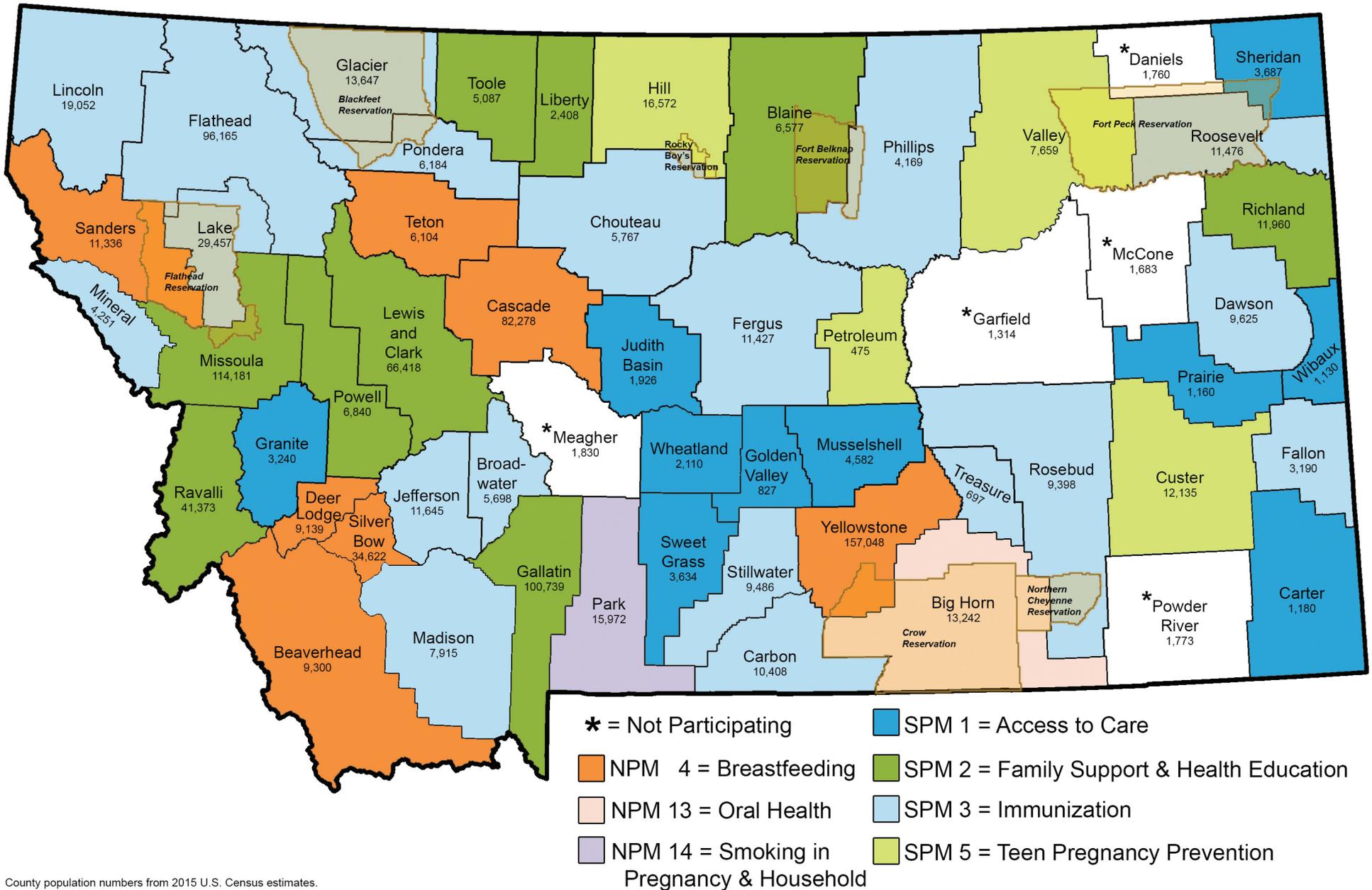


# National and State Performance Measures Choices by County - State Fiscal Year 2017

## Maternal and Child Health Block Grant



County population numbers from 2015 U.S. Census estimates.

# NEWS

*Department of Public Health and Human Services*

*www.dphhs.mt.gov*

## **FOR IMMEDIATE RELEASE**

**January 11, 2016**

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## **American Indian Commercial Tobacco Quit Line now available**

*New option aims to address American Indian health disparities*

The Department of Public and Health and Human Services (DPHHS), with National Jewish Health and input from local American Indian tobacco prevention programs and various Tribal public health officials across six states, has developed a new approach to help reduce tobacco use among American Indians.

The American Indian Commercial Tobacco Quit Line Program, the first of its kind in the country, is modeled after the highly successful DPHHS Montana Tobacco Quit Line.

The American Indian Commercial Tobacco Quit Line is available seven days a week, 10:30 a.m. to 5:30 p.m. at 1-855-372-0037. People can enroll online at [www.mtamericanindianquitline.com](http://www.mtamericanindianquitline.com).

Governor Steve Bullock expects this new approach to produce positive results. “I am committed to improving access to affordable healthcare for all Montanans, and I’m equally committed to finding innovative solutions designed to make a positive impact in our Tribal communities,” he said. “I encourage those who could benefit from this new, exciting program to give the American Indian Commercial Tobacco Quit Line a try.”

DPHHS Director Richard Opper said local Tribal tobacco prevention programs worked closely with Tobacco Quit Line coaches to develop a culturally appropriate intake and cessation message. The program offers customized coaching for Native American callers. “We worked closely with our American Indian partners on this new initiative and we’re excited that it’s now available,” he said.

Based on current statistical information, DPHHS Montana Tobacco Use Prevention Program (MTUPP) Tribal Liaison Janet Sucha said a new approach was needed. The 2014 Behavioral Risk Factor Surveillance report shows that more than 43% percent of American Indian (AI) adults in Montana were cigarette smokers. “Our numbers suggest a desire to quit, but AI callers to our Tobacco Quit Line have lower rates of engagement and utilization of existing Quit Line services,” Sucha said.

Sucha believes those who choose to participate and complete the program will have greater success in quitting commercial tobacco use.

Dana Kingfisher, Tobacco Program Coordinator at the Missoula Urban Indian Health Center concurs. “We have to understand the intent we place on tobacco,” she said. “Are we using it in a respectful or abusive way? Our communities are starting to understand the negative effects that commercial tobacco has on our people and are making steps to show them the right way. Living in a good way means that we respect the reciprocal relationship we have with tobacco, but sometimes we need more than education. The new American Indian Commercial Tobacco Quit Line is another great way to reach out to our people who are struggling with addiction.”

The new program has a dedicated call line where clients will be put in touch with an American Indian cessation coach. They will be offered 10 coaching calls, eight weeks of free nicotine replacement therapy and given the option of reduced cost cessation medication.

Feedback is always welcome, and comments regarding this new program can be emailed to [infotobaccofree@mt.gov](mailto:infotobaccofree@mt.gov).

## Maternal and Child Health Block Grant - 2017 Application and 2015 Annual Report

### Public Input from Interested Parties, Results as of September 2016

**Purpose:** The Title V Maternal and Child Health Block Grant (MCHBG) is required to solicit public comment on the MCHBG Annual Report and Application from interested parties.

**Method:** The Maternal and Child Health (MCH) and Children's Special Health Services (CSHS) Sections compiled a list of interested partners who have expressed an interest in or use of the MCHBG. The interested parties included:

- 49 County Health Departments
- 35 CSHS direct care providers
- 14 CSHS partner organizations
- 12 Public Health System Improvement Task Force (PHSITF) members

Parents Let's Unite for Kids (PLUK) also forwarded the request for information to their list serve of 800 families across Montana. PLUK serves as Montana's Parent Training and Information Center, the Family to Family Health Information and Education Center, and the Family Voices state affiliate.

The interested parties received an email on July 25, 2016 from the MCH Section Supervisor, requesting their input on the MCHBG 2015 Annual Report and 2017 Application. Each interested party who responded to the request received an email response acknowledging their input.

Their comments were reviewed and analyzed to determine what Title V/MCHBG and in some cases a Department of Public Health and Human Services (DPHHS) or State of Montana program (s) was being addressed. The CSHS and MCH Supervisors made recommendations for future follow up with each interested party's specific comment(s).

#### Results:

Twenty interested parties provided comments on the MCHBG 2015 Annual Report and 2017 Application. The parties were represented as follows:

- 8 parents of a child with special health care needs
- 5 organizations:
  - Mental Health America
  - CASA
  - MT Disabilities & Health Program
  - MT Independent Living Project
  - PLUK
- 2 members of the Public Health System Improvement Task Force
- 2 Local County Health Department Maternal and Child Health Block Grant Administrators
- 2 health care providers
- 1 State Representative who is a parent of an adult with special health care needs

## **Summary of Interested Party's Comments:**

### **Children with Special Healthcare Needs Program**

- Seven comments addressed the challenges of finding the right resources/care coordination close to home for children and youth with special health care needs (CYSHCN)
- Seven comments addressed these topics:
  - Complimented CSHS survey approach
  - Continue funding genetic testing in Montana
  - CSHS should work on prevention rather than pay for helmets for plagiocephaly
  - Use of evidence based strategies
  - Private insurance doesn't cover behavior therapy
  - Special Olympics participation needs to be yearly
  - Lack of community based resources
- Six comments addressed these three topics:
  - Distance to specialty care in Montana (in and out of state)/accessibility
  - Funding and/or oversight for specialty care and clinic in Montana
  - Support for CSHCN transition to adult care
- Five comments indicated their desire for more family, provider, or agency input

### **Medicaid Program**

- Three parents were unaware of Medicaid travel assistance
- Two parents commented on the excessive wait for a Medicaid Waiver slot for their adult children
- One parent each commented on:
  - Medicaid did not cover her 3 children's orthodontia attributed to their CSHS condition
  - Medicaid is paying for specialized equipment (helmets for plagiocephaly)
  - Challenges having prescription filled at local pharmacy versus out of town
  - Child covered under parent's plan and Medicaid is secondary; however, Medicaid not paying the co-pays
  - Need for Medicaid Targeted Case Management for CSHS case management services
  - Unsure of what services are covered by Medicaid and/or their private insurance

### **Miscellaneous DPHHS Program**

- Three parents shared their child's mental health challenges and they were unaware of the Children's Mental Health Bureau's services/programs
- A healthcare professional shared results of a focused mental health gap analysis in rural/frontier Montana for children and adults.
- Two parents, with developmentally disabled adult family members, expressed a need for residential care when the parents are unable to provide a home
- One parent shared that the grants provided through DPHHS must continue
- A healthcare professional asked for increased DPHHS public awareness of their services for children and adults with special healthcare needs
- A healthcare professional complimented the Office of American Indian Health's creation
- One comment specifically stated the need for increased staffing at the Lake County Department of Children and Family Services

### **Office of Public Instruction**

- Three parents focused on the school environment not meeting their child's educational needs.
- One parent commented on the need for early screening and intervention services

### **Department of Labor & Industry**

- Adult child's employment wages were questioned

### **Overall Comments about the 2017 MCHBG Application**

- A healthcare professional provided two specific MCHBG Application comments:
  - *I want to document for the August 11<sup>th</sup> meeting that Montana is moving in a great direction for including families at all levels of decision making and has made great progress in the last few years in working toward systems change for CYSHCN. I believe that what will result from having the program assessment complete will truly benefit Montana Families.*
  - *Complimentary of CSHS' comprehensive program assessment to generate MT specific data within the national frameworks was a brilliant decision and step we needed to take as a state.*
- Two PHSITF members commented:
  - *I was much more impressed by this than the document that we read a year or so ago. It looked really good! From my perspective, it was especially nice to see the documentation that we (at the local level) provide to you in our MCHBG reporting in this document. Review the narrative accompanying the WIC graph on page 69 as it doesn't make sense.*
    - WIC staff reviewed the narrative and revised it. The commenter agreed with the changes.
  - *I looked over the document and think it is fine.*
- Two Local County health Department Directors commented:
  - *The application looks very comprehensive. Thanks for asking for our input.*
  - *To be honest, the length of the report was a little daunting for me so I never opened it until this morning. But I'm so glad I did! It gave me a better understanding of the grant.*

### **Next steps:**

- Each individual will receive a personalized email response from the MCH or CSHS Supervisor with additional information for their specific comments
- Propose an in-person meeting with the PLUK Board of Directors, PLUK Executive Director and Title V/MCHBG staff to identify partnership opportunities
- Update the MCHBG website to include MCHBG Public Input from Interested Parties summary document