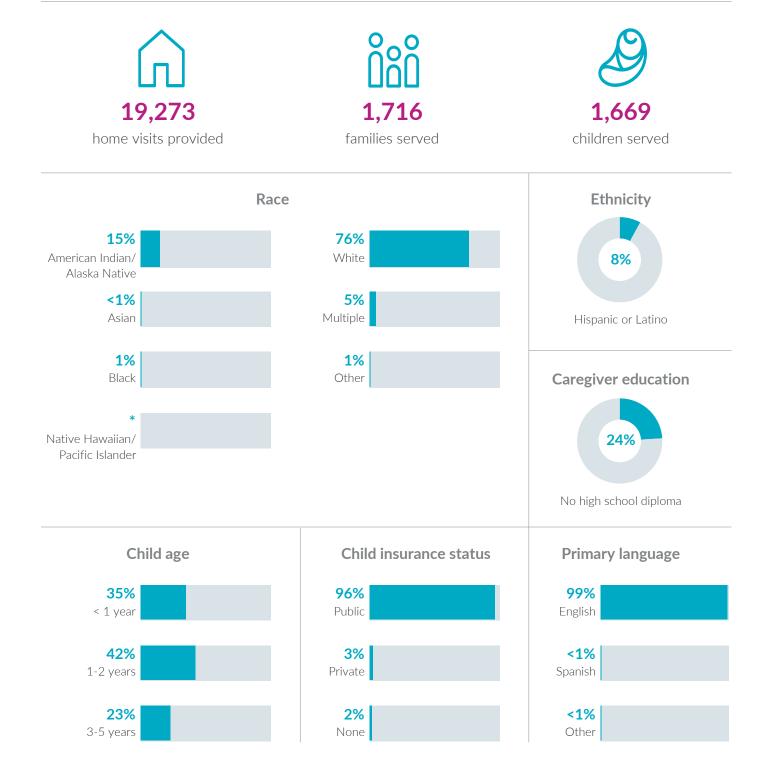
#### **NHVRC STATE PROFILES**

## Montana

## Families Served Through Evidence-Based Home Visiting in 2019

Models implemented in Montana included Early Head Start Home-Based Option, Family Spirit, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and SafeCare Augmented. Statewide, 41 local agencies operated at least one of these models.



#### **NHVRC STATE PROFILES**

## **Montana**

### Potential Beneficiaries in 2019

In Montana, there were 54,700 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 73,100 children.

# 73,100 children

could benefit from home visiting

## Of the 73,100 children who could benefit-

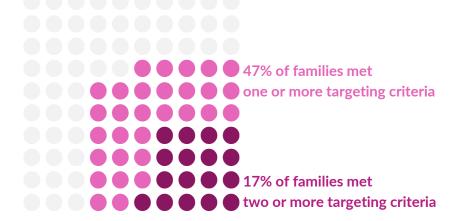
| Infants  | Toddlers  | Preschoolers |
|----------|-----------|--------------|
| < 1 year | 1-2 years | 3-5 years    |
| 12,200   | 23,900    | 37,100       |
| 17%      | 33%       | 51%          |

54,700 families could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Montana who met the following targeting criteria:



#### Of the 54,700 families who could benefit—



National Home Visiting

Resource Center

www.nhvrc.org

Notes • NHVRC State Profiles present data provided by evidence-based models, which include both MIECHV and non-MIECHV data. This State Profile includes participant data from the following evidence-based models: EHS, Family Spirit, HFA, NFP, PAT, and SafeCare Augmented. • Missing and unknown data were not included in calculations. • Percentages may not add to 100 due to rounding. • To protect confidentiality, race and ethnicity categories with 10 or fewer participants were replaced with \*. • Public insurance includes Medicaid, CHIP, and TRICARE. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never married mothers or pregnant women. • EHS data may be underreported. Data include EHS programs that provided home-based services only. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS did not report home visits or families served. The number of children served was included as a proxy for families served. • Family Spirit reported children served, families served, and home visits only. • HFA reported primary language of caregivers. • NFP reported primary language of caregivers. • PAT data for child insurance status and primary language were not included. • SafeCare Augmented did not report home visits or children served. The number of families served was included as a proxy for children served. SafeCare Augmented did not report caregiver education, child age, or child insurance status.

The NHVRC is led by James Bell Associates in partnership with the Urban Institute. Support is provided by the Heising-Simons Foundation and the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the foundations. For details about the methodology, see the 2020 Home Visiting Yearbook.