

**TITLE V BLOCK GRANT APPLICATION**  
**FORMS (1-21)**  
**STATE: MT**  
**APPLICATION YEAR: 2005**

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<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED <b>7/14/2004</b>	APPLICANT IDENTIFIER									
1. TYPE OF SUBMISSION:  Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER <b>DUN # 05-165-9352</b>									
		4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER <b>1 B04MC02426-01-00</b>									
5. APPLICANT INFORMATION												
Legal Name: <b>MT Department of Public Health and Human Services</b>		Organizational Unit: <b>Family &amp; Community Health Bureau</b>										
Address (give city, county, state and zip code) <b>1400 Broadway PO Box 202951 Helena, MT 59620 County: Lewis &amp; Clark</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: <b>Jo Ann Walsh Dotson</b> Tel Number: <b>406-444-4743</b>										
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">8</td><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">3</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">2</td></tr></table>		8	1	0	3	0	2	4	0	2	7. TYPE OF APPLICANT: (Enter appropriate letter in box) <b>A</b> A. State                      H. Independent School District B. County                    I. State Controlled Institution of Higher Learning C. Municipality             J. Private University D. Township                K. Indian Tribe E. Interstate                L. Individual F. Intermunicipality      M. Profit Organization G. Special District        N. Other (Specify)	
8	1	0	3	0	2	4	0	2				
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award   B. Decrease Award   C. Increase Duration Decrease Duration Other (specify):		9 NAME OF FEDERAL AGENCY: <b>Health Resources and Services Administration, Maternal and Child Health Bureau</b>										
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">3</td><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">4</td></tr></table> TITLE: <b>Maternal and Child Health Services Block Grant</b>		9	3	9	9	4	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Maternal and Child Health Services</b>					
9	3	9	9	4								
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): <b>Statewide</b>												
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:										
Start Date: <b>10/01/2004</b>	Ending Date: <b>09/30/2005</b>	a. Applicant <b>State of Montana</b>	b. Project <b>State of Montana</b>									
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?										
a. Federal	\$ <u>2,560,004.00</u>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:  b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372  <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW										
b. Applicant	\$ <u>0.00</u>											
c. State	\$ <u>1,130,108.00</u>											
d. Local	\$ <u>2,800,000.00</u>											
e. Other	\$ <u>0.00</u>											
f. Program Income	\$ <u>0.00</u>											
g. TOTAL	\$ <u>6,490,112.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No										
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.												
a. Typed Name of Authorized Representative <b>Gail Gray</b>		b. Title <b>Director, DPHHS</b>	c. Telephone Number <b>406-444-5622</b>									
d. Signature of Authorized Representative		e. Date Signed										

**FORM 2**  
**MCH BUDGET DETAILS FOR FY 2005**

*[Secs. 504 (d) and 505(a)(3)(4)]*

**STATE: MT**

**1. FEDERAL ALLOCATION**

(Item 15a of the Application Face Sheet [SF 424])  
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 2,560,004

A.Preventive and primary care for children:

\$ 807,250 ( 31.53% )

B.Children with special health care needs:

\$ 818,000 ( 31.95% )

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 190,000 ( 7.42% )

(The above figure cannot be more than 10% ) [Sec. 504(d)]

**2. UNOBLIGATED BALANCE** (Item 15b of SF 424)

\$ 0

**3. STATE MCH FUNDS** (Item 15c of the SF 424)

\$ 1,130,108

**4. LOCAL MCH FUNDS** (Item 15d of SF 424)

\$ 2,800,000

**5. OTHER FUNDS** (Item 15e of SF 424)

\$ 0

**6. PROGRAM INCOME** (Item 15f of SF 424)

\$ 0

**7. TOTAL STATE MATCH** (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 485,480

\$ 3,930,108

**8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)**

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 6,490,112

**9. OTHER FEDERAL FUNDS**

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 100,000

c. CISS: \$ 50,000

d. Abstinence Education: \$ 175,988

e. Healthy Start: \$ 0

f. EMSC: \$ 139,960

g. WIC: \$ 14,144,314

h. AIDS: \$ 2,215,641

i. CDC: \$ 279,134

j. Education: \$ 0

k. Other:

PHBG \$ 159,260

Title X FP \$ 1,777,197

**10. OTHER FEDERAL FUNDS** (SUBTOTAL of all Funds under item 9)

\$ 19,041,494

**11. STATE MCH BUDGET TOTAL**

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 25,531,606

**FORM NOTES FOR FORM 2**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Main

**Field Name:** CDC

**Row Name:** Other Federal Funds - CDC

**Column Name:**

**Year:** 2005

**Field Note:**

Includes:

Birth Defects \$190,000

PRAMS 89,134

2. **Section Number:** Main

**Field Name:** OtherFedFundsOtherFund

**Row Name:** Other Federal Funds - Other Funds

**Column Name:**

**Year:** 2005

**Field Note:**

Includes:

PHBG FP 152,260

PHBG Dental 7,000

**FORM 3  
STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506((a))(1-3)]*

**STATE: MT**

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 2,615,865	\$ 2,609,133	\$ 2,609,133	\$ 0	\$ 2,560,004	\$ 0
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 1,246,729	\$ 1,160,198	\$ 1,166,561	\$ 0	\$ 1,130,108	\$ 0
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 2,545,000	\$ 2,733,097	\$ 3,000,000	\$ 0	\$ 2,800,000	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 6,407,594	\$ 6,502,428	\$ 6,775,694	\$ 0	\$ 6,490,112	\$ 0
<b>(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)</b>						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 19,471,259	\$ 19,000,000	\$ 17,888,106	\$ 0	\$ 19,041,494	\$ 0
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 25,878,853	\$ 25,502,428	\$ 24,663,800	\$ 0	\$ 25,531,606	\$ 0
<b>(STATE MCH BUDGET TOTAL)</b>						

**FORM 3  
STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506((a))(1-3)]*

**STATE: MT**

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 2,544,251	\$ 2,567,703	\$ 2,567,703	\$ 2,565,446	\$ 2,565,446	\$ 2,615,865
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 1,307,214	\$ 1,207,899	\$ 1,389,673	\$ 1,288,861	\$ 1,288,137	\$ 1,239,283
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 1,895,563	\$ 2,634,291	\$ 2,604,648	\$ 3,148,189	\$ 2,634,291	\$ 3,308,892
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 5,747,028	\$ 6,409,893	\$ 6,562,024	\$ 7,002,496	\$ 6,487,874	\$ 7,164,040
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 17,488,845	\$ 16,684,470	\$ 15,278,032	\$ 18,019,985	\$ 16,510,575	\$ 18,285,611
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 23,235,873	\$ 23,094,363	\$ 21,840,056	\$ 25,022,481	\$ 22,998,449	\$ 25,449,651
(STATE MCH BUDGET TOTAL)						

**FORM NOTES FOR FORM 3**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Main  
**Field Name:** FedAllocExpended  
**Row Name:** Federal Allocation  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
Actual award less than amount anticipated. Fully expended what was received.
  
2. **Section Number:** Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Administrative and legislative action resulted in decreased available state general fund. Administrative cuts decreased the Medical Genetics program funds, and legislative action decreased available funding for MIAMI home visiting.
  
3. **Section Number:** Main  
**Field Name:** LocalMCHFundsExpended  
**Row Name:** Local MCH Funds  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
Local public health departments have reported increased general fund expenditures for the last several years. This is likely due to two factors - encouragement from the state agency to report local expenditures, and actual increases. Previous documentation did not support a large increase in the budgeted amount. Budget for 04 was increased to \$3,000,000.
  
4. **Section Number:** Main  
**Field Name:** OtherFedFundsExpended  
**Row Name:** Other Federal Funds  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
From Clay Calton 6/03
  
5. **Section Number:** Main  
**Field Name:** OtherFedFundsExpended  
**Row Name:** Other Federal Funds  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Actual grant awards differed from Budgeted amounts, especially in the WIC, which continues to increase r/t food costs.

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: MT**

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 1,027,914	\$ 1,040,706	\$ 987,432	\$ 0	\$ 1,038,306	\$ 0
b. Infants < 1 year old	\$ 788,418	\$ 670,596	\$ 787,800	\$ 0	\$ 706,138	\$ 0
c. Children 1 to 22 years old	\$ 2,170,000	\$ 2,565,447	\$ 2,295,000	\$ 0	\$ 2,492,250	\$ 0
d. Children with Special Healthcare Needs	\$ 1,550,314	\$ 1,374,934	\$ 1,488,614	\$ 0	\$ 1,348,000	\$ 0
e. Others	\$ 530,948	\$ 660,928	\$ 866,848	\$ 0	\$ 615,418	\$ 0
f. Administration	\$ 340,000	\$ 189,817	\$ 350,000	\$ 0	\$ 290,000	\$ 0
g. SUBTOTAL	\$ 6,407,594	\$ 6,502,428	\$ 6,775,694	\$ 0	\$ 6,490,112	\$ 0

**II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).**

a. SPRANS	\$ 0	\$ 0	\$ 0
b. SSDI	\$ 90,300	\$ 100,000	\$ 100,000
c. CISS	\$ 100,000	\$ 12,466	\$ 50,000
d. Abstinence Education	\$ 139,829	\$ 180,000	\$ 175,988
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 145,000	\$ 145,000	\$ 139,960
g. WIC	\$ 13,792,238	\$ 13,000,000	\$ 14,144,314
h. AIDS	\$ 2,126,380	\$ 2,126,380	\$ 2,215,641
i. CDC	\$ 510,035	\$ 265,000	\$ 279,134
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
PHBG	\$ 0	\$ 0	\$ 159,260
Title X FP	\$ 0	\$ 1,800,000	\$ 1,777,197
PHBG & FAS Prev	\$ 0	\$ 259,260	\$ 0
FAS Prevention	\$ 571,292	\$ 0	\$ 0
PHBG - FP & Dental	\$ 159,260	\$ 0	\$ 0
Title X Family Planning	\$ 1,836,925	\$ 0	\$ 0
<b>III. SUBTOTAL</b>	\$ 19,471,259	\$ 17,888,106	\$ 19,041,494

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: MT**

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 1,264,346	\$ 1,108,363	\$ 1,000,000	\$ 1,072,725	\$ 1,048,869	\$ 1,036,308
b. Infants < 1 year old	\$ 689,643	\$ 693,853	\$ 875,000	\$ 729,300	\$ 743,000	\$ 686,870
c. Children 1 to 22 years old	\$ 1,551,698	\$ 1,887,602	\$ 2,052,960	\$ 2,418,602	\$ 2,440,000	\$ 2,072,131
d. Children with Special Healthcare Needs	\$ 1,379,287	\$ 1,486,246	\$ 1,560,000	\$ 1,492,340	\$ 1,513,219	\$ 1,413,582
e. Others	\$ 632,173	\$ 1,059,903	\$ 824,064	\$ 967,321	\$ 592,786	\$ 1,596,854
f. Administration	\$ 229,881	\$ 173,926	\$ 250,000	\$ 322,208	\$ 150,000	\$ 359,052
<b>g. SUBTOTAL</b>	<b>\$ 5,747,028</b>	<b>\$ 6,409,893</b>	<b>\$ 6,562,024</b>	<b>\$ 7,002,496</b>	<b>\$ 6,487,874</b>	<b>\$ 7,164,797</b>

**II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).**

a. SPRANS	\$ 0	\$ 0	\$ 0
b. SSDI	\$ 100,000	\$ 95,000	\$ 100,000
c. CISS	\$ 25,000	\$ 72,500	\$ 100,000
d. Abstinence Education	\$ 186,439	\$ 186,439	\$ 186,439
e. Healthy Start	\$ 0	\$ 150,000	\$ 0
f. EMSC	\$ 99,829	\$ 103,744	\$ 100,000
g. WIC	\$ 15,222,002	\$ 12,667,168	\$ 13,264,660
h. AIDS	\$ 0	\$ 0	\$ 0
i. CDC	\$ 490,000	\$ 612,375	\$ 520,785
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
FAS Prevention	\$ 0	\$ 0	\$ 571,292
PHBG Dental	\$ 0	\$ 0	\$ 7,000
PHBG FP	\$ 0	\$ 0	\$ 152,260
Title X FP	\$ 1,150,800	\$ 0	\$ 1,508,139
PHBG DENTAL	\$ 0	\$ 9,973	\$ 0
PHBG FP	\$ 0	\$ 183,898	\$ 0
TITLE X	\$ 0	\$ 1,196,935	\$ 0
Prev Hlth BG	\$ 214,775	\$ 0	\$ 0
<b>III. SUBTOTAL</b>	<b>\$ 17,488,845</b>	<b>\$ 15,278,032</b>	<b>\$ 16,510,575</b>

## FORM NOTES FOR FORM 4

None

### FIELD LEVEL NOTES

1. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenExpended  
**Row Name:** Pregnant Women  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
EXCELL spreadsheets available as background
2. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_0\_1Expended  
**Row Name:** Infants <1 year old  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
County reports of MCHBG and county funds for infants services decreasing. Budgeted amounts for county services to infants totaled about \$585,000, but reported expenditures approximately \$348,000
3. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_1\_22Expended  
**Row Name:** Children 1 to 22 years old  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
The largest amount of funding serving children aged 1-22 is County GF. Local contractors are required to match every dollar spent with non-federal county dollars, but as these are county funds, the state has no jurisdiction to describe how in what category match must be expended. This budget line is extremely variable, with locals expending \_\_\_\_ in 1999, \_\_\_\_ om 00, and \_\_\_\_ in 01.
4. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_1\_22Expended  
**Row Name:** Children 1 to 22 years old  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
County MCHBG and GF budgeted expenditures were well below what was actually expended for children.
5. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** CSHCNExpended  
**Row Name:** CSHCN  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Decrease in available funding for population, reflected in decreased local efforts. Limited expansion for this population - unreported revenues which do help augment are Medicaid TCM.
6. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** AllOthersExpended  
**Row Name:** All Others  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
County general fund contributions vary widely - see Narrative V A for further discussion. Shifts occur between client categories from year to year despite consistencey in forms.
7. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** AllOthersExpended  
**Row Name:** All Others  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Variations attributable to county level fluctuations, with the greatest shift in the County GF (\$200,000 budgeted, \$435,095 expended)
8. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** AdminExpended  
**Row Name:** Administration  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
Based on input from fiscal staff that year, only the state portion of the administrative costs were included in the budgeted amount. In 2002, recommendations were reversed to again include local administrative costs in budgeted amounts. 2003 and 2004 budgeted amounts include state and local administrative anticipated costs.
9. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** AdminExpended  
**Row Name:** Administration  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
County variability - budgeted \$230,000, expended approximately \$150,000

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: MT**

TYPE OF SERVICE	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 1,595,976	\$ 2,911,792	\$ 2,627,461	\$ 0	\$ 2,872,368	\$ 0
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 1,803,228	\$ 1,564,043	\$ 1,845,800	\$ 0	\$ 1,606,712	\$ 0
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,458,001	\$ 1,044,448	\$ 1,152,000	\$ 0	\$ 976,932	\$ 0
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 1,550,389	\$ 982,145	\$ 1,150,433	\$ 0	\$ 1,034,100	\$ 0
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 6,407,594	\$ 6,502,428	\$ 6,775,694	\$ 0	\$ 6,490,112	\$ 0

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

*[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]*

**STATE: MT**

TYPE OF SERVICE	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 1,896,519	\$ 2,475,475	\$ 2,200,000	\$ 2,798,805	\$ 2,037,874	\$ 3,014,505
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 1,436,757	\$ 1,766,240	\$ 1,750,000	\$ 1,754,695	\$ 1,850,000	\$ 1,974,543
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 976,995	\$ 1,088,375	\$ 1,200,000	\$ 1,186,865	\$ 1,200,000	\$ 1,052,609
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 1,436,757	\$ 1,079,803	\$ 1,412,024	\$ 1,262,131	\$ 1,400,000	\$ 1,123,140
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 5,747,028	\$ 6,409,893	\$ 6,562,024	\$ 7,002,496	\$ 6,487,874	\$ 7,164,797

## FORM NOTES FOR FORM 5

None

### FIELD LEVEL NOTES

1. **Section Number:** Main  
**Field Name:** DirectHCExpended  
**Row Name:** Direct Health Care Services  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
County general fund (AKA local match) reporting has continued to accelerate at a rate not reflected in the planned budget. The expenditures from 01 to 02 increased only 8%, but the budgeted amount was set low, anticipating the potential that counties may have to shift resources from MCH services. That has not occurred to date.
2. **Section Number:** Main  
**Field Name:** DirectHCExpended  
**Row Name:** Direct Health Care Services  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Direct health care expenditures for MCHBG funds has come down over the years - the county general fund, which accounts for a majority of the match, continues to be reported as direct services.
3. **Section Number:** Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
County general fund reporting exceeded budgeted amount. See note on DHC.
4. **Section Number:** Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Reporting of enabling services by counties are increasing slightly.
5. **Section Number:** Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
County general fund reporting, which is not controlled by the state, continues to be extremely variable. Budgets are based on previous year reporting. Feedback to the counties regarding their variable reporting is being done.
6. **Section Number:** Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
County based reporting
7. **Section Number:** Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
County GF reporting, which is not controlled by the state, continues to be extremely variable. Budgets are based on previous years reporting and anticipated trends.
8. **Section Number:** Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
County based reporting

**FORM 6**

**NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED**

*Sect. 506(a)(2)(B)(iii)*

**STATE: MT**

Total Births by Occurrence: 11,276

Reporting Year: 2003

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment(3)	
	No.	%			No.	%
Phenylketonuria	11,017	97.7	6	2	2	100
Congenital Hypothyroidism	11,017	97.7	132	2	2	100
Galactosemia	11,017	97.7	2	0	0	
Sickle Cell Disease	11,017	97.7	39	0	0	

Other Screening (Specify)

Screening Programs for Older Children & Women (Specify Tests by name)

- (1) Use occurrent births as denominator.
- (2) Report only those from resident births.
- (3) Use number of confirmed cases as denominator.

**FORM NOTES FOR FORM 6**

None

**FIELD LEVEL NOTES**

None

**FORM 7**  
**NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V**  
**(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)**

[Sec. 506(a)(2)(A)(i-ii)]

**STATE: MT**

Reporting Year: 2003

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	4,519	31.0	0.0	9.0	6.0	54.0
Infants < 1 year old	6,275	38.0	2.0	31.0	6.0	23.0
Children 1 to 22 years old	38,120	25.0	2.0	17.0	6.0	50.0
Children with Special Healthcare Needs	2,607	37.0	7.0	44.0	6.0	6.0
Others	35,604	6.0	1.0	20.0	9.0	64.0
<b>TOTAL</b>	<b>87,125</b>					

**FORM NOTES FOR FORM 7**

Re the high percent of "unknowns". We still have a number of counties not reporting coverage source. We continue to work on counties not only using the PHDS, but entering all necessary fields. Also, the FP program has not gathered data on coverage per client - beginning January 1, 2005, in compliance with federal directives, Title X agencies will be required to capture data including coverage by client.

**FIELD LEVEL NOTES**

1. **Section Number:** Main

**Field Name:** Children\_0\_1\_TS

**Row Name:** Infants <1 year of age

**Column Name:** Title V Total Served

**Year:** 2005

**Field Note:**

Variation between form 6 and for 7. The MCH state level program provides follow up to the NBS heelstick and hearing screening programs, serving virtually all infants in the state. The reporting of infants on form 7 are those reported as receiving services from county contractors, in the form of home visiting, clinic or other services. Adding two two figures together would duplicate virtually every infant receiving services at the county level. Therefore, the county report of 6,275 infants served is used in this form.

**FORM 8**  
**DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE**  
**XIX**  
**(BY RACE AND ETHNICITY)**  
[SEC. 506(A)(2)(C-D)]  
**STATE: MT**

Reporting Year: 2003

**I. UNDUPLICATED COUNT BY RACE**

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	11,045	9,467		1,393				185
Title V Served	4,519	3,541		298				680
Eligible for Title XIX	4,418	3,446		265				707
<b>INFANTS</b>								
Total Infants in State	11,045	9,467		1,393				185
Title V Served	6,275	4,280		476				1,519
Eligible for Title XIX	4,197	2,853		293				1,051

**II. UNDUPLICATED COUNT BY ETHNICITY**

	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	HISPANIC OR LATINO (Sub-categories by country or area of origin)				
				(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State			11,045					11,045
Title V Served		56	3,485					3,541
Eligible for Title XIX			4,418					4,418
<b>INFANTS</b>								
Total Infants in State			11,045					
Title V Served		98	6,177					
Eligible for Title XIX			4,197					4,197

## FORM NOTES FOR FORM 8

None

### FIELD LEVEL NOTES

- 1. Section Number:** I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_All  
**Row Name:** Total Deliveries in State  
**Column Name:** Total All Races  
**Year:** 2005  
**Field Note:**  
Variation between form 7 and form 8. The MCH state level program provides follow up to the NBS heelstick and hearing screening programs, serving virtually all infants in the state. The reporting of infants on form 7 are those reported as receiving services from county contractors, in the form of home visiting, clinic or other services. Adding two figures together would duplicate virtually every infant receiving services at the county level. Therefore, the county report of 6,275 infants served is used in this form.
- 2. Section Number:** I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_White  
**Row Name:** Eligible for Title XIX  
**Column Name:** White  
**Year:** 2005  
**Field Note:**  
Extrapolated at Title V rate
- 3. Section Number:** I. Unduplicated Count By Race  
**Field Name:** InfantsTotal\_All  
**Row Name:** Total Infants in State  
**Column Name:** Total All Races  
**Year:** 2005  
**Field Note:**  
Variation between form 7 and form 8. The reporting of infants on form 7 are those reported as receiving services from county contractors, in the form of home visiting, clinic or other services. The total infants in the state on form 8 is reported as the number of babies born during the year. Alternatively, at any point in time, all babies born in calendar year 2002 who survived would have been infants in 2003.
- 4. Section Number:** I. Unduplicated Count By Race  
**Field Name:** InfantsTitleXIX\_All  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total All Races  
**Year:** 2005  
**Field Note:**  
Estimated at 38% (from form 7). Medicaid paid claims data not available during conversion from MedStat to Query Path systems.
- 5. Section Number:** I. Unduplicated Count By Race  
**Field Name:** InfantsTitleXIX\_White  
**Row Name:** Eligible for Title XIX  
**Column Name:** White  
**Year:** 2005  
**Field Note:**  
Extrapolated at Title V rate
- 6. Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTotal\_TotalNotHispanic  
**Row Name:** Total Deliveries in State  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2005  
**Field Note:**  
Data unavailable.
- 7. Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTotal\_TotalHispanic  
**Row Name:** Total Deliveries in State  
**Column Name:** Total Hispanic or Latino  
**Year:** 2005  
**Field Note:**  
Data unavailable
- 8. Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleV\_TotalNotHispanic  
**Row Name:** Title V Served  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2005  
**Field Note:**  
Data unavailable.
- 9. Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleV\_TotalHispanic  
**Row Name:** Title V Served  
**Column Name:** Total Hispanic or Latino  
**Year:** 2005  
**Field Note:**  
Subcategories not reported
- 10. Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_TotalNotHispanic  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2005  
**Field Note:**  
Data unavailable
- 11. Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_TotalHispanic  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total Hispanic or Latino  
**Year:** 2005  
**Field Note:**

Data unavailable.

12. **Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_NotReported  
**Row Name:** Eligible for Title XIX  
**Column Name:** Ethnicity Not Reported  
**Year:** 2005  
**Field Note:**  
Data not available.
13. **Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_TotalNotHispanic  
**Row Name:** Total Infants in State  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2005  
**Field Note:**  
Data unavailable.
14. **Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_TotalHispanic  
**Row Name:** Total Infants in State  
**Column Name:** Total Hispanic or Latino  
**Year:** 2005  
**Field Note:**  
Data unavailable.
15. **Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleV\_TotalNotHispanic  
**Row Name:** Title V Served  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2005  
**Field Note:**  
Data unavailable.
16. **Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleV\_TotalHispanic  
**Row Name:** Title V Served  
**Column Name:** Total Hispanic or Latino  
**Year:** 2005  
**Field Note:**  
Subcategories not reported
17. **Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleV\_NotReported  
**Row Name:** Title V Served  
**Column Name:** Ethnicity Not Reported  
**Year:** 2005  
**Field Note:**  
Data unavailable.
18. **Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleXIX\_TotalNotHispanic  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2005  
**Field Note:**  
Data unavailable.
19. **Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleXIX\_TotalHispanic  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total Hispanic or Latino  
**Year:** 2005  
**Field Note:**  
Data unavailable.
20. **Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleXIX\_NotReported  
**Row Name:** Eligible for Title XIX  
**Column Name:** Ethnicity Not Reported  
**Year:** 2005  
**Field Note:**  
Data unavailable.



**FORM NOTES FOR FORM 9**

None

**FIELD LEVEL NOTES**

None

**FORM 10**  
**TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT**  
**STATE PROFILE FOR FY 2005**  
*[Sec. 506(A)(1)]*  
**STATE: MT**

1. State MCH Administration:  
*(max 2500 characters)*

Title V supports services administered by the Family and Community Health Bureau in the Health Policy and Services Division, in the Montana Department of Public Health and Human Services. Other programs/services in the administrative control of the Family and Community Health Bureau includes WIC, Title X Family Planning, Fetal Alcohol Syndrome Prevention, SSDI project on Data Integration, Genetics Services, birth defects registry, CISS Healthy Child Care, pregnancy risk assessment monitoring system, Coordinated School Health, Oral Health Program and Newborn metabolic screening and hearing screening. Local contracts for Maternal Child Health Services, including Family Planning and WIC services are managed by the Bureau.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ <u>2,560,004</u>
3. Unobligated balance (Line 2, Form 2)	\$ <u>0</u>
4. State Funds (Line 3, Form 2)	\$ <u>1,130,108</u>
5. Local MCH Funds (Line 4, Form 2)	\$ <u>2,800,000</u>
6. Other Funds (Line 5, Form 2)	\$ <u>0</u>
7. Program Income (Line 6, Form 2)	\$ <u>0</u>
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ <u>6,490,112</u></b>

9. Most significant providers receiving MCH funds:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	<u>4,519</u>
b. Infants < 1 year old	<u>6,275</u>
c. Children 1 to 22 years old	<u>38,120</u>
d. CSHCN	<u>2,607</u>
e. Others	<u>35,604</u>

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:  
*(max 2500 characters)*

Integration with private and public providers continues to be a focus for Montana. Local county and tribal health departments continue to be major services providers for contract services for MCH services, including WIC and Family Planning. CSHCN continues to contract with local providers for services, and has strengthened and expanded the structure and function of regional clinics, partnering with local hospitals in two communities for clinic sites and support. Public Health Home Visiting services to high risk pregnant women, children and families continues to be a function of many local health departments. Identified as enabling services, these programs support family functioning, promote knowledge of resources and facilitate appropriate and effective use. Re-evaluation of home visiting standards, and severe limitations of available funding to support programs challenge the programs. Medicaid continues to support home visiting for high risk pregnant women and children up to age five in the form of targeted case management services. The statewide Fetal Alcohol Syndrome Prevention program is building upon the PHHV structure to support families.

b. Population-Based Services:  
*(max 2500 characters)*

Efforts to improve and facilitate a focus on population based, rather than direct services has been ongoing in Montana. Montana's Public Health Training Institute is working in conjunction with MCH to assure that state and local partners are knowledgeable regarding population based services. Population based efforts across the state continue, including: 1. Hemoglobinopathy testing - continued after the pilot, hemoglobinopathy testing is now a state standard. 2. Newborn hearing screening continues to increase, with all but two birthing hospitals in the state equipped with hearing testing equipment. 3. Birth defects monitoring system linkages with vital statistics is done, and cases being verified. The first report is due out in fall of this year. 4. A new community education packet regarding the water fluoridation was developed and distributed. 5. The PRAMS new mother survey is in process, anticipated to provide important baseline data.

c. Infrastructure Building Services:  
*(max 2500 characters)*

Development of a public health infrastructure continues. The Integrated Data for Evaluation and Assessment project continues to roll out the Public Health Data System development. The PHDS is one of few public health systems approved and included in the Department technology plan. Linkages with other data systems is being investigated and continued - immunization registry is presently populated by birth records, and the birth defects registry receives automatic referrals from VS. Montana is presently evaluating the educational needs of the MCH population, and is re-evaluating target groups. Longstanding perinatal education efforts are being questioned due to the consistently good performance and outcomes measure status in this population. Focus areas, such as firearm deaths and suicide prevention are being considered by staff and councils. Infrastructure is dependent upon coordination with state organization and agencies, including the Children's Trust Fund, the Montana Council for Maternal Child Health, the March of Dimes and the Montana Public Health Association.

12. The primary Title V Program contact person:

Name Jo Ann W. Dotson, RN, MSN  
 Title \_\_\_\_\_

13. The children with special health care needs (CSHCN) contact person:

Name Mary Noel  
 Title \_\_\_\_\_

Bureau Chief

Address Family & Community Health Bureau MT Dept. of Public  
City Helena  
State MT  
Zip 59620  
Phone (406) 444-4743  
Fax (406) 444-2606  
Email jdotson@state.mt.us  
Web \_\_\_\_\_

Bureau Chief

Address Health Resources Bureau MT Dept. of Public Health & H  
City Helena  
State MT  
Zip 59620  
Phone (406) 444-6992  
Fax (406) 444-4533  
Email manoel@state.mt.us  
Web \_\_\_\_\_

**FORM NOTES FOR FORM 10**

None

**FIELD LEVEL NOTES**

None

**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: MT**

**PERFORMANCE MEASURE # 01**

The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective				99.9	99.9
Annual Indicator				100.0	100.0
Numerator				6	4
Denominator				6	4
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 02**

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	0	0	0	0	54.2
Annual Indicator	NaN	NaN	NaN	54.0	54.0
Numerator	0	0	0	188	188
Denominator	0	0	0	348	348
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	54.5	55	55.3	55.6	55.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 03**

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	0	0	0		52
Annual Indicator	NaN	NaN	NaN	51.7	51.7
Numerator	0	0	0	361	361
Denominator	0	0	0	698	698
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	52.2	52.5	52.8	53.1	53.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 04**

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	0	0	0	0	50
Annual Indicator	NaN	NaN	NaN	48.8	48.8
Numerator	0	0	0	350	350
Denominator	0	0	0	717	717
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	50.3	50.6	51.5	52	52
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 05**

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

<b>Annual Objective and Performance Data</b>					
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Annual Performance Objective</b>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>71.9</u>
<b>Annual Indicator</b>	<u>NaN</u>	<u>NaN</u>	<u>NaN</u>	<u>71.6</u>	<u>71.6</u>
<b>Numerator</b>	<u>0</u>	<u>0</u>	<u>0</u>	<u>250</u>	<u>250</u>
<b>Denominator</b>	<u>0</u>	<u>0</u>	<u>0</u>	<u>349</u>	<u>349</u>
<b>Is the Data Provisional or Final?</b>				Final	Final

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	<u>72.2</u>	<u>72.4</u>	<u>72.6</u>	<u>72.8</u>	<u>72.8</u>
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 06**

The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

<b>Annual Objective and Performance Data</b>					
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Annual Performance Objective</b>	<u></u>	<u></u>	<u></u>	<u></u>	<u>6</u>
<b>Annual Indicator</b>	<u></u>	<u></u>	<u></u>	<u>5.4</u>	<u>5.4</u>
<b>Numerator</b>	<u></u>	<u></u>	<u></u>	<u>8</u>	<u>8</u>
<b>Denominator</b>	<u></u>	<u></u>	<u></u>	<u>147</u>	<u>147</u>
<b>Is the Data Provisional or Final?</b>				Final	Final

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	<u>6.5</u>	<u>7</u>	<u>7.5</u>	<u>8</u>	<u>8</u>
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 07**

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

	<b>Annual Objective and Performance Data</b>				
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Annual Performance Objective</b>	<u>90</u>	<u>90</u>	<u>90</u>	<u>90</u>	<u>90</u>
<b>Annual Indicator</b>	<u>90.4</u>	<u>94.4</u>	<u>91.6</u>	<u>90.7</u>	<u>89.7</u>
<b>Numerator</b>	<u>2,327</u>	<u>2,445</u>	<u>9,809</u>	<u>2,610</u>	<u>2,440</u>
<b>Denominator</b>	<u>2,573</u>	<u>2,591</u>	<u>10,709</u>	<u>2,878</u>	<u>2,721</u>
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

	<b>Annual Objective and Performance Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	<u>90</u>	<u>90</u>	<u>90</u>	<u>90</u>	<u>90</u>
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 08**

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

	<b>Annual Objective and Performance Data</b>				
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Annual Performance Objective</b>	<u>23</u>	<u>23</u>	<u>19</u>	<u>19</u>	<u>18.5</u>
<b>Annual Indicator</b>	<u>18.2</u>	<u>18.6</u>	<u>17.6</u>	<u>17.4</u>	<u>15.3</u>
<b>Numerator</b>	<u>389</u>	<u>398</u>	<u>377</u>	<u>373</u>	<u>327</u>
<b>Denominator</b>	<u>21,371</u>	<u>21,378</u>	<u>21,378</u>	<u>21,378</u>	<u>21,378</u>
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

	<b>Annual Objective and Performance Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	<u>18</u>	<u>17.5</u>	<u>17</u>	<u>16.5</u>	<u>16</u>
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 09**

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	15	15	39	40	41
Annual Indicator	1.8	2.1	2.0	2.2	1.9
Numerator	287	267	258	279	251
Denominator	15,569	12,907	12,907	12,907	12,907
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	42	43	44	45	46
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 10**

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	7	7	4.9	4.8	4.7
Annual Indicator	4.5	9.1	5.9	5.4	4.3
Numerator	8	17	11	10	8
Denominator	179,236	186,130	186,130	186,130	186,130
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	4.6	4.5	4.4	4.3	4.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 11**

Percentage of mothers who breastfeed their infants at hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>71</u>	<u>72</u>	<u>71</u>	<u>72</u>	<u>73</u>
Annual Indicator	<u>73.0</u>	<u>69.4</u>	<u>87.2</u>	<u>70.2</u>	<u>70.9</u>
Numerator	<u>8,442</u>	<u>9,458</u>	<u>9,532</u>	<u>9,705</u>	<u>9,755</u>
Denominator	<u>11,565</u>	<u>13,629</u>	<u>10,934</u>	<u>13,823</u>	<u>13,759</u>
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>74</u>	<u>75</u>	<u>75</u>	<u>75</u>	<u>75</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 12**

Percentage of newborns who have been screened for hearing before hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>32</u>	<u>33</u>	<u>80</u>	<u>98</u>	<u>98</u>
Annual Indicator	<u>57.4</u>	<u>78.3</u>	<u>83.3</u>	<u>90.1</u>	<u>90.0</u>
Numerator	<u>6,165</u>	<u>8,459</u>	<u>9,111</u>	<u>9,810</u>	<u>10,144</u>
Denominator	<u>10,748</u>	<u>10,809</u>	<u>10,935</u>	<u>10,886</u>	<u>11,276</u>
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>98</u>	<u>98</u>	<u>98</u>	<u>98</u>	<u>98</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	9	9	11	17	16
Annual Indicator	17.2	18.0	18.0	17.0	9.6
Numerator	139	46,340	46,340	39,207	22,000
Denominator	807	257,440	257,440	230,630	230,062
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	16	16	15	15	14
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 14**

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	90	90	90	95	95
Annual Indicator	90.1	90.0	98.1	94.5	99.3
Numerator	47,546	48,111	52,585	55,526	58,379
Denominator	52,765	53,457	53,594	58,783	58,783
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	95	95	96	96	97
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 15**

The percent of very low birth weight infants among all live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	1	1	1	1	1
Annual Indicator	1.1	1.0	1.2	1.1	1.0
Numerator	115	110	125	120	115
Denominator	10,619	10,809	10,814	10,886	11,276
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	1	1	0.9	0.9	0.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 16**

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	17	16.5	11.8	11	10.2
Annual Indicator	12.2	11.2	12.6	14.0	NaN
Numerator	9	8	9	10	0
Denominator	73,898	71,310	71,310	71,310	0
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	9.5	8.8	8.2	7.6	7.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 17**

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	81	81	85	86	86.5
Annual Indicator	85.2	87.3	88.8	75.8	88.7
Numerator	98	96	111	91	102
Denominator	115	110	125	120	115
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	90	90	90	90	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 18**

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	83	83	84	84.5	85
Annual Indicator	83.6	83.0	82.5	83.3	84.2
Numerator	8,879	8,967	8,922	9,067	9,496
Denominator	10,619	10,809	10,814	10,886	11,276
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	85.5	86	86.5	87	87.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 1**

Percent of unintended pregnancy.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	66.8%	66.7%	50%	52	54
Annual Indicator	68.0	63.7	59.3	64.8	66.1
Numerator	1,268	984	1,159	1,261	1,189
Denominator	1,865	1,545	1,953	1,946	1,799
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	52	50	48	46	44
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 2**

Percent of women who abstain from alcohol use in pregnancy.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	2%	2%	98%	98	98
Annual Indicator	1.7	1.6	98.3	96.9	97.2
Numerator	182	177	10,668	10,552	10,959
Denominator	10,683	10,862	10,857	10,886	11,276
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	98	98	98	98	98
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 4**

Percent of "WIC" infants who are breastfed at six months.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	38%	39%	41%	42	43
Annual Indicator	36.0	25.5	33.6	25.7	31.8
Numerator	4,163	3,471	4,574	3,548	4,381
Denominator	11,565	13,629	13,624	13,813	13,759
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	44	45	46	47	48
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 5**

Percent of state fetal/infant/child deaths reviewed for preventability by local review teams.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	25%	30%	90%	95	95
Annual Indicator	30.4	33.9	76.8	91.1	45.7
Numerator	17	19	43	184	86
Denominator	56	56	56	202	188
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	95	95	95	95	95
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 6**

Percent of facilities using standardized domestic violence screening tool as part of care assessment and planning.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	52%	53%	54%	50	50
Annual Indicator	57.8	72.9	64.8	24.0	30.0
Numerator	26	35	35	12	15
Denominator	45	48	54	50	50
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	50	50	50	50	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 7**

Percent of two year old children screened for lead.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	10%	5%	20%	25	30
Annual Indicator	2.1	6.5	2.4	2.6	1.9
Numerator	219	1,409	259	283	203
Denominator	10,502	21,734	10,798	10,798	10,798
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	35	40	45	50	55
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 8**

Percent of Medicaid eligible children who receive dental services as part of their comprehensive services.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	25.1%	25.2%	30	31	32
Annual Indicator	32.4	23.9	23.0	23.7	23.4
Numerator	13,035	12,754	12,327	14,123	14,649
Denominator	40,251	53,457	53,594	59,578	62,629
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	33	34	35	36	37
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 9**

Percent of pregnant women who abstain from cigarette smoking.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	15%	15%	81%	81	81
Annual Indicator	17.3	17.8	81.8	80.3	80.5
Numerator	1,847	1,935	8,849	8,746	9,077
Denominator	10,683	10,862	10,814	10,886	11,276
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	82	83	84	85	86
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 10**

Rate of firearm deaths among youth aged 5-19.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Performance Objective</b>	5.75	5.7	7.9%	7.7	7.4
<b>Annual Indicator</b>	9.0	7.9	8.4	7.4	NaN
<b>Numerator</b>	18	16	17	15	0
<b>Denominator</b>	200,074	202,571	202,571	202,571	0
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
<b>Annual Performance Objective</b>	7.2	7.0	6.8	6.6	6.4
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

## FORM NOTES FOR FORM 11

This performance measure represents Percent of unintended pregnancy AMONG CLIENTS IN FAMILY PLANNING PROGRAMS.

### FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #1  
**Field Name:** PM01  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Prior year data used incorrect denominator and numerator -- was reporting total births and total screened, which is NOT what was required here.
2. **Section Number:** Performance Measure #2  
**Field Name:** PM02  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
3. **Section Number:** Performance Measure #3  
**Field Name:** PM03  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
4. **Section Number:** Performance Measure #4  
**Field Name:** PM04  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
5. **Section Number:** Performance Measure #5  
**Field Name:** PM05  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
6. **Section Number:** Performance Measure #6  
**Field Name:** PM06  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
7. **Section Number:** Performance Measure #9  
**Field Name:** PM09  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The numerator and denominator data for this NPM have been changed for all years to reflect the correct number of third grade children who have received protective sealants on at least one permanent molar tooth in relationship to the US Census counts of the entire population of Montana 8 year olds.
8. **Section Number:** Performance Measure #16  
**Field Name:** PM16  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Death information is NOT AVAILABLE from our Office of Vital Statistics at this time. A data system upgrade data conversion process resulted in loss of death statistics for 2003. These data will be updated in next year's MCHBG Report submission.
9. **Section Number:** State Performance Measure #1  
**Field Name:** SM1  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The denominator is total Title X clinic clients. The numerator is the total of these clients with unintended pregnancies.
10. **Section Number:** State Performance Measure #5  
**Field Name:** SM5  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
FICMR reviews are always performed retrospectively, and in most case 6-12 months after the deaths. 2002 data was recently finalized, with a noted change in the data as reported last year—Corrections are: Annual indicator-91%, Numerator-184, Denominator-202. 2003 data will not be completed until January 2005. Annual performance objective of 95% may not be attainable because some child deaths are transfers from out of state facilities.
11. **Section Number:** State Performance Measure #10  
**Field Name:** SM10  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**

The data for 2003 are unavailable at this time due to data conversion difficulties from one death records system to another in our Office of Vital Statistics. Data will be updated in next year's MCHBG Report.

UPDATE: Although we now have the incidence of firearm deaths for youth aged 5-19, which is 12, we DO NOT have the denominator of all children aged 5-19 due to delays in receipt of this information from NCHS and the Census Bureau-a format. Therefore, a rate cannot yet be determined and the data remain provisional until next reporting period.

**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]  
**STATE: MT**

**OUTCOME MEASURE # 01**

The infant mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>7</u>	<u>7</u>	<u>7</u>	<u>6</u>	<u>6</u>
Annual Indicator	<u>6.1</u>	<u>5.4</u>	<u>5.8</u>	<u>6.7</u>	<u>6.2</u>
Numerator	<u>65</u>	<u>58</u>	<u>63</u>	<u>73</u>	<u>70</u>
Denominator	<u>10,619</u>	<u>10,809</u>	<u>10,814</u>	<u>10,886</u>	<u>11,271</u>
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 02**

The ratio of the black infant mortality rate to the white infant mortality rate.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>1</u>	<u>1</u>	<u>1.57</u>	<u>1</u>	<u>1</u>
Annual Indicator	<u>0.0</u>	<u>4.8</u>	<u>0.0</u>	<u>0.4</u>	<u>0.0</u>
Numerator	<u>0</u>	<u>22.7</u>	<u>0</u>	<u>3</u>	<u>0</u>
Denominator	<u>5.3</u>	<u>4.7</u>	<u>5.7</u>	<u>6.7</u>	<u>5.3</u>
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 03**

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	4.5	4.5	4.5	4	3.8
Annual Indicator	2.8	3.5	3.6	4.4	3.3
Numerator	30	38	39	48	37
Denominator	10,619	10,809	10,814	10,886	11,278
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	3.5	3	3	3	3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 04**

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	2.62	2.61	2.6	2.3	2.2
Annual Indicator	3.3	1.9	2.2	2.3	2.9
Numerator	35	20	24	25	33
Denominator	10,619	10,809	10,814	10,886	11,278
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	2.1	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 05**

The perinatal mortality rate per 1,000 live births plus fetal deaths.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	8	8	8	6	5.8
Annual Indicator	8.2	5.7	4.7	7.1	8.1
Numerator	88	62	51	78	92
Denominator	10,681	10,809	10,877	10,937	11,333
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	5.5	5.3	5	4.8	4.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 06**

The child death rate per 100,000 children aged 1 through 14.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	20	15	15	15	15
Annual Indicator	26.7	31.4	23.9	20.0	NaN
Numerator	45	55	42	35	0
Denominator	168,709	175,398	175,398	175,398	0
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	15	15	15	15	15
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE OUTCOME MEASURE # 1**

Native American Infant Mortality Rate

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>7</u>	<u>7</u>	<u>7</u>	<u>7</u>	<u>7</u>
Annual Indicator	<u>12.7</u>	<u>9.9</u>	<u>7.6</u>	<u>8.7</u>	<u>6.5</u>
Numerator	<u>16</u>	<u>13</u>	<u>10</u>	<u>12</u>	<u>9</u>
Denominator	<u>1,261</u>	<u>1,314</u>	<u>1,314</u>	<u>1,376</u>	<u>1,386</u>
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>7</u>	<u>7</u>	<u>7</u>	<u>7</u>	<u>7</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

## FORM NOTES FOR FORM 12

None

### FIELD LEVEL NOTES

1. **Section Number:** Outcome Measure 1  
**Field Name:** OM01  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Montana's death data are unavailable at this time due to a data conversion error between the legacy death records system and an upgrade. Data will be reported in next year's MCHBG report.
  2. **Section Number:** Outcome Measure 2  
**Field Name:** OM02  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Montana's death data are unavailable at this time due to a data conversion error between the legacy death records system and an upgrade. Data will be reported in next year's MCHBG report.
  3. **Section Number:** Outcome Measure 3  
**Field Name:** OM03  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Montana's death data are unavailable at this time due to a data conversion error between the legacy death records system and an upgrade. Data will be reported in next year's MCHBG report.
  4. **Section Number:** Outcome Measure 4  
**Field Name:** OM04  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Montana's death data are unavailable at this time due to a data conversion error between the legacy death records system and an upgrade. Data will be reported in next year's MCHBG report.
  5. **Section Number:** Outcome Measure 5  
**Field Name:** OM05  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Montana's death data are unavailable at this time due to a data conversion error between the legacy death records system and an upgrade. Data will be reported in next year's MCHBG report.
  6. **Section Number:** Outcome Measure 6  
**Field Name:** OM06  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Montana's death data are unavailable at this time due to a data conversion error between the legacy death records system and an upgrade. Data will be reported in next year's MCHBG report.
- UPDATE: Although we now have the incidence of deaths for youth aged 1-14 which is 35, we DO NOT have the denominator of all children aged 1-14 due to delays in receipt of this information from NCHS and the Census Bureau-a format. Therefore, a rate cannot yet be determined and the data remain provisional until next reporting period.
7. **Section Number:** State Outcome Measure 1  
**Field Name:** SO1  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Montana's death data are unavailable at this time due to a data conversion error between the legacy death records system and an upgrade. Data will be reported in next year's MCHBG report.

**FORM 13**  
**CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS**  
**STATE: MT**

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

    2    

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

    0    

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

    0    

4. Family members are involved in service training of CSHCN staff and providers.

    2    

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

    1    

6. Family members of diverse cultures are involved in all of the above activities.

    1    

**Total Score:**     6    

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

## FORM NOTES FOR FORM 13

The Montana CSHCN program has worked to integrate family participation in all levels of operation. The highlight of this activity was the initiation of a relationship with Parent's Lets Unite for Kids which serves as the Family Voices program in Montana. Together we applied for and recieved a Family to Family grant through the CMS systems change grant program. This has launched a formal relationship between the two programs. We continue to offer an annual CSHCN training day which covers a specific condition and focuses on the reality faced by families.

### FIELD LEVEL NOTES

- 1. Section Number:** Main  
**Field Name:** Question1  
**Row Name:** #1. Family members participate on advisory committee or task forces...  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Expanded representation to families on advisory council and assigned individuals to subcommittee work. Families are beginning to take an interest in CSHS activities.
- 2. Section Number:** Main  
**Field Name:** Question2  
**Row Name:** #2. Financial support (...) is offered for parent activities or parent groups.  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
CSHS dos have a policy to support parental activities, however lack of funding has prevented this from happening. CSHS does support families who participate in advisory committee activities.
- 3. Section Number:** Main  
**Field Name:** Question4  
**Row Name:** #4. Family members are involved in service training of CSHCN staff and providers.  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
CSHS utilizes family members in providing training to providers, contractors and advocates.
- 4. Section Number:** Main  
**Field Name:** Question5  
**Row Name:** #5. Family members hired as paid staff or consultants to the State CSHCN program...  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The CSHS staff does not include any family members who participate in Title V functions. One key contractor is a parent of a CSHCN who does participate in Title V functions.
- 5. Section Number:** Main  
**Field Name:** Question6  
**Row Name:** #6. Family members of diverse cultures are involved in all of the above activities  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Family representation on the advisory committee was drawn to represent the diverse soci-economic, ethnic and health diagnosis of the CSHCN population in Montana.

**FORM 14**  
**LIST OF MCH PRIORITY NEEDS**

*[Sec. 505(a)(5)]*

**STATE: MT FY: 2005**

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women," and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Increase access to health care and insurance coverage for children.
2. Decrease unintended pregnancy.
3. Improve oral health and access to oral health for MCH populations.
4. Promote health promotion and disease prevention programs for children and adolescents.
5. Decrease disparities between the health of American Indians and all Montanans (infant mortality, rates of cervical CA, and diabetes).
6. Increase MCH epidemiological capacity in Montana.
7. Promote the ability of local programs to serve high risk populations, including children with special health care needs by providing education, technical assistance and resources.
8. Decrease the number of infants born with a high risk for poor health through support and education of "at risk" pregnant mothers through programs such as MIAMI.
9. Promote the health and safety of children in child care and school settings.
10. Increase the training and support of public health nurses and work to strengthen public health infrastructure.

**FORM NOTES FOR FORM 14**

No changes in priorities for the present year. Montana successfully competed for a Public Health Prevention Specialist (PHPS) from CDC for the August 2004 through July 2006 time period. The specialist's charges will be to complete the 5 year needs assessment (year 1), and lead state staff and partners through a strategic planning process (year 2).

**FIELD LEVEL NOTES**

None

**FORM 15  
TECHNICAL ASSISTANCE(TA) REQUEST**

STATE: MT

APPLICATION YEAR: 2005

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested <i>(max 250 characters)</i>	Reason(s) Why Assistance Is Needed <i>(max 250 characters)</i>	What State, Organization or Individual Would You suggest Provide the TA (if known) <i>(max 250 characters)</i>
1.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Transitional planning for CSHCN program.	Current CSHCN program emphasizes direct care and financial assistance. Need to expand to broad based issues.	Not Known. Need assistance in identifying potential sources of TA.
2.	<b>Data-related Issues - Needs Assessment</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Telephone or other state experience with needs assessment completion	Public Health Prevention Specialist will need to solicit experience from other states and/or contact contractor for TA regarding NA content and organization	NA contractors or other states (Region VIII and other)
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>          </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>          </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>          </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>          </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>          </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>          </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>          </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

**FORM NOTES FOR FORM 15**

None

**FIELD LEVEL NOTES**

None

**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: MT**

SP # 1

**PERFORMANCE MEASURE:**

Percent of unintended pregnancy.

**STATUS:**

Active

**GOAL**

Reduce unintended pregnancy.

**DEFINITION**

A pregnancy that had not been wanted at the time conception occurred, irrespective of whether or not contraception was being used. Among unintended pregnancies, a distinction is made between mistimed and unwanted: Mistimed conceptions are those that were wanted by the woman at some time, but which occurred sooner than they were wanted; and Unwanted conceptions are those that occurred when the woman did not want to have any more pregnancies at all.

**Numerator:**

Number of unintended pregnancies in the family planning clinic population.

**Denominator:**

Number of pregnancies in the family planning clinic population.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

The data is from the family planning clinic visit record (CVR) which is completed on all patient visits. The CVR reports whether the patient "wanted a child, but not at this time" (i.e. a mistimed pregnancy) or "Didn't want any (more) children." (i.e. an unwanted pregnancy). Significance data from the IOM, "The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families," 1995.

**SIGNIFICANCE**

Unintended pregnancy (estimated at 60% of all pregnancies) affects all segments of society. The consequences are serious: A mother with an unintended pregnancy is more likely to seek prenatal care after the first trimester or not to obtain care, is more likely to expose the fetus to harmful substances such as tobacco or alcohol, and is at greater risk of physical abuse herself. A child of an unwanted conception is at greater risk of being low birthweight, of dying in its first year of life, of being abused, and of not receiving sufficient resources for healthy development. Both mother and father may suffer economic hardship and fail to achieve their educational and career goals. Unintended pregnancy also leads to approximately 1.5 million abortions in the United States annually, a ratio of about one abortion to every three live births -- a ratio two to four times higher than that in many other Western democracies.

SP # 2

**PERFORMANCE MEASURE:**

Percent of women who abstain from alcohol use in pregnancy.

**STATUS:**

Active

**GOAL**

Increase the percent of women who abstain from alcohol use during pregnancy to ultimately decrease the incidence of in utero alcohol exposure of the infant

**DEFINITION**

We are measuring the percent of women who abstain from alcohol use during pregnancy as reported on the birth certificate. We realize that alcohol use during pregnancy, as reported on the birth certificate is self reported, and thus is under reported. However, this is the only data source we have to measure this performance measure

**Numerator:**

Number of pregnant women who abstain from alcohol use during pregnancy as reported on the birth certificate.

**Denominator:**

Number of Montana births plus fetal deaths.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Alcohol use during pregnancy is reported on the SAQ, DV survey, birth certificates, MIAMI I & Os, WIC, and BRFSS. The birth certificate is the only data source we have in MT that represents all of the births in MT. The other data sources are either anonymous, or represent a only portion of the pregnancies and births in our state

**SIGNIFICANCE**

Consumption of alcohol during pregnancy has been associated with reduction in birth weight and intellectual impariment, CNS involvement, facial deformity, small head circumfrence, brain malformation and intrauterine growth retardation

SP # 4

**PERFORMANCE MEASURE:**

Percent of "WIC" infants who are breastfed at six months.

**STATUS:**

Active

**GOAL**

To increase the percentage of infants served by WIC in Montana who have had breastfeeding initiated, to 75% and increase the percentage of infants who are breastfed for a duration exceeding six months to over 50%.

**DEFINITION**

This will be determined based on responses from WIC participants. Information is captured by age group of the child and duration of breastfeeding. The information is available quarterly from the CDC Pediatric Nutrition Surveillance System (Table 1C).

**Numerator:**

Duration of breastfeeding (> 1 day, 1 week, 1, 2, 3, 4, 5 and 6 months)

**Denominator:**

Number of WIC participants administered the questionnaire.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

CDC Pediatric Nutrition Surveillance System (Table 1C).

**SIGNIFICANCE**

The advantages of breastfeeding include nutritional, immunological, and psychological benefits to both infant and mother, as well as economic benefits. Breast milk is the optimal food for infants and the only food an infant needs for the first 4-6 months of life.

SP # 5

**PERFORMANCE MEASURE:**

Percent of state fetal/infant/child deaths reviewed for preventability by local review teams.

**STATUS:**

Active

**GOAL**

Identify why infants and children die in Montana and recommendation of system changes in Montana to prevent further deaths.

**DEFINITION**

Percent of state fetal/infant/child deaths reviewed by local teams for preventability.

**Numerator:**

Number of fetal, infant and child deaths reviewed by local teams in MT as evidenced by the number of data forms submitted by local review teams to DPHHS

**Denominator:**

Number of fetal, infant and child deaths in Montana obtained from the death certificates in vital stats.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Counties reviewing deaths complete and submit standardized Fetal Infant and Child Mortality Review forms to CACH and information is entered into a data system. Fetal, infant and child death certificates from vital stats are also a data source

**SIGNIFICANCE**

Vital Statistics on fetal, infant and child deaths don't identify the circumstances of death and what can be done to prevent future deaths. The local multi disciplinary review teams meet and discuss circumstances of the death and prevention of future deaths, which provides much more detail and prevention is targeted to that specific community

SP #          6

**PERFORMANCE MEASURE:**

Percent of facilities using standardized domestic violence screening tool as part of care assessment and planning.

**STATUS:**

Active

**GOAL**

Include screening for domestic violence as a standard of care for MCH funded programs.

**DEFINITION**

There are numerous brief (2-5 question) questionnaires concerning domestic violence, already in existence, that can be utilized. MCH funding = Title V, Title X or USDA (WIC) funds MCH service = health programs providing direct, or other services to women using MCH funds including .....

**Numerator:**

Number of contracted facilities receiving MCH funding who screen for domestic violence using standard tools.

**Denominator:**

Number of contracted facilities.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

**SIGNIFICANCE**

Domestic violence against women is pervasive in the United States. It is prevalent in all racial, ethnic and socio-economic groups. It has been estimated that a woman is physically abused every 12 seconds in our country making domestic violence a major public health problem. Women in domestic violent relationships cannot be afforded support and care unless they are identified. The development of a measurement tool to determine the frequency of domestic violence will not only provide the measure but will also result in the public health workers in MCH settings to gain a better familiarity with this problem as well as stimulate them to identify resources to assist the victims.

SP # 7

**PERFORMANCE MEASURE:**

Percent of two year old children screened for lead.

**STATUS:**

Active

**GOAL**

To screen 20% of two year old children.

**DEFINITION**

**Numerator:**

Number of two year old children screened.

**Denominator:**

Total number of 2 year old children.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Program will begin with new Centers for Disease Control and Prevention funding in July 1998. Some data exists, however a true baseline for blood lead levels for children has not been established.

**SIGNIFICANCE**

Montana has a large proportion of pre-1950's housing in which testing has not occurred. Furthermore, low income WIC clients have potentially higher blood lead levels.

SP # 8

**PERFORMANCE MEASURE:**

Percent of Medicaid eligible children who receive dental services as part of their comprehensive services.

**STATUS:**

Active

**GOAL**

To improve dental health of Medicaid-eligible children through increased access to dental services.

**DEFINITION**

**Numerator:**

Number of children to age 21 who have received dental services as part of their comprehensive services.

**Denominator:**

Estimated number of children to age 21 who are potentially eligible by state definition, for Medicaid at the end of the fiscal year.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Sources and issues are similar to performance measure 13, "Percent of potentially Medicaid eligible children who have received a service paid by the Medicaid Program."From July 1, 1995 to June 30, 1996, 15,719 Medicaid child patients out of 43,970 average eligibles received dental care for a 36%. From July 1, 1996 to June 30, 1997, the percentage was also 36%.

**SIGNIFICANCE**

Medicaid eligible children are not always able to access dental care. Barriers to access limit dental care and impact the health of Medicaid eligible children in a negative manner.

SP #      9

**PERFORMANCE MEASURE:**

Percent of pregnant women who abstain from cigarette smoking.

**STATUS:**

Active

**GOAL**

Decrease the incidence of low birthweight and other adverse outcomes and infant mortality related to tobacco use by pregnant women.

**DEFINITION**

-

**Numerator:**

Number of pregnant women who report not smoking.

**Denominator:**

Number of Montana births and fetal deaths.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Birth certificates.

**SIGNIFICANCE**

Maternal smoking during pregnancy is a risk factor for low birthweight, the leading cause of infant mortality. Smoking during pregnancy is also a significant risk factor for SAB and stillbirths. Parental smoking can also have long-term effects on a child's growth, intelligence and behavior. Further, infants exposed to cigarette smoke before and/or after birth are 2 to 3 times more likely to die from SIDS.

SP # 10

**PERFORMANCE MEASURE:**

Rate of firearm deaths among youth aged 5-19.

**STATUS:**

Active

**GOAL**

Reduce by 5% the number of firearm related deaths among youths aged 5-19 years of age.

**DEFINITION**

**Numerator:**

Total number of population aged 5-19 who have died of firearm deaths.

**Denominator:**

Total population of youth in Montana age 5-19.

**Units:** 100000 **Text:** 0.01%

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

1) Montana Census and Economic Center 2) Montana Trauma Registry 3) National Center for Health Statistics, Centers for Disease Control and Prevention; and 4) national Center for Prevention and Control of Injury.

**SIGNIFICANCE**

1. In children under 15, 35-40% of firearm deaths are unintentional. 2. Among adolescents 15-19 years of age, one in every four deaths is caused by a firearm. For this age group, the risk of dying from a firearm injury has increased by 77% since 1975. 3. In 1990, firearm injuries cost over \$20.4 billion in direct costs for hospital and other medical care, and in direct costs for long-term disabilities and premature deaths. 4. at least 80% of the economic costs of treating firearm injuries are paid for by tax dollars.

SO #        1

**OUTCOME MEASURE:**

Native American Infant Mortality Rate

**STATUS:**

Active

**GOAL**

The Native American infant mortality rate will be no higher than the White infant mortality rate

**DEFINITION**

**Numerator:**

Number of Native American infant deaths.

**Denominator:**

Number of Native American births.

**Units:** 1000 **Text:** Rate per thousand

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Vital records collected by state.

**SIGNIFICANCE**

All countries of the world measure the infant mortality rate as an indicator of general health status. The U.S. has made progress in reducing this rate, but the rate of decline has slowed. In Montana, as in the nation as a whole, there continues to be significant racial disparity.

**FORM NOTES FOR FORM 16**

None

**FIELD LEVEL NOTES**

None

**FORM 17**  
**HEALTH SYSTEMS CAPACITY INDICATORS**  
**FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA**  
**STATE: MT**

**HEALTH SYSTEMS CAPACITY MEASURE # 01**

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	0.8	0.4	0.4	14.2	11.1
<b>Numerator</b>	4	2	2	78	61
<b>Denominator</b>	53,060	54,869	54,869	54,869	54,869
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

**HEALTH SYSTEMS CAPACITY MEASURE # 02**

The percent Medicaid enrollees whose ages less than one year during the reporting year who received at least one initial periodic screen.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	82.8	78.5	98.0	84.3	87.0
<b>Numerator</b>	4,854	3,450	4,604	4,077	4,298
<b>Denominator</b>	5,861	4,397	4,698	4,836	4,943
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

**HEALTH SYSTEMS CAPACITY MEASURE # 03**

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	NaN	NaN	NaN	NaN	
<b>Numerator</b>	0	0	0	0	
<b>Denominator</b>	0	0	0	0	
<b>Is the Data Provisional or Final?</b>				Provisional	

**HEALTH SYSTEMS CAPACITY MEASURE # 04**

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	79.5	78.7	72.7	78.4	80.2
<b>Numerator</b>	8,440	8,503	7,867	8,529	9,031
<b>Denominator</b>	10,619	10,809	10,814	10,873	11,257
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

**HEALTH SYSTEMS CAPACITY MEASURE # 07**

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	<b>Annual Indicator Data</b>				
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Annual Indicator</b>	<u>46.4</u>	<u>29.0</u>	<u>34.4</u>	<u>34.5</u>	<u>34.1</u>
<b>Numerator</b>	<u>3,699</u>	<u>3,109</u>	<u>3,693</u>	<u>3,703</u>	<u>3,849</u>
<b>Denominator</b>	<u>7,974</u>	<u>10,731</u>	<u>10,731</u>	<u>10,731</u>	<u>11,276</u>
<b>Is the Data Provisional or Final?</b>				Final	Final

**HEALTH SYSTEMS CAPACITY MEASURE # 08**

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	<b>Annual Indicator Data</b>				
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Annual Indicator</b>	<u>3.2</u>	<u>1.9</u>	<u>2.0</u>	<u>2.1</u>	<u>0.8</u>
<b>Numerator</b>	<u>53</u>	<u>35</u>	<u>31</u>	<u>33</u>	<u>12</u>
<b>Denominator</b>	<u>1,650</u>	<u>1,830</u>	<u>1,570</u>	<u>1,600</u>	<u>1,555</u>
<b>Is the Data Provisional or Final?</b>				Final	Provisional

**FORM NOTES FOR FORM 17**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Checking on availability of these data for 2000

2. **Section Number:** Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

These data are NOT available in Montana

3. **Section Number:** Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

In reviewing this standard, it was noted that the CSHCN program calculated the annual indicator based on the number of medicaid children receiving rehab services through Title V as the number participating in CSHS rehab clinics. This does not match the informational guidance requesting the degree to which Title V provides something that Medicaid does not cover. Data in 2003 has been changed to reflect the meaning of the standard. The annual indicator reflects the comprehensiveness of the Montana Medicaid program for children with special health care needs. CSHS has provided assistance only for out of state lab services to diagnosis rare genetic conditions.

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #05**  
**(MEDICAID AND NON-MEDICAID COMPARISON)**  
**STATE: MT**

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (&lt; 2,500 grams)</i>	2003	Other	<u>0</u>	<u>0</u>	<u>6.7</u>
b) <i>Infant deaths per 1,000 live births</i>	2003	Other	<u>0</u>	<u>0</u>	<u>6.2</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2003	Other	<u>0</u>	<u>0</u>	<u>84</u>
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2003	Other	<u>0</u>	<u>0</u>	<u>80.2</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06 (MEDICAID ELIGIBILITY LEVEL)**  
**STATE: MT**

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2003	<u>133</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u> ) (Age range <u>6</u> to <u>18</u> ) (Age range <u>    </u> to <u>    </u> )	2003	<u>133</u> <u>100</u> <u>    </u>
c) <i>Pregnant Women</i>	2003	<u>133</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06 (SCHIP ELIGIBILITY LEVEL)**  
**STATE: MT**

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2003	<u>150</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u> ) (Age range <u>6</u> to <u>18</u> ) (Age range <u>    </u> to <u>    </u> )	2003	<u>150</u> <u>150</u> <u>    </u>
c) <i>Pregnant Women</i>	2003	<u>150</u>

## FORM NOTES FOR FORM 18

Due to data conversion difficulties when moving to an Oracle death certificate system, death data are not available for Montana at this time. We will update 2003 data next year.

### FIELD LEVEL NOTES

1. **Section Number:** Indicator 06 - Medicaid  
**Field Name:** Med\_Infant  
**Row Name:** Infants  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
There is no payment source on the birth certificate. Data provided is based on birth certificate information only. Medicaid data not available
2. **Section Number:** Indicator 06 - Medicaid  
**Field Name:** Med\_Children  
**Row Name:** Medicaid Children  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
There is no payment source on the birth certificate. Data provided is based on birth certificate information only. Medicaid data not available
3. **Section Number:** Indicator 06 - Medicaid  
**Field Name:** Med\_Women  
**Row Name:** Pregnant Women  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Montana only covers pregnant enrollees under the age of 19.
4. **Section Number:** Indicator 05  
**Field Name:** LowBirthWeight  
**Row Name:** Percent of ow birth weight (<2,500 grams)  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Birth certificate breakout by pay source not available.
5. **Section Number:** Indicator 05  
**Field Name:** InfantDeath  
**Row Name:** Infant deaths per 1,000 live births  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
These data are not available at this time due to data conversion problem with death certificate system. Updated data will be reported next year. Breakout by pay source not available
6. **Section Number:** Indicator 05  
**Field Name:** CareFirstTrimester  
**Row Name:** Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Birth certificate data breakout by pay source not available
7. **Section Number:** Indicator 05  
**Field Name:** AdequateCare  
**Row Name:** Percent of pregnant women with adequate prenatal care  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Birth certificate data breakout by pay source not available

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: MT**

**HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)**  
*(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)*

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	2	No
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	2	No
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	2	Yes

\*Where:  
1 = No, the MCH agency does not have this ability.  
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.  
3 = Yes, the MCH agency always has this ability.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: MT**

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other:		

**HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity**  
*(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)*

Data Source	Does your state participate in this survey/data source? (Select 1 - 3)*	Does your MCH program have direct access to this electronic database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Pediatric Nutrition Surveillance System (PedNSS)	1	No
WIC Program Data	3	No
Other:		

\*Where:  
1 = No  
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.  
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

**Notes:**  
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

**FORM NOTES FOR FORM 19**

None

**FIELD LEVEL NOTES**

None

**FORM 20**  
**HEALTH STATUS INDICATORS #01-#05**  
**MULTI-YEAR DATA**  
**STATE: MT**

**HEALTH STATUS INDICATOR MEASURE # 01A**

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	<u>6.7</u>	<u>6.2</u>	<u>6.8</u>	<u>6.8</u>	<u>6.7</u>
<b>Numerator</b>	<u>715</u>	<u>671</u>	<u>739</u>	<u>745</u>	<u>756</u>
<b>Denominator</b>	<u>10,619</u>	<u>10,809</u>	<u>10,814</u>	<u>10,886</u>	<u>11,276</u>
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

**HEALTH STATUS INDICATOR MEASURE # 01B**

The percent of live singleton births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	<u>5.5</u>	<u>4.9</u>	<u>5.2</u>	<u>5.4</u>	<u>5.4</u>
<b>Numerator</b>	<u>569</u>	<u>518</u>	<u>547</u>	<u>566</u>	<u>596</u>
<b>Denominator</b>	<u>10,340</u>	<u>10,504</u>	<u>10,491</u>	<u>10,564</u>	<u>10,964</u>
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

**HEALTH STATUS INDICATOR MEASURE # 02A**

The percent of live births weighing less than 1,500 grams.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	<u>1.1</u>	<u>1.0</u>	<u>1.2</u>	<u>1.1</u>	<u>1.0</u>
<b>Numerator</b>	<u>115</u>	<u>110</u>	<u>125</u>	<u>120</u>	<u>115</u>
<b>Denominator</b>	<u>10,619</u>	<u>10,809</u>	<u>10,814</u>	<u>10,886</u>	<u>11,276</u>
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

**HEALTH STATUS INDICATOR MEASURE # 02B**

The percent of live singleton births weighing less than 1,500 grams.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	<u>0.9</u>	<u>0.8</u>	<u>0.9</u>	<u>0.7</u>	<u>0.8</u>
<b>Numerator</b>	<u>93</u>	<u>83</u>	<u>96</u>	<u>79</u>	<u>93</u>
<b>Denominator</b>	<u>10,340</u>	<u>10,504</u>	<u>10,491</u>	<u>10,564</u>	<u>10,964</u>
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

**HEALTH STATUS INDICATOR MEASURE # 03A**

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	13.4	17.2	10.2	10.7	NaN
Numerator	24	32	19	20	0
Denominator	179,236	186,130	186,130	186,130	0
Is the Data Provisional or Final?				Provisional	Provisional

**HEALTH STATUS INDICATOR MEASURE # 03B**

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	4.5	9.1	5.9	5.4	NaN
Numerator	8	17	11	10	0
Denominator	179,236	186,130	186,130	186,130	0
Is the Data Provisional or Final?				Provisional	Provisional

**HEALTH STATUS INDICATOR MEASURE # 03C**

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	39.6	34.7	30.1	46.3	NaN
Numerator	53	45	39	60	0
Denominator	133,972	129,689	129,689	129,689	0
Is the Data Provisional or Final?				Provisional	Provisional

**HEALTH STATUS INDICATOR MEASURE # 04A**

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	67.5	91.9	2,552.0		
Numerator	121	171	4,750		
Denominator	179,236	186,130	186,130		
Is the Data Provisional or Final?					

**HEALTH STATUS INDICATOR MEASURE # 04B**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>565.7</u>	<u>575.4</u>	<u>565.7</u>	<u>487.8</u>	<u>483.5</u>
Numerator	<u>1,014</u>	<u>1,071</u>	<u>1,053</u>	<u>908</u>	<u>900</u>
Denominator	<u>179,236</u>	<u>186,130</u>	<u>186,130</u>	<u>186,130</u>	<u>186,130</u>
Is the Data Provisional or Final?				Provisional	Provisional

**HEALTH STATUS INDICATOR MEASURE # 04C**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>2,455.0</u>	<u>2,685.7</u>	<u>2,807.5</u>	<u>2,508.3</u>	<u>2,392.6</u>
Numerator	<u>3,289</u>	<u>3,483</u>	<u>3,641</u>	<u>3,253</u>	<u>3,103</u>
Denominator	<u>133,972</u>	<u>129,689</u>	<u>129,689</u>	<u>129,689</u>	<u>129,689</u>
Is the Data Provisional or Final?				Provisional	Provisional

**HEALTH STATUS INDICATOR MEASURE # 05A**

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>15.1</u>	<u>15.1</u>	<u>18.8</u>	<u>23.9</u>	<u>28.4</u>
Numerator	<u>537</u>	<u>522</u>	<u>648</u>	<u>825</u>	<u>981</u>
Denominator	<u>35,551</u>	<u>34,521</u>	<u>34,521</u>	<u>34,521</u>	<u>34,521</u>
Is the Data Provisional or Final?				Provisional	Provisional

**HEALTH STATUS INDICATOR MEASURE # 05B**

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>3.9</u>	<u>3.5</u>	<u>4.8</u>	<u>6.3</u>	<u>9.6</u>
Numerator	<u>570</u>	<u>527</u>	<u>722</u>	<u>953</u>	<u>1,443</u>
Denominator	<u>144,818</u>	<u>150,863</u>	<u>150,863</u>	<u>150,863</u>	<u>150,863</u>
Is the Data Provisional or Final?				Provisional	Provisional

**FORM NOTES FOR FORM 20**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Health Status Indicator #03A  
**Field Name:** HSI03A  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Montana's death data are unavailable at this time due to a data conversion error between the legacy death records system and an upgrade. Data will be reported in next year's MCHBG report
2. **Section Number:** Health Status Indicator #03B  
**Field Name:** HSI03B  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Montana's death data are unavailable at this time due to a data conversion error between the legacy death records system and an upgrade. Data will be reported in next year's MCHBG report
3. **Section Number:** Health Status Indicator #03C  
**Field Name:** HSI03C  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Montana's death data are unavailable at this time due to a data conversion error between the legacy death records system and an upgrade. Data will be reported in next year's MCHBG report
4. **Section Number:** Health Status Indicator #04A  
**Field Name:** HSI04A  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Data are not available in Montana

**FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: MT**

**HSI #06A - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2003 Is this data from a State Projection? No

<b>CATEGORY TOTAL POPULATION BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	10,732	8,900	54	1,174	42	4		558
Children 1 through 4	44,137	37,163	228	4,476	220	40		2,010
Children 5 through 9	61,963	52,774	285	6,092	332	38		2,442
Children 10 through 14	69,298	59,596	233	6,532	480	28		2,429
Children 15 through 19	71,310	62,287	273	5,972	377	43		2,358
Children 20 through 24	58,379	51,497	355	4,270	513	51		1,693
Children 0 through 24	315,819	272,217	1,428	28,516	1,964	204	0	11,490

**HSI #06B - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

<b>CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	10,293	439	
Children 1 through 4	42,409	1,728	
Children 5 through 9	60,006	1,957	
Children 10 through 14	67,283	2,015	
Children 15 through 19	69,332	1,978	
Children 20 through 24	56,735	1,644	
Children 0 through 24	306,058	9,761	0

**FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: MT**

**HSI #07A - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2003 Is this data from a State Projection? No

<b>CATEGORY TOTAL LIVE BIRTHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Women < 15	8	0	0	7	0	1		
Women 15 through 17	327	206	4	113	0	0		4
Women 18 through 19	866	652	4	204	0	1		5
Women 20 through 34	8,854	7,703	33	990	0	27		101
Women 35 or older	1,350	1,228	6	85	0	2		29
Women of all ages	11,405	9,789	47	1,399	0	31	0	139

**HSI #07B - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

<b>CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Women < 15	8	0	
Women 15 through 17	327	0	
Women 18 through 19	866	0	
Women 20 through 34	8,854	0	
Women 35 or older	1,350	0	
Women of all ages	11,405	0	0

**FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: MT**

**HSI #08A - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2003 Is this data from a State Projection? No

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	0							
Children 1 through 4	0							
Children 5 through 9	0							
Children 10 through 14	0							
Children 15 through 19	0							
Children 20 through 24	0							
Children 0 through 24	0	0	0	0	0	0	0	0

**HSI #08B - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1			
Children 1 through 4			
Children 5 through 9			
Children 10 through 14			
Children 15 through 19			
Children 20 through 24			
Children 0 through 24	0	0	0

**FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: MT**

**HSI #09A - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

<b>CATEGORY Miscellaneous Data BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>	<b>Specific Reporting Year</b>
All children 0 through 19	257,440	220,720.0	1,073.0	24,246.0	1,451.0	153.0		9,797.0	2003
Percent in household headed by single parent									
Percent in TANF (Grant) families	44.8	25.9	13.7	23.2	1.4	0.3			2003
Number enrolled in Medicaid	0								
Number enrolled in SCHIP	0								2003
Number living in foster home care	1,993	1,159.0	32.0	716.0	4.0	0		82.0	2003
Number enrolled in food stamp program	28,980	22,458.0	175.0	6,230.0	80.0	23.0		14.0	2003
Number enrolled in WIC	23,916	16,717.0	278.0	5,817.0	193.0	0		911.0	2003
Rate (per 100,000) of juvenile crime arrests	5,663.0	4,944.0	8,388.0	6,434.0	1,378.0	6,797.0		973.7	2003
Percentage of high school drop-outs (grade 9 through 12)	3.6	3.0	3.8	8.1	1.2	3.0		6.5	

**HSI #09B - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

<b>CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>	<b>Specific Reporting Year</b>
All children 0 through 19				
Percent in household headed by single parent				
Percent in TANF (Grant) families				
Number enrolled in Medicaid				
Number enrolled in SCHIP				
Number living in foster home care				
Number enrolled in food stamp program				
Number enrolled in WIC	23,005.0	911.0		2003
Rate (per 100,000) of juvenile crime arrests				
Percentage of high school drop-outs (grade 9 through 12)	97.2	2.8		

**FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: MT**

**HSI #10 - Demographics (Geographic Living Area)** *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2003 Is this data from a State Projection? No

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	<u>                    </u>
Living in urban areas	<u>          198,229          </u>
Living in rural areas	<u>                    </u>
Living in frontier areas	<u>          59,211          </u>
<b>Total - all children 0 through 19</b>	<u>          257,440          </u>

**Note:**  
The Total will be determined by adding reported numbers for urban, rural and frontier areas.

**FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: MT**

**HSI #11 - Demographics (Poverty Levels)** *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2003 Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Total Population	<u>          902,195.0          </u>
Percent Below: 50% of poverty	<u>                    </u>
100% of poverty	<u>                  7.0          </u>
200% of poverty	<u>                    </u>

**FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: MT**

**HSI #12 - Demographics (Poverty Levels)** *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2003 Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	<u>          257,440.0          </u>
Percent Below: 50% of poverty	<u>                    </u>
100% of poverty	<u>                  23.0          </u>
200% of poverty	<u>                    </u>

## FORM NOTES FOR FORM 21

None

### FIELD LEVEL NOTES

1. **Section Number:** Indicator 08A  
**Field Name:** S08\_Race\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Death data not available at this time due to data conversion problem. Data will be updated next year.
2. **Section Number:** Indicator 08A  
**Field Name:** S08\_Race\_Children1to4  
**Row Name:** children 1 through 4  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Death data not available at this time due to data conversion problem. Data will be updated next year.
3. **Section Number:** Indicator 08A  
**Field Name:** S08\_Race\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Death data not available at this time due to data conversion problem. Data will be updated next year.
4. **Section Number:** Indicator 08A  
**Field Name:** S08\_Race\_Children10to14  
**Row Name:** children 10 through 14  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Death data not available at this time due to data conversion problem. Data will be updated next year.
5. **Section Number:** Indicator 08A  
**Field Name:** S08\_Race\_Children15to19  
**Row Name:** children 15 through 19  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Death data not available at this time due to data conversion problem. Data will be updated next year.
6. **Section Number:** Indicator 08A  
**Field Name:** S08\_Race\_Children20to24  
**Row Name:** children 20 through 24  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Death data not available at this time due to data conversion problem. Data will be updated next year.
7. **Section Number:** Indicator 08B  
**Field Name:** S08\_Ethnicity\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Death data not available at this time due to data conversion problem. Data will be updated next year.
8. **Section Number:** Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children1to4  
**Row Name:** children 1 through 4  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Death data not available at this time due to data conversion problem. Data will be updated next year.
9. **Section Number:** Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Death data not available at this time due to data conversion problem. Data will be updated next year.
10. **Section Number:** Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children10to14  
**Row Name:** children 10 through 14  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Death data not available at this time due to data conversion problem. Data will be updated next year.
11. **Section Number:** Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children15to19  
**Row Name:** children 15 through 19  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Death data not available at this time due to data conversion problem. Data will be updated next year.
12. **Section Number:** Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children20to24  
**Row Name:** children 20 through 24

**Column Name:**

**Year:** 2005

**Field Note:**

Death data not available at this time due to data conversion problem. Data will be updated next year.

13. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Data unavailable
14. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_MedicaidNo  
**Row Name:** Number enrolled in Medicaid  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Data are not available by racial breakout for Medicaid. Total children 0-19 enrolled in Medicaid = 34,563
15. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_SCHIPNo  
**Row Name:** Number enrolled in SCHIP  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
SCHIP data not available with racial breakouts. Total enrolled in 2003 = 9,550. Waiting list = 1,230
16. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_DropOutPercent  
**Row Name:** Percentage of high school drop-outs (grade 9 through 12)  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Cannot use total 0-19 age denominator for hs dropout rate for grades 9-12. Therefore, dropout rate based on total enrolled 50,302.
17. **Section Number:** Indicator 09B  
**Field Name:** HSIEthnicity\_Children  
**Row Name:** All children 0 through 19  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Data not available
18. **Section Number:** Indicator 09B  
**Field Name:** HSIEthnicity\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Data not available
19. **Section Number:** Indicator 09B  
**Field Name:** HSIEthnicity\_TANFPercent  
**Row Name:** Percent in TANF (Grant) families  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Data not available
20. **Section Number:** Indicator 09B  
**Field Name:** HSIEthnicity\_MedicaidNo  
**Row Name:** Number enrolled in Medicaid  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Data not available
21. **Section Number:** Indicator 09B  
**Field Name:** HSIEthnicity\_SCHIPNo  
**Row Name:** Number enrolled in SCHIP  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Data not available
22. **Section Number:** Indicator 09B  
**Field Name:** HSIEthnicity\_FoodStampNo  
**Row Name:** Number enrolled in food stamp program  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Data not available
23. **Section Number:** Indicator 09B  
**Field Name:** HSIEthnicity\_JuvenileCrimeRate  
**Row Name:** Rate (per 100,000) of juvenile crime arrests  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Data not available
24. **Section Number:** Indicator 09B  
**Field Name:** HSIEthnicity\_FosterCare  
**Row Name:** Number living in foster home care

**Column Name:**  
**Year:** 2005  
**Field Note:**  
Data not available