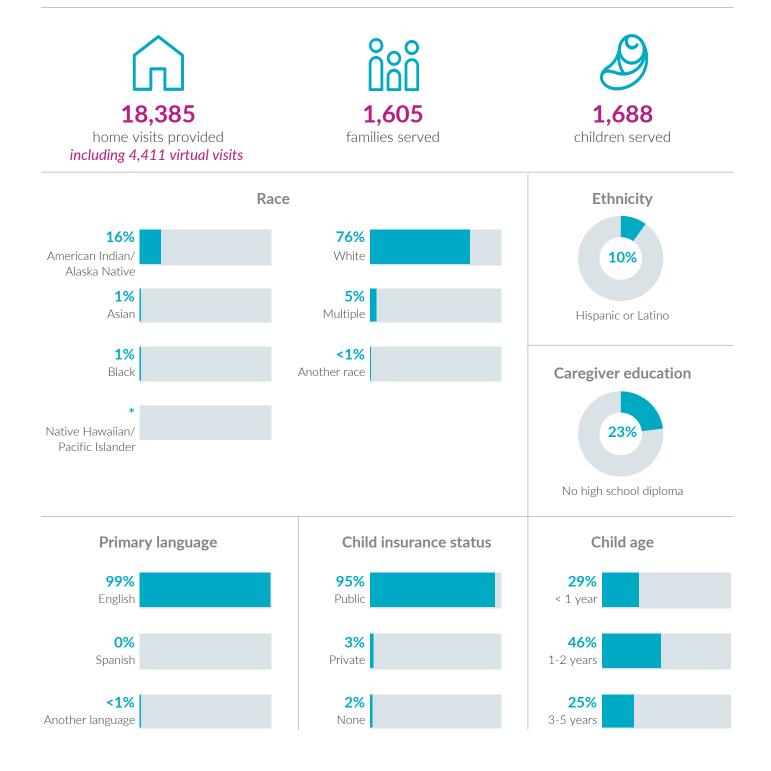
NHVRC STATE PROFILES

Montana

Families Served Through Evidence-Based Home Visiting in 2020

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, 38 local agencies operated at least one of these models.



NHVRC STATE PROFILES

Montana

Potential Beneficiaries in 2020

In Montana, there were 54,600 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 71,900 children.

71,900 children

could benefit from home visiting

54,600 families

could benefit from home visiting

Of the 71,900 children who could benefit—

Infants	Toddlers	Preschoolers
< 1 year	1-2 years	3-5 years
11,900	23,900	36,100
17%	33%	50%

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 priority criteria:



Of the 54,600 families who could benefit—



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 did not require reporting on 2020 data due to the COVID-19 pandemic. The number of children served in 2019 was included as a proxy for children and families served in 2020. • 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 reported language of service delivery. SafeCare Augmented did not report children served, home visits, caregiver education, child age, or child insurance status. The number of families served was included as a proxy for children served.

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