance with multi-year grantees.

Let's Grow Montana

MT CTF contracted with the University of Montana's Center for Children, Families, and Workforce Development (CCFWD) to design and deliver a training program to professionals, supervisors, and stakeholders who provide educational, treatment, and support services for parents, care providers, and extended family members.

CCFWD designed and published a dedicated website for prospective participants called [Let's Grow Montana](#). The website included a landing page, virtual classroom, and resource hub for anyone interested in taking any of the six eLearning courses, 14 tele-coaching/peer sessions, one 3-hour skill-building workshop, or reading pertinent articles and resources. The website provided continual and free access to interested participants and allowed them to initiate and return to partially completed courses when their schedule allowed. The tele-coaching sessions were also recorded, providing an opportunity

Phase one: eLearning Courses

CCFWD invested significant resources into creating, producing, and disseminating high-quality, accessible training through the six eLearning courses available on the Let's Grow website. The courses were self-paced and maximized opportunities to meet participant's various scheduling demands. Courses were provided at no cost statewide to increase access and to provide a resource to organizations with limited budgets for professional development. The courses were designed so individuals or organization teams could participate, were highly interactive (activities, discussions in-person or online, communication with the instructor), provided knowledge checks to reinforce participants' mastery of skills, and were designed for a wide range of learning styles (reading, visual, video, audio, kinesthetic). Below is a brief overview of the course content that was developed for each cohort.

Staff and Stakeholders Cohort. Prior to identifying the course topics, a statewide survey of prospective participants was conducted. Once the results were compiled, board members from the MT CTF provided input on which topic areas would best meet staff and stakeholders' needs in tribal, rural, and urban communities. This process resulted in the following four-course topics:

1. Motivational Interviewing (MI)
2. Family Diversity
3. Substance Abuse and Mental Health
4. Child Development

Each of the four eLearning courses offered interactive learning opportunities by providing foundational knowledge, relevant case examples, short articles, skill-based videos, and interactive activities. The motivational interviewing course served as the lead and foundational course so participants could further develop their interviewing skills by applying the MI content in the three remaining course topic areas and the final 3-hour workshop.

Management and Leadership Cohort. The survey and input from MT CTF board members identified the following as important topics for supervisors, managers, and leaders:

1. Leadership Fundamentals
2. Organizational Leadership

The leadership cohort courses included personal and professional assessments, short articles, videos highlighting leadership principles, and interactive activities.

Phase two: Tele-coaching

To enhance materials provided in each of the eLearning courses or as a standalone learning opportunity, CCFWD offered 14 tele-coaching sessions. Like the eLearning courses, the tele-coaching sessions were available statewide to individuals and agencies at no cost. Both cohorts met every other week. The tele-coaching sessions provided an in-depth focus on each of the eLearning topic areas through:

1. a subject matter expert providing a focused presentation on the topic
2. the introduction of a case study and facilitator-led small group discussion
3. a large group discussion
4. disseminating a tip sheet or resource page developed by the CCFWD

The tele-coaching sessions allowed participants to more fully comprehend information learned in the eLearning courses and learn from their peers across the state about the successes and challenges they encounter while serving Montana families. The sessions also allowed participants, especially those in rural Montana, to build new networks.

Phase three: Workshop

A three-hour virtual workshop was provided to staff and any interested stakeholders. The workshop provided participants with an opportunity to practice and further hone their motivational interview skills by applying them to the parents and families they commonly encounter. The workshop featured individualized opportunities for participants to meet with and receive coaching from four subject matter experts through a series of experiential learning activities.

Phase four: Additional Resources and Support

As participants exited their online learning experience, CCFWD created online resources that staff, volunteers, management, and leadership could refer to for support. One such resource was an abridged Community Resource page. The page offered tools in the following three sub-sections:

1. Rural Montana resources: listing of web-based groups offering ongoing support for mothers, medical resources for mothers, and mental health resources for mothers.
2. Montana telehealth resources: Telemedicine resources such as Eastern Montana Telehealth Network, Indian Health Services, Montana Access to Pediatric Psychiatry.
3. Helplines: Free 24-7 services accessible via phone or internet, such as Montana's Child Abuse Hotline, Crisis Text, Veteran's Crisis Line, National Hope Line.

CCFWD also provided a list of other free resources found on its website. These resources included online resource banks for information on pregnancy, babies and toddlers, adolescents, and teens. CCFWD also linked to courses for future learning opportunities, including identifying drug paraphernalia in the home and maternal health and drug use. Finally, an article about the importance of language development, entitled "Talking is Teaching," in babies and early childhood was sent to participants, as well as published in a newsletter and local newspapers (e.g., Billings Gazette, Great Falls Tribune).

Technical Assistance Provided to MT CTF Grantees

MT CTF provides technical assistance to funded programs by maintaining open communications, whether conducting site visits, assisting in filling out an invoice or report, or even brainstorming about an activity. Below are the more notable areas in which MT CTF provided grantees with technical assistance.

Site Visits

MT CTF was able to provide initial and follow-up site visits in-person, as the follow-up visits occurred just weeks before social distancing requirements and travel restrictions went into effect. This allowed MT CTF to observe funded activities, as well as discuss successes and challenges, outcome achievement, course correction if needed, and brainstorm ideas for outreach, parent leadership, and possible activities. In some cases, MT CTF staff were joined by board members interested in learning more about the funded programs. In addition to evaluating their progress, grantee feedback will continue to be solicited and valued by MT CTF. For example, MT CTF staff asked each grantee in every site visit how staff could improve and if there were any topics with which they needed training or assistance.

Semi-Annual Reporting

MT CTF required grantees to use the Online Protective Factor Survey Database to ease data reporting, however using it required a good deal of technical assistance. Some programs struggled reporting data because they had attempted to use the electronic survey distribution and few participants responded. For others, parenting classes hadn't concluded, so a complete picture could not be given at the time of the report. MT CTF grantees also found discrepancies within the database, such as an error within the exported spreadsheet and a difference of asking for a birthdate in the database but only the age of a child in the paper survey. These were reported to FRIENDS National Resource Center.

MT CTF staff also provided technical assistance on how to use the reporting form, which included formulas for enrollment and completion rates. Once reports were turned in, MT CTF staff would ensure the required information was included and ask for follow-up information as needed.

Renewal Application Process

To be considered for a renewal contract, MT CTF funded programs submitted an application that included providing any updates to their logic models, goals, methods, work plans, and budgets. They were also required to take the free online training: Bringing the Protective Factors Framework to Life in Your Work. Attempting to ease the process, MT CTF hosted a webinar to walk through the template with grantees and explain requirements. This was held approximately two months before the application was due and approximately one month before the COVID-19 pandemic affected Montana. As such, grantees required a significant amount of technical assistance and feedback to meet the requirements of the renewal application while they were meeting the needs of the families they serve. MT CTF was able to be flexible by also extending the due date of the application.

Training Reported by MT CTF Grantees

Specific trainings conducted by grantees were reported as follows.

Alliance for Youth provided training and technical assistance to parent leaders.

Dawson County Health Department co-hosted a training with Dawson Community College called Meeting the Needs of Families. No Small Matters was shown the night before the training with a discussion following the showing. The training was free and open to the public.

Two SafeSitter and Safe@Home classes were offered. SafeSitter provides young teens with childcare training. Safe@Home classes prepare 4th-6th graders to be safe when home alone.

Nurturing Center provided Circle of Security training to professionals in the community and provided them with information on community resources.

Parenting Place provided five Adverse Childhood Experience (ACES) trainings to detention officers, CASA volunteers, child-care providers, and hospital students and staff.

Peace Place staff received training this year, and four staff members received CTF-specific trainings in support of this program. One parent volunteer also received Circle of Parents training and led a group for a short time.

8. Evaluation Data

CBCAP State Lead Agency Evidence-Based Programs and Practices

Total funding amounts that supported evidence-based (EB) and evidence-informed (EI) programs and practices are included below. These numbers follow the state fiscal year from July 1, 2019 to June 30, 2020. Infrastructure costs included non-direct service activities conducted by MT CTF to support implementation of the programs below. These infrastructure costs did not include time spent by the MT CTF Program Manager, as the salary did not come from the MT CTF Budget.

Well-Supported					
Program Name	Supporting Reference	CBCAP Funding \$		Total Match Funding \$	
		Direct	Infrastructure	Direct	Infrastructure
Parent-Implemented Interventions in respite and parent coaching	Autism Focused Intervention Resources & Modules, National Professional Development Center on Autism Spectrum Disorders	\$24,875.00	\$620.12	\$0.00	\$124.96
Parents as Teachers	FRIENDS, CA Evidence-Based Clearing House, HOMVEE	\$15,892.29	\$1,977.08	\$0.00	\$10.74
Totals:		\$40,767.29	\$2,597.20	\$0.00	\$135.70
Supported					
Program Name	Supporting Reference	CBCAP Funding \$		Total Match Funding \$	
		Direct	Infrastructure	Direct	Infrastructure
Circle of Security	FRIENDS, CA Evidence-Based Clearing House	\$8,398.30	\$298.87	\$0.00	\$5.80
Nurturing Parenting Program	FRIENDS, CA Evidence-Based Clearing House, HOMVEE	\$35,472.59	\$1,061.94	\$0.00	\$130.98
Totals:		\$43,870.90	\$1,360.82	\$0.00	\$136.77
Promising Programs and Practices					
Program Name	Supporting Reference	CBCAP Funding \$		Total Match Funding \$	
		Direct	Infrastructure	Direct	Infrastructure
Active Parenting 4 th Edition	CA Evidence-Based Clearing House	\$8,093.22	\$373.74	\$0.00	\$7.81

Active Parenting: First Five Years	CA Evidence-Based Clearing House	\$6,474.57	\$299.00	\$0.00	\$6.25
1-2-3 Magic	CA Evidence-Based Clearing House	\$2,167.13	\$269.60	\$0.00	\$1.46
Totals:		\$16,734.92	\$942.34	\$0.00	\$15.52
Emerging and Evidence Informed Programs and Practices					
Program Name	Supporting Reference	CBCAP Funding \$		Total Match Funding \$	
		Direct	Infrastructure	Direct	Infrastructure
Parent CAFE (Community and Family Engagement)	Strengthening Families Protective Factors Framework and Community Café Model, AFY Logic Model	\$6,355.93	\$210.12	\$0.00	\$3.97
Kids Café	AFY Logic Model	\$1,271.19	\$42.02	\$0.00	\$0.79
Love & Logic	DCHD Logic Model, CA Evidence-Based Clearing House	\$5,046.64	\$629.07	\$0.00	\$3.42
Exchange Parent Aide Home Visiting	Parenting Place Logic Model	\$120.63	\$3.45	\$0.00	\$0.60
Totals:		\$12,804.38	\$884.66	\$0.00	\$8.79
EBP Totals:		\$114,177.49	\$0.00	\$0.00	\$0.00
SLA Totals:		\$0.00	\$5,785.02	\$0.00	\$296.78
Overall Totals:		\$114,177.49	\$5,785.02	\$0.00	\$296.78

Let's Grow Montana

One hundred and twelve people across 25 Montana counties and two out of state workers participated in the Let's Grow Montana e-Learning courses. Also, 226 Montanans participated in the tele-coaching sessions, consisting of 138 staff and stakeholders and 88 managers and members with a leadership title. Tele-coaching participants came from 20 different Montana counties with representation from Beaverhead, Blaine, Cascade, Custer, Dawson, Deer Lodge, Flathead, Gallatin, Hill, Lewis and Clark, Mineral, Missoula, Park, Pondera, Prairie, Ravalli, Richland, Silver Bow, Wibaux, and Yellowstone.

Computer-based surveys were administered to the leadership cohort and to staff and stakeholders. The survey was designed to measure satisfaction with eLearning and tele-coaching content, the relevance of the material to everyday work activities, opportunities to develop and apply skills, and insight into future professional development needs. The latter has become increasingly vital as face-to-face trainings have stopped during the pandemic. The following is a report of individuals who took the post-evaluations.

Staff and Stakeholders Cohort

Of the 19 participants who completed the post-survey, 11 completed the eLearning modules. Seventy-three percent of participants stated the content was relevant to their work supporting children and families (n=9). Of those who answered the question, 90% agreed that the coaches provided high-quality knowledge and skills and new ideas the staff and stakeholders hoped to implement within their role in the organization (n=9). Finally, 80% of the respondents indicated that the information enhanced their current knowledge on the subject matter (n=9).

When asked to describe their entire Let's Grow Montana experience, 88% of participants stated it increased their current knowledge, improved their ability to reflect on new solutions to current changes with children and families, and increased their skills when working with families (n=15). Finally, 14 of 16 staff and

stakeholders reported they felt more confident in their role supporting children and families following the course work.

To gain a deeper understanding of the value of Let's Grow Montana, the staff and stakeholder respondents were asked to describe what parts of the courses and eLearning were most beneficial:

1. Learning and practicing motivational interviewing skills
2. Learning skills and brainstorming ideas on how to use telehealth and technology to connect and engage with families
3. Learning more about child development, learning basic leadership skills to improve organizational health, and taking time to reflect on current practices that could be improved

Management and Leadership Cohort

All managers and leadership respondents reported the online content to have clearly defined learning objectives that supported their learning (n=13) and had balanced instructional materials and interactive content. Ninety-two percent (92%) of the respondents stated the courses were organized in an easy to navigate format, applied to working in diverse Montana settings (e.g., urban/ rural, with diverse clients), and utilized up-to-date learning materials (texts, readings, websites, videos).

Eighty-five percent (85%) found the tele-coaching sessions presented content relevant to their work as an organizational leader and had highly qualified coaches who shared their leadership knowledge (85%, n=11). 92% indicated that the sessions enhanced their current knowledge (n=12). Finally, 100% stated the content presented new ideas that they expect to apply within their workplace (n=13).

Most managers and leadership respondents said that the content increased their current knowledge of supporting staff (n=11). A similar number, 85%, stated the course work increased their confidence as an organizational leader. Ninety-two percent said it improved their ability to reflect on new solutions to current workplace challenges and to apply new ideas to better manage their team (92%, n=12).

Respondents from the managers and leaders cohort found the following to be the most valuable:

1. Manage their team better by understanding their values and the team's core values
2. Learning how each team member helps or impedes progress in supporting their growth
3. It is good to have shared goals with your team to guide the work

Assessing Culture of Relationships and Abusive Head Trauma Prevention

MT CTF engaged the Center for Health and Safety Culture (CHSC) at Montana State University to explore the beliefs and behaviors of adults in Montana preventing abusive head trauma and parenting. A survey was piloted and then sent to a random sample of adults in Montana. The final survey was sent to 1,200 random addresses through the mail. Due to COVID-19, an initial post card was sent with an online option for taking the survey. Due to a low response rate to the online survey, a paper survey was mailed three times to the households (asking them to complete the survey only if they had not already done so). The survey had a response rate of 22.6%. Findings included:

- Having a plan to manage their frustration or anger with a crying infant
- Attitude, perceived norms, and sense of control about planning

- Knowledge about the Period of PURPLE Crying
- General beliefs about parenting
- General beliefs related to MT CTF
- Awareness of MT CTF

Having a Plan to Manage Frustration and Anger with a Crying Infant

Approximately two-thirds of respondents indicated they had a plan; two-thirds indicated they never or rarely asked others if they had a plan. Additional analyses revealed that respondents who indicated they had a plan reported asking others if they had a plan more frequently. Many respondents reported they were very willing to ask others about having a plan.

Attitudes, Beliefs, and Perceptions About Having a Plan and Asking Others

Most respondents had positive attitudes about having a plan and asking others if they had a plan. However, some felt uncomfortable. Additional analyses revealed that a respondent's attitudes about having a plan and asking others were significant predictors of their behaviors.

Most respondents had healthy beliefs that are related to having a plan and asking others.

Most respondents perceived that others would feel it was acceptable if they were asked if they had a plan. Additional analyses revealed that these beliefs positively correlated with asking others if they had a plan. In other words, if respondents perceived that others felt it was acceptable to ask, they reported asking others more frequently.

About three quarters of respondents were comfortable creating a plan. Over half of respondents were comfortable asking others if they had plan. Additional analyses revealed that the comfort level of a respondent about asking others was a significant predictor of their intention to ask others.

Period of the PURPLE Crying

Many respondents were not aware of the Period of PURPLE Crying. Hospitals where a child was born were reported as the most common source for people to learn about the Period of PURPLE Crying. Additional analyses revealed that respondents who were familiar the Period of PURPLE Crying had significantly greater knowledge about the Period of PURPLE Crying information, as assessed by their familiarity with statements from the program. Additional analyses revealed that respondents who were familiar the Period of Purple Crying reported having a plan and asking others about a plan more than those who were not familiar with the Period of PURPLE Crying.

General Beliefs About Parenting

Most respondents reported wanting to be a stable and positive influence in their child's life. Most reported they could benefit from learning new parenting ideas/skills and were interested in learning things they could do to help prepare their children for school. These beliefs support efforts to provide ongoing education for parents. Respondents who reported they had ways to take care of themselves when parenting felt stressful and had someone to turn to for advice about parenting also reported asking others about having a plan to manage frustration and anger with a crying infant more than other respondents.

Beliefs Related to and Awareness of the Montana Children’s Trust Fund

Most respondents agreed about the importance of the healthy development of children and that it is a collective responsibility involving many stakeholders. Most respondents considered the core strategies of the MT CTF as important.

Most respondents were moderately or more willing to donate to the MT CTF. However, most respondents were not familiar with MT CTF nor knew about ways to donate.

Geospatial Analysis of Risk Factors for Child Maltreatment

MT CTF partnered with epidemiologists and a GIS Analyst to research the following questions:

- Which risk and/or protective factors are associated with child maltreatment events in Montana?
- Do child maltreatment rates vary by county demographics, such as income?
- How does one county compare with others in Montana?

Using a multivariate analysis of the most complete year of data available, the following community characteristics were identified as significant in Montana in child abuse and neglect reports. In the data analysis, MT CTF chose not to include unfounded reports of child maltreatment.

Community Characteristic (increase)	Significance Level	Child Abuse Reports...
High School Drop Out (%)	*	Decrease
Larceny (Rate)	*	Increase
Rape (Rate)	*	Increase
Divorce (%)	**	Increase
Licensed Child Care Facilities (Rate)	**	Increase
MIECHV-Funded Home Visiting (Rate)	**	Increase
Pediatricians (Rate)	*	Increase

In these preliminary findings, some data suggested the inverse of what one might expect. This could be due to an increase or decrease of mandatory reporters interacting with the children and families. For example, teachers cannot interact with students who have dropped out of high school, while childcare providers, home visitors, and pediatricians frequently interact with their clients. Due to the probability of the data being misconstrued, MT CTF decided not to publish this data and will work internally to refine methods.

It is widely believed that poverty leads to child maltreatment, yet through this initial study, MT CTF found that poverty was not statistically relevant in removing children from their homes. This finding was congruent with similar findings across the nation. Poverty can, however, lead to extremely stressful situations for families.

Grantee Contract Monitoring

MT CTF conducted at least one site visit with each grantee during the reporting period. If there were concerns, MT CTF provided an additional site visit. At the end of each site visit, grantees were asked about any areas in which staff could improve training and technical assistance efforts. Most grantees stated that they appreciate the availability of MT CTF staff and know they can call with questions at any time.

MT CTF required the use of the Revised Protective Factor Survey, and funded programs chose additional means of evaluation if they deemed appropriate. MT CTF collected the following information from each funded program via semi-annual reports, which were evaluated by MT CTF in relation to their original, projected outcomes.

- Numbers of individuals and families receiving direct preventative services
- Number of individuals who participated in awareness and trainings
- Meaningful parent leadership
- Qualitative and quantitative data based on identified outcomes and indicators
- Outreach activities, including for underserved populations and Strengthening Families Month
- Stories and testimonials
- Successes and challenges

MT CTF Grantee Outcome Data

MT CTF required the use of the Revised Protective Factor Survey on online database developed by FRIENDS. Funded programs also chose additional means of evaluation, if they deemed appropriate for their services. Data from additional evaluation will be provided below the Revised Protective Factor Survey data.

Revised Protective Factor Survey

Protective Factor	Surveys	# Improved	% Improved
Family Functioning / Resiliency	134	91	68%
Nurturing and Attachment	140	113	81%
Social Supports	140	106	76%
Caregiver / Practitioner Relationship	139	85	61%

		Surveys	Mean	Stand. Dev.
Concrete Supports	Post-Test	20	3.30	1.10
	Retrospective	119	3.16	1.05

Alliance for Youth

Adult-Adolescent Parenting Inventory (AAPI-2) was used to measure changes in parenting attitudes in five areas as a result of Circle of Security-Parenting and Nurturing Parenting classes: Appropriate Expectations, Level of Empathy, Values Alternatives to Physical Punishment, Family Roles, and Values Power/Independence.

- 25 parents (86%) demonstrated improvement in at least one area (7 parents improved in one area, 4 parents in four areas, 6 parents in three areas, 4 parents in four areas, 3 in all five areas).
- 15 parents (52%) improved in Appropriate Expectations
- 14 parents (48%) improved in High Level of Empathy
- 12 parents (41%) improved in Alternatives to Corporal Punishment
- 16 parents (55%) improved in Appropriate Family Roles
- 8 parents (28%) improved in Values Power & Independence

Nurturing Center

100% of the participants reported that their child may need additional assessment based on falling below the cutoff score of the Ages and Stages Questionnaires (ASQ). 60% of the measured development areas (communication, gross motor, fine motor, problem solving, personal social) fell below the cutoff score and may need additional assessment.

76% of the participants declined in their level of risk in 5 categories (Expectations of Child, Level of Empathy, Value of Corporal Punishment, Family Roles, Values Power-Independence) of the AAPI-2.1. After the completing the class, 94% the participants reported that they were in the Low-Moderate Risk category of the rating scale in the above listed categories

Parenting Place

According to the AAPI-2 instrument, 82% of participants that completed the Nurturing Parenting Program increased their test scores in at least two the following indicators: Appropriate Expectations, Level of Empathy, Values Alternatives to Physical Punishment, Family Roles, and Values Power/Independence.

Peace Place

The Coping Health Inventory consists of 45 questions about coping tactics used by parents of children with special health care needs. The higher the score, the more often the parent is making use of coping skills to manage challenges.

Persons – all female	Integration, Cooperation, Optimism	Support, Esteem, Stability	Medical Communication & Consultation
PP-Mean	19.25	23.125	14.5
CHIP-Mean	40.00	28.000	15.0

The Coping Health Inventory was administered to the members of the parent support group and prompted discussion on the various ways of coping that did and did not help each member. Of note, maintaining family integration, cooperation and optimism was 20 points below the mean for other challenged parents. This indicated the need to increase education and support around family stress.

The parents who completed this voluntary survey in February and March 2020 scored comparatively low on maintaining family integration, cooperation and optimism. Because this was a small sample size consisting of mothers who self-selected into joining the in-person parent support group prior to the pandemic closure, it is possible that the higher scores in Support, Esteem, Stability are skewed toward parents who were already engaging in coping behaviors at a higher rate than their peers. Finally, parents were communicating and consulting well with medical personnel and other parents.

MT CTF Grantee Continuous Quality Improvement Data

Funded programs were required to utilize the Continuous Quality Improvement subscale from the FRIENDS National Resource Center tool, Understanding the Role of Program Assessment in Child Abuse Prevention: Tools for Peer Review and Beyond. They collected the baseline data and chose areas for improvement to report on annually. Below is a summary of their accomplishments during the first grant year of the cycle.

Alliance for Youth

Alliance for Youth focused on evaluation activities. Areas that showed the most significant improvement were:

- Participants were given full disclosure about evaluation, their participation, and intended use of data
- Data shared was compliant with agency privacy policies
- Results of the evaluation data were reviewed by a committee of staff, participants and stakeholders for recommendations

Dawson County Health Department

Dawson County worked on standardizing policies and procedures with the end goal of offering a quality manual to help ensure consistent delivery of services to achieve goals. They focused on parent leadership policies, administrative forms, and began work on program-specific policies.

Nurturing Center

The Nurturing Center focused on understanding participant needs. Based on the data received from a recent community assessment, it was determined that there is interest from parents regarding education on various parenting areas; but the perception is that the Nurturing Center's classes are for only those involved with Child Protective Services. Internal evaluation increased to meet community identified needs and address community perception regarding services.

Parenting Place

Parenting Place improvement efforts focused on the following areas:

- Conducted evaluations and gathered feedback from clients on a regular basis
- Attended trainings offered cultural diversity and compassion fatigue
- Purchased the evidence-informed curriculum Parenting a Second Time Around (PASTA)
- Spoke with board members and funders about programs to grow knowledge of the organization
- Updated logic model to reflect services that are most needed in the community
- Worked with the University of Montana's Linking Systems of Care group for trauma-informed practices to develop a training model that can be incorporated into policies and procedures of community organizations and businesses.

Peace Place

Peace Place focused on Evidence-Based and Evidence-Informed Programs & Practices. Staff participated in ongoing training regarding actively engaging in evidence-based program practices. Board members were provided opportunities to observe respite services and family events.

MT CTF Grantee Parent Testimonials and Positive Stories

A few parent testimonials and positive stories reported by grantees are highlighted below.

Alliance for Youth

"I learned how to tolerate behaviors like ignoring their behavior and helping with feelings."

“It was helpful to learn that children’s behaviors have meaning behind them, and it’s not them ‘just being children’. They have needs.”

“I know about more resources that already exist in the community that are beneficial to me and my family.”

“I didn’t realize that I am an advocate for my child and a good one at that, until I attended this.”

Dawson County Health Department

A past client, who has moved but kept in touch, now owns a thriving daycare. She messaged us saying that she did not even know she had the dream to open a daycare until we went through the goal setting process in Parents as Teachers and is very thankful for the opportunity and growth it afforded.

Another client met her goal of finding full-time employment. Not only did she meet this goal, she found a much higher paying job that has the possibility of advancement into a career.

Nurturing Center

One of our community partners reached out to us to provide some parenting education for an already established group of teen parents. During this time, a young couple who had significant struggles in the past and were struggling to find balance with their new demands shared their story, asked many questions regarding parenting practices, resources and supports in the community. This couple followed through with connecting with these resources, which provided support in raising their baby in a safe and secure environment. While this was not a long relationship between facilitator and participants, it demonstrated the impact that early intervention and education can have on parents and their children. This situation also showed the importance of community collaboration and professional relationships.

Parenting Place

One couple enrolled in our class because they were having trouble disciplining their 12-year old son and were expecting a new baby in a few months. They came to the realization that corporal punishment and criticism were not healthy or effective forms of communication. This couple shared that they had been parented this way and reflected on why they had been repeating the cycle. They thanked staff for helping them learn how to apologize to their son and create a stronger relationship with him. They expressed feeling more confident in their skills and felt better bringing their new baby into the world. The couple said that they wished they had known the information, especially around brain/child development, with their first.

Peace Place

A 7-year-old boy with a genetic disability participated in the pilot summer enrichment program. The child exhibited many extreme behaviors, which had resulted in a tumultuous school experience in kindergarten. After an extensive intake and pairing with our most experienced Peace Place staff member, his mother helped develop goals for his social skills.

As a result of the successful weekly sessions, the child’s parent chose to enroll him along with a younger sibling in the afterschool program in September for two days a week. The child’s display of negative behaviors (spitting, hitting, non-compliance) gradually decreased over the course of nine months until such displays were rare occurrences in the Peace Place setting.

The Peace Place staff member was invited to participate in this child’s IEP process to provide recommendations to his teachers. She helped them understand the functions of his behavior in addition to providing ideas on positive behavioral supports needed. The highlight of the year was the Christmas Program: he did not have a meltdown from the crowd and noise, and he sang and danced right along with his peers.

During the school shutdown in the spring, this family received one-on-one tutoring support for behavioral and educational goals via Zoom and in-person when allowed. The parent is now one of Peace Place’s most ardent supporters, and this case highlights the efficacy of the new Parent-Implemented Interventions model, which was piloted with this family in the spring.

9. Strengthening Families Month and Public Awareness Activities

The following estimate reflects individuals who were served content on more than one occasion via television, radio, social media, print, and events.

Individuals who received public awareness or public education activities	1,536,214
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Strengthening Families Month

CBCAP Lead Agency: MT CTF participated in the following activities.

- Received \$10,000 from Blue Cross Blue Shield of Montana for Strengthening Families Month activities
- Held a statewide call to connect organizations and coordinate Strengthening Families Month activities
- Provided 1,600 blue pinwheels and 700 pinwheel lapel pins, as well as drawstring bags, protective factor pens, and resource guides to grantees and partners across the state
- Gave two television interviews virtually
- Coordinated Pinwheels for Prevention on Facebook, asking people to share their photos of pinwheel gardens, sidewalk art, window art, painted rocks, or do-it-yourself pinwheels
- Coordinated Go Blue Mondays Campaign on Facebook, asking people to share a photo of themselves wearing blue and challenging their friends to “go blue”
- Lead the DPHHS Early Childhood and Family Support Division’s recognition of Strengthening Families Month during the Week of the Young Child, incorporating Go Blue Monday, viewing the Broken Places film, Wear Orange Wednesday for childhood hunger, Thank a Teacher Thursday, and Family Friday.
- Contacted churches and faith-based organizations across to encourage participation in Blue Sunday
- Participated on the planning committee for the Montana Prevent Child Abuse and Neglect (CAN) Conference
- Acknowledged champions of Montana’s children via social media, an activity typically conducted at the CAN Conference

Grantees

All multi-year grantees reported Strengthening Families Month awareness activities, which were affected by COVID-19 in multiple ways. Typical events such as Pinwheels for Prevention, Go Blue Campaigns, resource fairs, trainings, and parent-child activities could not be held in person. Many grantees were able to pivot and create virtual campaigns and events, while some were not. Some grantees even came up with new ways to serve families and will continue with these activities next year. Below are a few examples of what grantees accomplished during Strengthening Families Month despite COVID-19:

- Chalk Out Event, encouraging the community to write messages of hope and love all over town including store fronts and in residential neighborhoods
- Posted a Facebook video explaining Strengthening Families Month, offering a pinwheel activity and a COVID-19 time-capsule book, reaching 2,807 people in a town of approximately 5,000
- Posted helpful tips and information, multiple times a day, on Instagram and Facebook to give families information and coping mechanisms to deal with this difficult time
- Twice weekly parent support meetings virtually

Year-Round Awareness

Income Tax Check-Off Campaign

MT CTF funds an annual Income Tax Check-Off PSA campaign to raise money and awareness. Using PSAs produced in the past, the campaign was advertised on statewide public, local and cable TV stations and radio stations. MT CTF also advertised on YouTube. This campaign typically yields approximately \$60,000 annually.

Not Even for a Minute (NEFAM) Campaign

MT CTF wrote a press release and gave two television interviews for the NEFAM Campaign, which encourages parents to never leave their children unattended in or around a vehicle and offers tips on ways to remember to bring your kids out of the car and how to avoid needing to leave your car when running errands.

Social Media

Facebook was used to provide tips on parenting, wellness, and family friendly activities. MT CTF Facebook page followed the pages created by grantees and partners to help promote their programs and events. It was also used to promote events, share positive prevention stories from across Montana, and announce funding opportunities and award recipients.

Conferences

MT CTF typically hosts an exhibitor table during conferences to interact with potential grantees and partners. However, due to the pandemic, MT CTF was only able to do this at the Perinatal Mental Health Conference.

MT CTF Grantees

MT CTF grantees utilized a variety of outreach methods, including but not limited to, events, print material distribution, newspaper articles or advertisements, radio announcements, television commercials, social media outlets, and website maintenance. Grantees reached 50,312 people through their awareness efforts, according to reports. Outreach numbers likely include individuals who were reached multiple times.

10. Challenges and Barriers

MT CTF experienced two main challenges during the reporting period: the COVID-19 pandemic and DPHHS restructuring.

The COVID-19 pandemic has provided challenges, but also opportunities. MT CTF grantees, along with other service providers, have had to pivot their services, cancel events and services, or even close their doors or lay

off staff. The timing of COVID-19 coincided with Strengthening Families Month, and it is believed that COVID-19 news drowned out MT CTF and its grantees' message. The lack of travel allowed MT CTF to repurpose its travel budget for providing care items to tribal families. Providing virtual trainings, which MT CTF began in the previous reporting period, allowed MT CTF to reach areas of Montana that it does not typically reach and reduced the burden of time and travel on grantees and service providers.

At the beginning of this reporting period, MT CTF and many other programs prepared to transition into the DPHHS Early Childhood and Family Support Division (ECFSD). ECFSD physically moved under one roof during the COVID-19 pandemic, which created additional challenges. Although there have been growing pains along the way, leadership has been proactive at addressing these and staff has been adaptable to change. The creation of ECFSD will result in more efficient collaboration and a reduction in duplicated services, and thus more families will thrive and less children will be abused or neglected.