



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **SOUTH DAKOTA**

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

### Title V Federal-State Partnership - South Dakota

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2025 Application / FY2023 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

### State Contacts

MCH Director	CSHCN Director
Whitney Brunner Title V Director whitney.brunner@state.sd.us (605) 773-4749	Kristy Jackson CSHCN Director kristy.jackson@state.sd.us (605) 910-7091

SSDI Project Director	State Family Leader
Whitney Brunner Title V Director whitney.brunner@state.sd.us (605) 773-4749	Jessica Murano MCH Advisory Committee Chair jmurano@horizonhealthcare.org (605) 677-7836

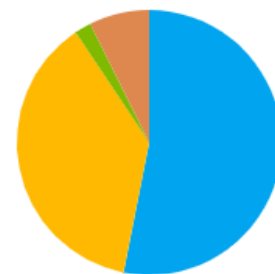
State Youth Leader
No Contact Information Provided

State Hotline: (800) 305-3064

### Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	\$2,343,350
State MCH Funds	\$1,654,926
Local MCH Funds	\$89,553
Other Funds	\$0
Program Income	\$324,000

FY 2023 Expenditures



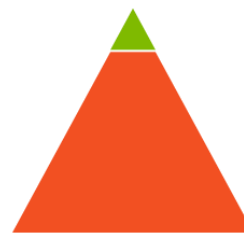
### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$29,968	\$0
Enabling Services	\$702,804	\$384,823
Public Health Services and Systems	\$1,610,578	\$1,683,656

FY 2023 Expenditures Federal



FY 2023 Expenditures Non-Federal



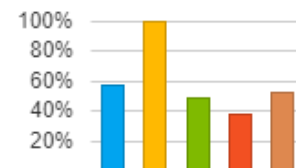
### Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	57.0%	\$673,806
Infants < 1 Year	100.0%	\$1,177,818
Children 1 through 21 Years	49.0%	\$1,381,417
CSHCN (Subset of all infants and children)	38.0%	\$1,024,801
Others *	52.0%	\$20,086

FY 2023 Expenditures Total: \$4,277,928



FY 2023 Percentage Served



\*Others– Women and men, over age 21.

The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, all states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

### State Priorities and Associated Measures

Priority Needs and Associated Measures	Reporting Domain(s)
<p>Mental Health/Substance Misuse</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV                             <ul style="list-style-type: none"> <li>○ ESM WWV.1: % of WIC clients with a positive response to Whooley questions that received a PHQ 9 screening</li> <li>○ ESM WWV.2: % of WIC clients whose PHQ 9 score met criteria for a referral and were referred</li> <li>○ ESM WWV.3: # of messages posted promoting well women care</li> <li>○ ESM WWV.4: % of women with positive depression screen who are referred to their PCP within OCFS field offices</li> <li>○ ESM WWV.5: Percentage of people who viewed developed messages on women's health and clicked on the link for more information.</li> </ul> </li> </ul>	<p>Women/Maternal Health</p>
<p>Safe Sleep</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS                             <ul style="list-style-type: none"> <li>○ ESM SS.1: % of Child Death Review (CDR) team members who scored above 80% on a post-test</li> <li>○ ESM SS.2: % of daycares who respond to survey and indicate that they follow safe sleep guidelines</li> <li>○ ESM SS.3: % of birthing hospitals that receive information on certification process that become safe sleep certified</li> </ul> </li> </ul>	<p>Perinatal/Infant Health</p>
<p>Parenting Education and Support</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS                             <ul style="list-style-type: none"> <li>○ ESM DS.1: % of Community Health Offices that distribute tracking cards</li> <li>○ ESM DS.2: Percentage of children enrolled in Bright Start Home Visiting that receive a developmental screen by 18 months of age.</li> </ul> </li> </ul>	<p>Child Health</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> <li>○ ESM DS.3: % of individuals who showed self-reported improvements to Knowledge, Attitudes, and Practices within topic areas from trainings</li> </ul>	
<p>Mental Health/Suicide Prevention</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 (Injury Hospitalization - Adolescent, Formerly NPM 7.2) - IH-Adolescent                             <ul style="list-style-type: none"> <li>○ ESM IH-Adolescent.1: # of students trained in teen Mental Health First Aid</li> <li>○ ESM IH-Adolescent.2: Number trained in Youth Mental Health First Aid</li> <li>○ ESM IH-Adolescent.3: % of unique viewers engaging with posts and media on mental health and suicide</li> </ul> </li> </ul>	Adolescent Health
<p>Access to Care and Services</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH                             <ul style="list-style-type: none"> <li>○ ESM MH.1: % of families enrolled in care coordination services who report an improvement in obtaining needed referrals to care and/or services</li> <li>○ ESM MH.2: Percent of families who received effective care coordination</li> </ul> </li> </ul>	Children with Special Health Care Needs
<p>Healthy Relationships</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 1: Increase the percentage of 10-19 year olds who would talk to a trusted adult if someone they were dating or going out with makes them uncomfortable, hurts them, or pressures them to do things they don't want to do from 58% in 2022 to 60.74% in 2025.</li> </ul>	Adolescent Health
<p>Data Sharing and Collaboration</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 3: Percent of data equity principles implemented in South Dakota MCH projects</li> </ul>	Cross-Cutting/Systems Building

## Executive Summary

### Program Overview

South Dakota maternal and child health needs mirror many of the same challenges faced by rural and frontier states. Access to healthcare services, including the ability to travel to these services, and social needs like housing and food were identified throughout the 2020 Needs Assessment. Other challenges include access to mental health and substance misuse resources and services, parenting education and support, and affordable health insurance. Paying for medical services and care coordination challenges like difficulty scheduling or long waits for appointments were identified needs for the Children and Youth with Special Healthcare Needs (CYSHCN) population.

The seven priority needs and their corresponding National Performance Measures (NPMs) and State Performance Measures (SPMs) are listed in the table below.

Priority	MCH Population Domain	NPM or SPM
Mental health/Substance misuse	Women/Maternal Health	NPM 1 Well-Woman Visit
Safe sleep	Perinatal/Infant Health	NPM 5 Safe Sleep
Parenting education and support	Child Health	NPM 6 Developmental Screening
Mental health/Suicide prevention	Adolescent Health	NPM 7.2 Injury Hospitalization
Access to care and services	CYSHCN	NPM 11 Medical Home
Healthy relationships	Adolescent Health	SPM 1
Data sharing and collaboration	Cross-Cutting	SPM 2* SPM 3

\*SPM 2 was discontinued after FY21 due to changing focus and measurement and replaced with SPM 3 in FY22.

In 2020, the South Dakota Department of Health (DOH) Office of Child and Family Services (OCFS) completed a statewide needs assessment of Maternal and Child Health (MCH) populations across South Dakota (SD) to understand health and well-being issues that impact them. The needs assessment was driven by two key frameworks, the Life Course Theory and Health Equity Model. The focus was to understand the social determinants of health and health inequities that impact health outcomes throughout the life course. Utilization of these frameworks emphasized understanding the factors that shape the health and well-being of SD families.

Seven guiding principles informed the needs assessment, including: 1) evidence-based decision making; 2) health equity lens; 3) respond to emerging issues and trends that affect families and individuals in SD; 4) social determinants of health; 5) input from diverse stakeholders and partners; 6) do not reinvent the wheel; and 7) setting realistic priorities and performance measures.

The needs assessment was carried out between September 2018 and May 2020. Targeted planning was conducted between September and December 2018 in collaboration with OCFS staff, Needs Assessment Project Team, Advisory Committee, MCH Impact Team, partner agencies, and an external consultant to inform the process design and implementation. Implementation of the needs assessment occurred between January 2019 and May 2020 including data collection, community engagement, program planning and performance reporting.

A collaborative approach that engaged OCFS staff and multi-sector partners across SD through quantitative and qualitative data collection methods, priority setting, and program planning was integral in carrying out the needs assessment. New and existing partners were engaged throughout the process, focused on ensuring transparency and fostering sustainable partnerships. Input was elicited from families and individuals across the state who represent broad perspectives and MCH populations served through surveys and focus groups with targeted outreach to ensure representation from diverse SD geographies and underserved populations.

Program planning and development of action plans occurred in collaboration with key partners focused on issues that impact each MCH domain served. Action plans address priority issues including safe sleep, healthy relationships, mental health and substance misuse, parenting education and support, access to care and services, and a cross-cutting priority for data sharing and collaboration. The action plans will inform strategies and activities outlined to address priority health issues implemented in collaboration with MCH partners. MCH domain leaders will build on the training provided by John Richards and additional data support and capacity to engage in evidence-based practice and monitoring of performance measures.

The OCFS began strategic planning for the 2025 statewide needs assessment in August 2023. An external consultant team was contracted to inform, design, and implement the needs assessment process. This needs assessment is driven by three guiding frameworks, the Bay Area Regional Health Inequities Initiative (BARHII) framework, Social Ecological Model, and the Life Course Theory. The BARHII framework focuses on reducing health inequities by focusing on upstream measures such as social and institutional inequities and living conditions and utilizing strategic partnerships, advocacy, community capacity building and civic engagement to address them. The Social Ecological Model looks at how the levels of social and ecological environment influence one's health across the life course.

Five guiding principals are informing the 2025 needs assessment. 1) Reduce duplication of effort; 2) Evidence-based decision making; 3) Multi-sector approach that builds sustainable partnerships; 4) Health equity focused; 5) Ongoing engagement with diverse community members and working partners, including groups disproportionately impacted by health inequities.

The needs assessment will look at population health status as well as the program capacity of partner organizations and the Office of Child and Family Services. Population health status will be assessed through qualitative data provided from community conversations conducted across the state. Quantitative data will be obtained through a statewide community survey that covers the five population domains, data briefs, national performance measures, and other secondary data sources. Program capacity will be assessed by looking at resources and staffing, state agency coordination, and family/consumer partnerships. Data will be obtained from regional partner meetings conducted across the state, reviewing organizational charts, and the community survey.

The community survey was launched online and in booklet format in March 2024 and will be open for about four months. A statewide media and marketing campaign was launched in February 2024 announcing the survey, community conversations, and partner meetings and included a needs assessment webinar, press release, social media posts, and flyers and business cards with QR code. The MCH listserv, WIC listservs, and partner organizations have also been utilized to get the survey out to the public. During this time, OCFS staff are setting up booths at conferences and events across the state to hand out surveys and promote the community conversations.

### *Role of State Title V*

The OCFS currently administers the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), public health nursing, the Bright Start Maternal, Infant and Early Childhood Home Visiting (MIECHV) program, Family Planning, and the MCH block grant among others. In late 2024, the office will be splitting into two separate offices, with WIC and MIECHV moving to the new office. While OCFS has a huge service delivery and outreach presence, it is just one piece of the efforts to serve the maternal and child population. Its partnerships with other DOH programs, state agencies, and local entities supplement the capacity to meet the needs of SD's MCH population. MCH domain leaders, funded through the MCH Block Grant, serve as the backbone for collaboration with interagency partners and with external community-based or research organizations. In addition, each domain leader has received training in program evaluation and CQI and prioritizes strategies that are informed by data and address health inequities.

### *Partnerships*

The 2021-2025 needs assessment process assisted in furthering the development of long-standing partnerships and provided an opportunity to identify and engage emerging partners. Partnerships have always played a significant role in implementing SD MCH programs and initiatives through the Title V block grant.

Historically, MCH program leaders have focused their efforts on supporting and expanding the work of SD's public health system, which includes a centralized organizational structure where the DOH directly governs the state's local public health offices. This focus has led to strong interagency partnerships, like the WIC program and Office of Rural Health to ultimately address a dire need for healthcare access, delivery of case management services for the MCH population and development of the MCH workforce. Program planning has been prioritized and cultivated throughout the needs assessment process in collaboration with interagency partnerships, such as the Department of Social Services (DSS). Specifically, DSS expands the reach of Title V by addressing social needs and access to healthcare that are persistent issues in SD. Engagement of partners beyond state government is being leveraged to expand programming and reach to underserved MCH populations. Community and faith-based partners, such as Lutheran Social Services (LSS), were identified during the needs assessment as partners who extend into communities at risk for health disparities, including refugee, new American and American Indian (AI) communities. In 2022, the MCH program began offering mini grant opportunities as funding allows to further engage local and community organizations across domains. Actions continue to cultivate partnerships and innovative programming with the major healthcare systems in SD for children and youth with special health care needs (CYSHCN). Through mini grant opportunities and the 2025 needs assessment, the OCFS is looking to expand partnerships with community organizations.

While the MCH program has been successful in cultivating multi-sector partnerships to deliver services to our MCH population, significant need for more intentional outreach and engagement with the nine sovereign native nations within the SD border is essential to better support American Indian populations across the state. The MCH program reached out to all nine tribal health directors via phone and email with support from the Great Plains Tribal Health Epidemiology Center to engage them in the 2025 needs assessment. Three tribes expressed interest in conducting a community conversation.

In addition, the program also recognizes a need for more intentional engagement with families and community-based organizations and has recently drafted policy to guide our efforts in establishing a culture that values family engagement. Staff participated in family and community engagement training in summer 2023 in preparation for the upcoming needs assessment. In fall 2023, the MCH domain leads worked with a consultant to increase community engagement in their workplans. The consultant is also assisting the MCH Director with the formation of an MCH Advisory Committee consisting of a paid chairperson and approximately 8 members. The MCH Advisory Committee will provide counsel and advice on the development, implementation, and evaluation of maternal and child health programs within the South Dakota Department of Health, per the MCH Family Engagement policy. Additionally, the committee will collaborate with the Early Childhood Comprehensive Systems (ECCS) Family Leadership Group. The Advisory Committee will work across all MCH programs in the Office of Child and Family Services (OCFS). Membership will be comprised of families, individuals with lived experience, people who have or currently use MCH services, and community members with an interest in MCH. The chairperson was recently selected through an application and interview process and will work with the MCH program to develop the foundational materials for the committee including finalizing the charter, developing by-laws, establishing committee member orientation materials, and recruiting the additional committee members with the goal of having the committee fully up and running by the end of 2024.

## How Federal Title V Funds Complement State-Supported MCH Efforts

The South Dakota Department of Health (DOH) provides services through the Title V MCH Block Grant that reflect the commitment that South Dakota (SD) has to improve the health and well-being of mothers, infants, children, adolescents and young adults including children with special health care needs. MCH services are delivered through a network of field offices located in nearly every county of the state that enhance outreach services provided by the Women, Infant, and Children (WIC) program, SD PLAN (Title X Family Planning), and MIECHV Nurse Home Visiting. With Title V MCH funding, the MCH program is able to provide the following services that include but are not limited to: infant safe sleep education; health and safety information; immunizations; growth and development monitoring and screening; and case management for high-risk pregnancy, postpartum care and prenatal education. Title V MCH funds also allow the DOH to provide support services and resources to families with CYSHCN such as respite care, newborn screening, special needs car seats, parent support and care coordination, and genetic/specialty consultation. Using Title V funding, the DOH is able to leverage resources and provide evaluation, epidemiology and media services to DOH Child & Family Services programs to ensure that data driven decisions are made and program improvement is sustained. Title V funds support new and existing partnerships that allow for expanded service delivery to the MCH population across the state. Without Title V MCH Block Grant funding, the DOH would be forced to make significant cuts to the services and education provided to South Dakota citizens.

## MCH Success Story

### Lach's Legacy Success Story – FY2023

Lach's Legacy was founded in 2008 after the unexpected death of 10.5-month-old Lachlan during his morning nap at daycare. While searching for resources in South Dakota for parents who had experienced similar losses, Lachlan's parents realized there was a significant lack of support. This knowledge set them on a 3-fold mission – to provide support to grieving families; promote SIDS and safe-sleep awareness to reduce the chance that parents ever know such devastating grief; and contribute to SIDS-related research throughout the United States.

In building connections with South Dakota Department of Health and Title V, Lach's Legacy was able to broaden the impact of their fight against sudden infant death syndrome in the state. Lach's Legacy has been able to participate in the Safe Sleep Workgroup and on the West River Child Death Review as an advocate for families. By participating in the groups, Lach's Legacy has been able to gain new insight into infant mortality in South Dakota. They have also been able to begin addressing the hurdles of promoting safe sleep and SIDS awareness, as well as encourage families to adopt safe sleep practices.

Lach's Legacy has teamed up with South Dakota Department of Health and Title V in multiple safe-sleep marketing campaigns. During the month of October 2022, safe sleep billboards were active throughout the state. In 2023, Lach's Legacy updated its marketing approach and ran a safe sleep social media campaign. This one-month campaign was able to have a reach of 66,573, with nearly 3,000 people clicking through to the Lach's Legacy website to learn more about safe sleep.

The knowledge that infant mortality rates are so high in South Dakota's American Indian communities prompted Lach's Legacy to focus in those specific areas. Through the MCH mini grant opportunity in 2023, Lach's Legacy was able to purchase over 450 bassinets that meet specific needs around size and portability. Almost 480 sleep sacks were also purchased and are distributed along with the bassinet and flyer of safe sleep information. Starting at the end of 2023, distribution of these safe sleep kits began on the Rosebud and Pine Ridge Reservations.

In addition to the work mentioned above, Lach's Legacy has also been able to contribute over \$60,000 to various SIDS-related research projects, with primary recipients being the Avera Foundation, where infant mortality research is being carried out in South Dakota. The other recipient is Robert's Program at Boston Children's Hospital, which is a world leader in sudden infant death syndrome research.

## Maternal and Child Health Bureau (MCHB) Discretionary Investments - South Dakota

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2023.

[List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.