2024-2028 Montana State Health Improvement Plan (SHIP)

2026 Annual Report

Annual SHIP Data and Related Programming Updates

AUG. 27, 2026

DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

TABLE OF CONTENTS

2024-2028 STATE HEALTH IMPROVEMENT PLAN (SHIP)..... 4

PRIORITY AREA 1: MENTAL HEALTH 5

PRIMARY GOALS 5

OBJECTIVES, ACTION STEPS, AND DATA.....6

PRIORITY AREA 1: MENTAL HEALTH SUCCESSES 9

THE MONTANA ANGEL INITIATIVE.....9

RECOVERY RESIDENCES FOR WOMEN AND CHILDREN 10

PRIORITY AREA 2: CARDIOVASCULAR HEALTH 10

PRIMARY GOALS 10

OBJECTIVES, ACTION STEPS, AND DATA.....10

PRIORITY AREA 2: CARDIOVASCULAR HEALTH SUCCESSES .. 14

MONTANA'S CLEAN INDOOR AIR ACT (CIAA).....14

REACT.....15

PRIORITY AREA 3: MATERNAL HEALTH 15

PRIMARY GOALS 15

OBJECTIVES, ACTION STEPS, AND DATA.....16

PRIORITY AREA 3: MATERNAL HEALTH SUCCESSES 20

QUIT NOW MONTANA 20

PREGNANT WOMEN AND WOMEN WITH DEPENDENT CHILDREN (PW&WDC) 20

THE MONTANA OBSTETRIC AND MATERNAL SUPPORT (MOMS) PROGRAM.....21

THE NATIONAL PERFORMANCE MEASURE (NPM) FOR THE WOMEN'S POPULATION DOMAIN FOR TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT (MCHBG).....21

SYPHILIS PREVENTION.....22

2024-2028 STATE HEALTH IMPROVEMENT PLAN (SHIP)

The state public health agency has been assessing and planning strategies to advance health in Montana for over 100 years. In the last decade, this process has been formalized as a five-year health improvement planning cycle that begins with documentation of health concerns in the State Health Assessment (SHA), followed by the State Health Improvement Plan (SHIP), which prioritizes shared statewide goals to improve the health of Montanans. The SHIP includes objectives for measuring change over time and strategies for advancing health.

In 2013, Montana published its first official SHA and SHIP, inaugurating a five-year cycle of systematic health assessment followed by health improvement planning and implementation at the state level, bolstered by structured stakeholder input and community feedback. The process was repeated in 2019 and again in 2024.

TABLE 1: SHIP PRIORITIES

2013 Priorities	2013 Priorities	2013 Priorities
Prevent, identify, and manage chronic diseases	Behavioral Health	Behavioral Health
Promote the health of mothers, infants, and children	Chronic Disease Prevention and Self Management	Cardiovascular Health
Prevent, identify, and control communicable disease	Motor Vehicle Crashes	Maternal Health
Prevent injuries and reduce exposure to environmental health hazards	Healthy Mothers, Babies, and Youth	
Improve mental health and reduce substance abuse	Adverse Childhood Experiences	
Strengthen the public health and health care system		

The 2024-2028 SHIP was developed based on the 2023 SHA and data outcomes from the previous SHIP iteration. The current SHIP focuses on the following priority areas for adult and adolescent Montanans: Mental Health, Cardiovascular Health, and Maternal Health.

Each priority area consists of broad goals and focused data-driven objectives, measured by state and national data sources. The data used for this report was gathered from the most recent available updates from the listed sources. It is important to note that each data source updates on its own cadence, which accounts for variation between item update timelines.

PRIORITY AREA 1: MENTAL HEALTH

PRIMARY GOALS

1A: MENTAL HEALTH

TABLE 1: MENTAL HEALTH GOALS

Goals	Data Source	Baseline	Most Recent data
1. Reduce Deaths Due to Suicide (HP30 MHMD-01)	Vital Statistics	26.7 per 100,000 (2023)	27.7 per 100,000 (2025)
2. Reduce Emergency Department Visits For Nonfatal Intentional Self-Harm Injuries (HP30 IVP-19)	Hospital Discharge Data (MHDD)	110.8 per 100,000 (2023)	100.9 per 100,000 (2025)

1B: SUBSTANCE USE

TABLE 2: SUBSTANCE USE GOALS

Goals	Data Source	Baseline	Most Recent data
1. Reduce Drug Overdose Deaths (HP30 SU-03)	Vital Statistics	16.7 per 100,000 (2023)	16.1 per 100,000 (2025)
2. Reduce Deaths Due to Alcohol Use	Vital Statistics	40.9 per 100,000 (2023)	41.2 per 100,000 (2025)
3. Reduce the Proportion of Motor Vehicle Crash Deaths that Involve a Drunk Driver (HP30 SU-11)	NHTSA (National Highway Traffic Safety Administration)	33.0%	34.1%

OBJECTIVES, ACTION STEPS, AND DATA

TABLE 3: BEHAVIORAL HEALTH (ADULTS)

Objective	Action Steps	Data Source	Baseline	Most Recent data
1. Increase the proportion of people with substance use disorder who got treatment in the past year. (HP30 SU-01).	1. Fund prevention education in rural and tribal communities 2. Promote alternative community activities and sober spaces	The National Survey on Drug Use and Health (NSDUH) (% receiving SUD treatment)	5.8% (2022-2023)	17.0% (2023-2024)
2. Reduce the proportion of people who had alcohol use disorder in the past year (HP30 SU-13).	1. Develop outreach and prevention campaigns focused on alcohol misuse 2. Support access to counseling and treatment options	The National Survey on Drug Use and Health (NSDUH) (% of respondents who met criteria for alcohol use disorder based on the DSM-V criteria.)	11.0% (2022-2023)	12.1% (2023-2024)
3. Reduce the proportion of people who had drug use disorder in the past year (HP30 SU-15).	1. Work with the Opioid Education and Naloxone Distribution Program (OENDP) sites and other community organizations in areas of high overdose risk to train	The National Survey on Drug Use and Health (NSDUH) (% of respondents who met criteria for drug use disorder based on the DSM-V criteria.)	11.5% (2022-2023)	13.2% (2023-2024)

Objective	Action Steps	Data Source	Baseline	Most Recent data
	and support local navigators to conduct environmental scans and provide linkage to care and harm reduction services and overdose education to those communities, as well as expand the distribution of naloxone to areas of highest need			
4. Reduce the proportion of adults experiencing frequent mental distress.	1. Expand mental health promotion initiatives and support services across counties	Behavioral Risk Factor Surveillance System (BRFSS) (% of adults reporting their mental health was not good for more than 14 of the last 30 days)	17.8% (2023)	16.0% (2024)
5. Reduce the proportion of adults who engaged in binge	1. Fund prevention education in rural and	Behavioral Risk Factor Surveillance	19.5% (2023)	20.4% (2024)

Objective	Action Steps	Data Source	Baseline	Most Recent data
drinking in the past month (HP30 SU-10).	tribal communities 2. Promote alternative community activities and sober spaces	System (BRFSS) (% of adults reporting binge drinking in past 30 days)		

TABLE 4: BEHAVIORAL HEALTH (ADOLESCENTS)

Objective	Action Steps	Data Source	Baseline	Most Recent data
1. Increase the proportion of adolescents who have an adult they can talk to about serious problems.	1. Strengthen mentoring and school-based connection programs	Prevention Needs Assessment Survey (PNA) (% who could identify a trusted adult)	87.0% (2024)	88.2% (2026)
2. Reduce the proportion of adolescents who seriously considered attempting suicide in the past year.	1. Promote safe firearm storage in homes (Safer Communities Montana) 2. Collaborate with shooting clubs and gun shops on suicide awareness 3. Collect data on safe storage practices	Youth Risk Behavior Surveillance System (YRBS) (% seriously considered suicide)	26.1% (2023)	14.3% (2025)

Objective	Action Steps	Data Source	Baseline	Most Recent data
3. Reduce the proportion of adolescents who drank alcohol in the past month (HP30 SU-04).	1. Fund youth-led prevention programs 2. Promote culturally relevant substance education	Youth Risk Behavior Surveillance System (YRBS) (% of adolescents who reported alcohol use in last 30 days)	26.2% (2023)	20.9% (2025)
4. Increase the proportion of adolescents who think marijuana use is risky.	1. Support educational outreach on the risks of adolescent marijuana use	Prevention Needs Assessment Survey (PNA) (% of respondents identified marijuana as a risk to health)	30.2% (2024)	61.4% (2026)

PRIORITY AREA 1: MENTAL HEALTH SUCCESSES

THE MONTANA ANGEL INITIATIVE

The Montana Angel Initiative is a voluntary, non-punitive program designed to help individuals struggling with substance use disorder (SUD). Through trusted partnerships with law enforcement and community organizations, the Montana Angel Initiative connects individuals to treatment professionals, support services, and recovery resources. With the endorsement of Governor Greg Gianforte, the initiative is a joint effort involving the Department of Public Health and Human Services (DPHHS), treatment providers, and law enforcement agencies.

This initiative is especially suited for individuals encountered by law enforcement in the field, during service calls, or for those who walk into designated Montana Angel Initiative law enforcement or community partner locations seeking help.

RECOVERY RESIDENCES FOR WOMEN AND CHILDREN

This program supports the development and expansion of recovery housing for young adults aged 18 to 24 with opioid and/or stimulant use disorders. Additionally, the program can provide care coordination to help individuals access a comprehensive range of recovery support. These may include, but are not limited to, recovery coaching, vocational training, employment assistance, transportation, child care, and other essential recovery supports.

PRIORITY AREA 2: CARDIOVASCULAR HEALTH

PRIMARY GOALS

TABLE 5: CARDIOVASCULAR HEALTH GOALS

Goals	Data Source	Baseline	Most Recent data
1. Reduce coronary heart disease deaths. (HP30 HDS-02)	Vital Statistics	92.4 per 100,000 (2023)	99.5 per 100,000 (2024)
2. Reduce stroke deaths. (HP30 HDS-03)	Vital Statistics	27.1 per 100,000 (2024)	26.1 per 100,000 (2024)

OBJECTIVES, ACTION STEPS, AND DATA

TABLE 6: CARDIOVASCULAR HEALTH (ADULTS)

Objective	Action Steps	Data Source	Baseline	Most Recent data
1. Reduce current tobacco use in adults.	1. Promote QuitNow Montana for smoking cessation support	Behavioral Risk Factor Surveillance System (BRFSS) (% of adults who use tobacco)	26.0% (2024)	New data coming Q4 2026

Objective	Action Steps	Data Source	Baseline	Most Recent data
	2. Enforce Clean Indoor Air Act inclusion of e-cigarettes 3. Strengthen Native American Tobacco Use Program to address ceremonial vs. commercial tobacco			
2. Increase the proportion of adults with high blood pressure who are currently taking prescription medication for high blood pressure.	1. Implement Cardiovascular Health Program to promote hypertension treatment 2. Partner with health care systems to use EHRs for screening/treatment 3. Link hypertensive patients to social services 4. Expand Telestroke Initiative for remote stroke care	Behavioral Risk Factor Surveillance System (BRFSS) (% with hypertension on medication)	73.4% (2023)	New data coming Q4 2026
3. Reduce the proportion of adults with obesity.	1. Deliver Diabetes	Behavioral Risk Factor	30.5% (2023)	31.0% (2024)

Objective	Action Steps	Data Source	Baseline	Most Recent data
	Prevention Program 2. Promote physical activity through Arthritis Program 3. Expand REACH Grant community efforts 4. Promote healthy lifestyles via the Joy in Healthy Living group 5. Integrate obesity prevention in Alzheimer's, Stroke, Asthma, and Chronic Disease programs	Surveillance System (BRFSS) (% of adults with obesity per BMI)		

TABLE 7: CARDIOVASCULAR HEALTH (ADOLESCENTS)

Objective	Action Steps	Data Source	Baseline	Most Recent data
1. Reduce current tobacco use in adolescents.	1. Implement school tobacco-free campus MOUs in partnership with OPI	Youth Risk Behavior Surveillance System (YRBS) (% of adolescents	25.5% (2023)	21.1% (2024)

Objective	Action Steps	Data Source	Baseline	Most Recent data
	2. Promote "My Life, My Quit" youth quit line 3. Expand REACT youth engagement initiative 4. Launch media campaigns on nicotine-free living 5. Support asthma home visits for at-risk youth	who use tobacco)		
2. Reduce the proportion of children and adolescents with obesity.	1. Expand the Mind, Exercise, Nutrition…Do it! (MEND) family-based obesity prevention program	Youth Risk Behavior Surveillance System (YRBSS) (% of youth with obesity, per BMI)	14.0% (2023)	12.2% (2025)
3. Increase the proportion of children and adolescents who receive care in a medical home (HP30 MICH-19).	1. Expand Asthma Home Visiting Program 2. Strengthen Family Community Health Program's coordination with providers	The National Survey of Children's Health (NSCH) (% with medical home care)	50.5% (2022-2023)	New data in Q4 26

Objective	Action Steps	Data Source	Baseline	Most Recent data
4. Increase the proportion of adolescents who do enough physical activity.	1. Promote physical activity via MEND programming	Youth Risk Behavior Surveillance System (YRBSS) (% of teens meeting physical activity guidelines)	51.7% (2023)	59.2% (2025)

PRIORITY AREA 2: CARDIOVASCULAR HEALTH SUCCESSES

MONTANA'S CLEAN INDOOR AIR ACT (CIAA)

Montana's CIAA has protected Montanans from secondhand smoke for over 20 years. Since the passage of this important public health law in 2005 and its full implementation in 2009, smoking has been prohibited in public indoor spaces and workplaces.

In 2025, the law was expanded to include e-cigarettes with the passage and implementation of Senate Bill 390. This legislation modernized the CIAA by explicitly incorporating e-cigarettes, or vapes, into the existing statewide indoor smoking prohibitions. Incorporating e-cigarettes into the CIAA protects the public from harmful toxins, reinforces healthy social behaviors for youth, and ensures cleaner indoor air for everyone.

To implement the new law, the Montana Tobacco Use Prevention Program (MTUPP):

- Updated and distributed CIAA signage to businesses.
- Produced informational fact sheets and FAQ documents.
- Promoted the law through digital media and press releases, placing coasters and posters in bars and restaurants, and hosting celebration events across the state.

Compliance with the new law is high: in the first year of implementation, MTUPP received only 18 complaints regarding indoor e-cigarette use in public places and cited just seven businesses for violations.

REACT

ReACT is Montana's teen-led movement rejecting the culture of commercial tobacco use and upholding the sacredness of ceremonial tobacco through education, advocacy, and action. ReACT provides youth and young adults with the opportunity to educate, inform, promote, and help build the first tobacco and nicotine-free generation in Montana.

In State Fiscal Year (SFY) 2025 and SFY 2026, MTUPP awarded stipends to 17 ReACT coalitions to support youth-led tobacco prevention efforts. The number of ReACT coalitions and members across the state has more than doubled in the past two years, totaling over 530 members (Figure 1). ReACT membership has increased by nearly 1,300% since 2019. ReACT hosts an annual summer summit to increase youth leadership in tobacco education, advocacy, and action across Montana. The 2025 ReACT Summit was held in Helena over two days and hosted approximately 75 ReACT members, volunteers, and supporting partners. Youth built connections with their peers across the state while receiving training and education.

PRIORITY AREA 3: MATERNAL HEALTH

PRIMARY GOALS

TABLE 8: MATERNAL HEALTH PRIMARY GOALS

Goals	Data Source	Baseline	Most Recent data
1. Reduce preterm births. (HP30 MICH-07)	Vital Statistics	113.2 per 1,000 live births (2023)	94.1 per 1,000 live births (2024)
2. Reduce congenital syphilis. (HP30 STI-04)	Montana Infectious Disease Information System (MIDIS)	19 Cases (2023)	17 Cases (2025)
3. Reduce maternal depression before, during, and after pregnancy.	PRAMS (Montana Pregnancy Risk Assessment	25.3% prior to pregnancy,	New Data in CYQ4 2026

	Monitoring System)	15.7% during pregnancy, 11.3% postpartum (2023)	

OBJECTIVES, ACTION STEPS, AND DATA

TABLE 9: MATERNAL HEALTH (ADULTS)

Objective	Action Steps	Data Source	Baseline	Most Recent data
1. Increase the proportion of pregnant people who receive early and adequate prenatal care (HP30 MICH-08).	1. Set new NPR goal in coordination with block grant funding 2. Support local health departments in prioritizing prenatal care strategies 3. Launch a media campaign promoting Well Woman visits and self-care	Vital Statistics (% of early pregnant people who received prenatal care)	78.1% (2023)	77.2% (2024)
2. Reduce the syphilis rate in females (HP30 STI-03).	1. Provide funding for a statewide Syndemic Symposium 2. Support syphilis	Montana Infectious Disease Information System (MIDIS)	75.1/100k (2023)	56.74/100k (2025)

Objective	Action Steps	Data Source	Baseline	Most Recent data
	prevention through paid public media campaigns 3. Offer free syphilis testing in key populations 4. Distribute syphilis information to home visiting programs 5. Assist in reviewing syphilis case data with partners	(adult female syphilis rate)		
3. Increase abstinence from cigarette smoking among pregnant women (HP30 MICH-10).	1. Incorporate tobacco cessation into home visiting services for priority populations 2. Collaborate with WIC programs to deliver smoking cessation support and education	Vital Statistics (% of pregnant women who do not smoke)	92.3% (2023)	93.7% (2024)

Objective	Action Steps	Data Source	Baseline	Most Recent data
	3. Refer to existing smoking cessation services and review internal departmental role			
4. Increase the proportion of women who get screened for postpartum depression (HP30 MICH-D01).	1. Establish new NPR screening goals tied to block grant funding 2. Contract service providers to deliver postpartum depression screening 3. Ensure WIC programs continue to administer screeners 4. Fund maternal health hotlines through grant-supported contractors	Montana Pregnancy Risk Assessment Monitoring System (PRAMS) (% of women screened)	90.1% (2023)	New Data available Q4 2026

TABLE 10: MATERNAL HEALTH (ADOLESCENTS)

Objective	Action Steps	Data Source	Baseline	Most Recent data
1. Increase the proportion of adolescents who have never had sex (HP30 FP-04).	1. Deliver sexual risk avoidance education via two local contractors in Flathead and Granite Counties 2. Promote abstinence-focused education in alignment with community values and local school board approval	Youth Risk Behavior Surveillance System (YRBS) (% of adolescents reporting abstinence)	60.2% (2023)	65.6% (2025)
2. Reduce pregnancies in adolescents. (HP30 FP-03).	1. Implement personal responsibility education programs across five regions 2. Address abstinence, boundaries, and healthy decision-making through curricula tailored to local schools	Vital Statistics (teen birth rate)	619 (2023)	506 (2024)

Objective	Action Steps	Data Source	Baseline	Most Recent data
3. Increase the proportion of adolescents who spoke with their doctor privately without an adult in the room during their last medical visit in the past 12 months (HP30 AH-02).	1. Support Bridger Care (Bozeman) and similar providers to maintain confidential adolescent care services 2. Encourage referrals from school-based or community-based contractors to ensure adolescents have access	The National Survey of Children's Health (NSCH) (% of teens with private provider visits)	57.6% (2022-2023)	New data in Q4 26

PRIORITY AREA 3: MATERNAL HEALTH SUCCESSES

QUIT NOW MONTANA

Quit Now Montana saw an 81% increase in pregnant women intakes from FY 2024 to FY 2025. The Quit Now Montana Pregnancy Program connects pregnant women with a dedicated female coach and provides cash incentives for each completed coaching call during pregnancy and the postpartum period. While the percentage of pregnant women who smoke in Montana is still more than double the national average, it has decreased significantly from 16% in 2015 to 6% in 2024. This equates to a 63% decrease in a decade.

PREGNANT WOMEN AND WOMEN WITH DEPENDENT CHILDREN (PW&WDC)

This program supports SUD treatment services for pregnant women and women with dependent children, including those seeking to regain custody of their dependents.

Contractors may implement a 24-hour priority admission protocol for PW&WDC with SUD.

Comprehensive Clinical Services: Provide evidence-based SUD prevention, treatment, and support long-term recovery, including evidence-based medications for pregnant women with SUD, medications for opioid use disorder (MOUD), neonatal monitoring, and behavioral health care.

Wraparound and Recovery Services: Facilitate case management, child care, transportation, family support, and parenting support to ensure family stabilization. Offer direct primary medical care. May include prenatal and pediatric services.

Systems Coordination: Align behavioral health, primary care, housing, and child welfare systems to reduce service gaps across the continuum of care.

THE MONTANA OBSTETRIC AND MATERNAL SUPPORT (MOMS) PROGRAM

The MOMS program funded the statewide media campaign for the national maternal health hotline. The hotline can be accessed at: 1-833-852-6262 or via their webpage at https://dphhs.mt.gov/ecfsd/moms/.

The MOMS Program guides the multidisciplinary collaboration of maternal and perinatal health providers, programs, and initiatives to deliver training, resources, and support to rural professionals in Montana as they care for perinatal patients.

THE NATIONAL PERFORMANCE MEASURE (NPM) FOR THE WOMEN'S POPULATION DOMAIN FOR TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT (MCHBG)

The (MCHBG) requires states to select and report on (NPMs) to guide programmatic priorities and assess progress in improving the health of women, children, and families.

The NPM for MCHBG is to increase access to care (pre- and postpartum) for women via:

- Postpartum Mental Health Screening
- Postpartum visit (universal)

In Federal Fiscal Year (FFY) 2026, three Montana counties chose postpartum mental health screening for their NPM.

SYPHILIS PREVENTION

The DPHHS Family and Community Health Bureau (FCHB) funded a statewide syphilis prevention media campaign.

The FCHB is committed to promoting and improving the health and safety of Montanans. Their programs focus on providing education, clinical and/or preventative interventions, and resources for women, infants, youth, and individuals throughout their reproductive years.