

# MONTANA STATE HEALTH IMPROVEMENT PLAN (SHIP)

## Consolidated Implementation Plan (2025–2027)

### *Integrated Resource Assessment Across Pillars: Behavioral Health | Cardiovascular Health | Maternal Health*

#### I. OVERARCHING PRIORITY GOALS

SHIP Pillar	Goals
<b>Behavioral Health</b>	<ul style="list-style-type: none"><li>▪ Reduce suicide and suicide attempts</li><li>▪ Reduce drug and alcohol-related deaths and injuries</li></ul>
<b>Cardiovascular Health</b>	<ul style="list-style-type: none"><li>▪ Reduce coronary heart disease and stroke deaths</li><li>▪ Prevent and control associated risk factors (tobacco use, obesity, hypertension)</li></ul>
<b>Maternal Health</b>	<ul style="list-style-type: none"><li>▪ Reduce preterm births and congenital syphilis</li><li>▪ Improve maternal mental health and early prenatal care</li></ul>

#### II. POPULATION STRATEGIES: PRIORITY OBJECTIVES + ACTIONS

##### A. ADULT FOCUS (2025–2026)

Focus Area	Objective	Key Actions	Lead(s)	KPI
<b>Substance Use</b>	Increase SUD Treatment	<ul style="list-style-type: none"><li>▪ Expand ED-based peer navigation and referral</li><li>▪ Coordinate ED interventions statewide</li></ul>	Christine Roberts	% receiving SUD treatment (NSDUH)
<b>Substance Use</b>	Address Alcohol & Drug Misuse	<ul style="list-style-type: none"><li>▪ Support access to treatment and outreach campaigns (SUD, alcohol focus)</li><li>▪ Expand naloxone distribution and community navigators</li></ul>	SUD Taskforce, MT PHI, ACEs Resiliency	% with AUD/DUD (NSDUH)
<b>Mental Health</b>	Reduce Adult Mental Distress	<ul style="list-style-type: none"><li>▪ Expand mental health promotion programs</li></ul>	ACEs Resiliency	% reporting frequent distress (BRFSS)
<b>Chronic Diseases</b>	Reduce CV Risk Factors	<ul style="list-style-type: none"><li>▪ Expand DPP, stroke education, REACH, arthritis PA</li><li>▪ Promote QuitNow, enforce tobacco policies</li><li>▪ Use EHRs for hypertension care and telestroke access</li></ul>	Fernandez, House, Aune, Fogle	% with obesity, % on HTN meds (BRFSS)
<b>Maternal Health</b>	Timely Prenatal Access	<ul style="list-style-type: none"><li>▪ Promote Well-Woman visits</li><li>▪ Fund LHD prenatal services</li></ul>	Alison Mutz	% early prenatal care (Vital Stats)

<b>Maternal Health</b>	Reduce Maternal Depression	<ul style="list-style-type: none"> <li>▪ Expand postpartum screening contracts</li> <li>▪ Support WIC screeners &amp; maternal health hotline</li> </ul>	Lacy Little	% screened (PRAMS)
<b>Maternal Health</b>	Reduce Congenital Syphilis	<ul style="list-style-type: none"> <li>▪ Media &amp; education campaigns</li> <li>▪ Offer free testing, distribute information through home visiting</li> </ul>	Kristi (Chronic Disease)	Syphilis rate (MIDIS)
<b>Maternal Health</b>	Reduce Tobacco Use in Pregnancy	<ul style="list-style-type: none"> <li>▪ Home visits integrate cessation tools</li> <li>▪ Link WIC services</li> </ul>	Leslie Lee, Lacy Little	% pregnant smokers (Vital Stats)

#### B. ADOLESCENT FOCUS (2025–2026)

Focus Area	Objective	Key Actions	Lead(s)	KPI
<b>Mental Health</b>	Reduce suicidal ideation	<ul style="list-style-type: none"> <li>▪ Promote safe storage</li> <li>▪ Train clubs/gun shops</li> <li>▪ Track firearm safety practices</li> </ul>	Maureen Ward, Safer MT	% considering suicide (YRBS)
<b>Mental Health</b>	Increase Youth-Adult Trust	<ul style="list-style-type: none"> <li>▪ Mentorship and connection programs (schools, CBOs)</li> </ul>	Local Contractors	% with trusted adult (PNA)
<b>Substance Use</b>	Reduce Alcohol & Marijuana Use	<ul style="list-style-type: none"> <li>▪ Youth-led prevention</li> <li>▪ Culturally relevant outreach</li> </ul>	ACEs + SUD Taskforces, Lani Starovich	% youth use (YRBS, PNA)
<b>Tobacco Prevention</b>	Reduce Youth Tobacco Use	<ul style="list-style-type: none"> <li>▪ Expand REACT initiative</li> <li>▪ Quit lines, asthma visits</li> <li>▪ School tobacco-free MOUs</li> </ul>	Nicole Aune, BJ Biskupiak	% youth tobacco use (YRBS)
<b>Obesity/Activity</b>	Increase PA, Reduce Obesity	<ul style="list-style-type: none"> <li>▪ MEND youth physical activity and nutrition program</li> <li>▪ Promote active living education</li> </ul>	Melissa House, Jessica Kechley	% youth with obesity (YRBS)
<b>Sexual &amp; Reproductive Health</b>	Increase Adolescents Abstinent/Delayed Initiation	<ul style="list-style-type: none"> <li>▪ School-based abstinence curricula and regional sex ed programs</li> <li>▪ Provide confidential care via school lead providers</li> </ul>	Flathead/Granite Contractors, Bridger Care	Teen birth rate, % abstinent (YRBS)

### III. CROSS-CUTTING STRATEGIES (ALL PILLARS)

- **Leverage Task Forces & Working Groups:**
  - Behavioral Health System for the Future Generations
  - SUD Task Force
  - Stroke Workgroup, Cardiovascular Collaborative
  - ACEs & Resiliency Taskforce
  - WISEWOMAN | HEART Initiative | REACH
- **Partner Engagement**
  - Tribal leadership and health departments
  - Community-based school contractors
  - OPI (Office of Public Instruction)
  - Local coalitions/crisis networks
  - WIC, local hospitals, home visiting programs
- **Equity & Cultural Relevance**
  - Ensure all campaigns and interventions consider tribal, rural, and vulnerable populations' needs
  - Distinguish ceremonial from commercial tobacco in tribal settings
  - Emphasize youth voice via REACT/youth prevention initiatives

### IV. RESOURCES REQUIRED

Resource	Description
<b>Funding</b>	<ul style="list-style-type: none"><li>• Block Grants (Maternal &amp; Child Health, Preventive Health, Chronic Disease)</li><li>• Federal SUD and Behavioral Health Funds</li></ul>
<b>Staff/Contractors</b>	<ul style="list-style-type: none"><li>• Peer Navigators, LHD staff, screening providers, youth program leads, clinical partners</li></ul>
<b>Media &amp; Outreach</b>	<ul style="list-style-type: none"><li>• BH and maternal media on tobacco, syphilis, prenatal, and postpartum depression</li><li>• CVD prevention campaigns (e.g., QuitNow, healthy lifestyles)</li></ul>
<b>Technology &amp; Data</b>	<ul style="list-style-type: none"><li>• EHR optimization, TeleStroke implementation, data collection enhancements across BRFSS, NSDUH, PRAMS, YRBS</li></ul>
<b>Infrastructure</b>	<ul style="list-style-type: none"><li>• Strengthen interagency coordination with community-based and school-linked organizations</li></ul>

## V. MONITORING & EVALUATION FRAMEWORK

Category	Description
<b>Data Systems</b>	<ul style="list-style-type: none"><li>▪ NSDUH (Substance Use)</li><li>▪ BRFSS (Adult Health)</li><li>▪ YRBS (Youth HRB)</li><li>▪ PRAMS (Maternal Health)</li><li>▪ Vital Statistics / MIDIS (Births/STIs)</li><li>▪ PNA / NSCH for adolescent perception &amp; clinical access</li></ul>
<b>Evaluation Activities</b>	<ul style="list-style-type: none"><li>▪ Mid-cycle evaluation (2026)</li><li>▪ Quarterly and annual contractor reviews</li><li>▪ Healthy People 2030 benchmark tracking</li><li>▪ Community, stakeholder, &amp; tribal feedback review</li></ul>
<b>Reporting &amp; Accountability</b>	<ul style="list-style-type: none"><li>▪ Routine performance tracking for each strategy</li><li>▪ Annual progress dashboards shared with stakeholders</li><li>▪ Alignment &amp; adaptiveness based on local data</li></ul>