

**Department New Request Form
Fiscal Year 2026**

Department New Request Form Fiscal Year 2026			
Program	Central Services	Title of New Request:	Rank: <input type="text" value="5"/>
Department	City-County Health Dept.		
Request Category	New Request/Service/Feature	Foster Child Health Program	
Request Rating	Maintain Level of Service		
Department Goal	To build conditions that support the health of people, pets, environments and communities.		# of FTE's in this request <input type="text" value="0.00"/>

2.1. How will request assist in achieving Department Goal and benefit the customer

Montana ranks third in the states for children in foster care per capita1,188 per 100,000 children (USA Facts, August 2023). The Montana Department of Health and Human Services (DPHHS) data dashboard reports as of December 2024 there were 2,164 children in foster care. Kate Larcom, Regional Administrator Region V, reported there were 168 children in foster care in Missoula County at the end of December. Missoula Public Health's (MPH) Missoula Foster Child Health Program (MFCHP) is a home visiting program that serves Missoula County foster children who are referred by the Missoula Child and Family Services Division (CFSD). The program ensures that basic medical needs of children entering foster placement are being met and those caring for them understand those needs. Many foster children have chronic physical and behavior conditions often preceded by maltreatment. These children face significant health care barriers such as lack of medical and dental homes, incomplete or missing medical histories, multiple conditions requiring specialized care providers, and disjointed or uncoordinated treatment. To improve health outcomes for these high-risk children, MFCHP utilizes the

Missing medical histories, multiple conditions requiring specialized care providers, and unjoined or uncoordinated treatment. To improve health outcomes for these high-risk children, MFCH utilizes the expertise of a Public Health Nurse (PHN) to extend medical care from the clinic to the foster home, improving stability of out of home placements and reducing foster child health disparities. The beneficiaries of the MFCHP are threefold: the foster child, the foster parents and the CFSD caseworker. The foster children's medical, dental, and behavioral health needs are met and stabilized in a timely manner, have secured medical and dental homes, and immunizations are up to date and entered in the state registry. With support from the PHN, foster parents have a better understanding of the child's medical needs, medications and developmental milestones allowing them to navigate the health needs of the child more confidently. CFSD caseworkers gain increased knowledge of health care issues and follow-up needed for children in their care. In addition to working with CPS and the foster families, the PHN works closely with Partnership Health Center as the Foster Care Clinic (FCC).

Foster children are referred to FCC for an in-office medical specialty appointment and comprehensive exam. The PHN then helps coordinate ongoing care and referrals as well as helping families understand the plan of care moving forward.

Unduplicated number of children in foster care served by our MFCHP: FY25 through mid-year 91. Total number of children served since 2011 is 965. We are requesting 0.5 FTE be incorporated into the City and County base budget. This position historically was 1 FTE and costs were covered between the Community Assistance Fund (CAF) grant, a fee-for-service contract with CFSD at the Department of Health and Human Services (DPHHS) with projected estimate of \$40,000 annually, and supplemental city or county tax or use of cash. Over the past five years, we have received decreased financial support from the CAF grant, resulting in decreasing this position from 1 FTE to .8 FTE in July 2021. Caseloads warrant this position be full time, again. Our projected revenues from DPHHS are based on monthly caseloads at a flat fee. Caseload range between 30-50 children. This is a situation where we do not necessarily want to rely on increased caseloads numbers to generate revenue as that means more children are being placed in foster care. Other Programs at Missoula Public Health are working to support families so the that the tools and resources to help them have a safe and healthy family and hopefully make positive impacts furth upstream that will prevent interaction with Child Protective Services.

2. What specifically is needed to achieve this goal?

This position is a Public Health Nurse (Health Department), step 14, projected FY26 wage is \$40.22/hr. The total new request for a 0.5 FTE salary and fringe is \$41,407. We will ask the City to fund the other 60% of this FTE, at \$24,843.77.

Operational expenses estimated to be ~\$3,600 annually (phone, travel, computer/EHR, and office supplies including copies/printing). These expenses are not included in the new request because they were approved as an ongoing request in FY25.

Total \$41,407

County (40%): \$16,563

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We continue to seek other funding sources. We applied for the

City (60%): \$24,844 We continue to seek other funding sources. We applied for the CAF grant and will also apply for the Opioid Substance Use funds. However, these continue to be one-time funding streams. It is important that we secure ongoing funds for this vital program. Without this enhancement, the MFCHP will no longer be sustainable. We would be unable to effectively manage a caseload on 16hr/week (0.3 FTE) resulting in hundreds of children in foster care in Missoula County no longer having access to this critical support system. In addition, there would need to be a reduction in force within the Department.

3. Cost Impact of New Program:

Account #	Item	Qty	Unit Cost	Requested One-Time	Requested Ongoing	2026 Unfunded	2026 Funded	Proposed 2027 Ongoing
Ongoing Expenses								
1000.390.440190.700	Foster Child Health Program	1	24844		24,844	24,844	—	
					—	—	—	
					—	—	—	
					—	—	—	
					—	—	—	
					—	—	—	
					—	—	—	
					—	—	—	
One-time Expenses								
				—		—	—	
				—		—	—	
				—		—	—	
				—		—	—	
				—		—	—	
				—		—	—	
				—		—	—	
Expense Sub-Total				—	24,844	24,844	—	—

Revenue Offset

4. What sort of data will be used to report results and outcomes of request?

4. What sort of data will be used to report results and outcomes of request?	Requested/Proposed Funding Source		
Missoula Public Health, with oversight of the Missoula City-County Health Board, uses quantitative performance indicators and strategic plan objectives for monitoring performance.		One-time	Ongoing
	<i>Tax or Assessment</i>	-	24,844
	<i>Non-tax</i>	-	-
	<i>Fund Balance</i>	-	-
	<i>Total</i>	-	24,844