



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

SOUTH DAKOTA

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

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 FY2026 Application / FY2024 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.fvisdata.hrsa.gov>)

State Contacts

MCH Director	CSHCN Director
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SSDI Project Director	State Family Leader
Fabricia Latterell Maternal and Child Health Epidemiologist fabricia.latterell@state.sd.us (605) 774-2607	Jessica Murano OLH Advisory Committee Chair

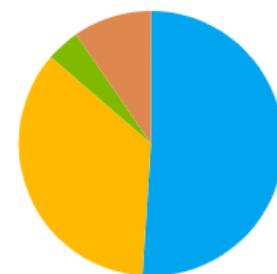
State Youth Leader
No Contact Information Provided

State Hotline: (800) 305-3064

Funding by Source

Source	FY 2024 Expenditures
Federal Allocation	\$2,273,172
State MCH Funds	\$1,572,657
Local MCH Funds	\$180,704
Other Funds	\$0
Program Income	\$427,419

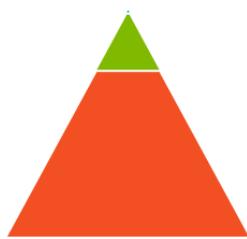
FY 2024 Expenditures



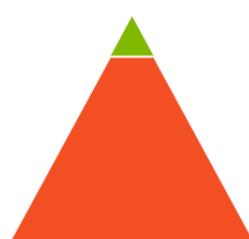
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$21,858	\$0
Enabling Services	\$565,065	\$384,630
Public Health Services and Systems	\$1,686,249	\$1,796,150

FY 2024 Expenditures
Federal



FY 2024 Expenditures
Non-Federal



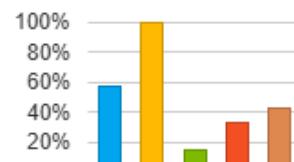
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	57.0%	\$958,203
Infants < 1 Year	100.0%	\$1,110,894
Children 1 through 21 Years	15.0%	\$1,203,942
CSHCN (Subset of all infants and children)	33.0%	\$1,138,555
Others *	43.0%	\$16,374

FY 2024 Expenditures
Total: \$4,427,968



FY 2024 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 2025 Needs Assessment reporting cycle. 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	Priority Need Type	Reporting Domain(s)
<p>Post-Partum Visits</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV <ul style="list-style-type: none"> ○ ESM PPV.1: Percent of women in SD DOH Pregnancy Care Program who were risk assessed and also had a postpartum visit. 	New	Women/Maternal Health
<p>Safe Sleep</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding D) Percent of infants room-sharing with an adult during sleep - SS <ul style="list-style-type: none"> ○ ESM SS.1: % of birthing hospitals that receive information on certification process that become safe sleep certified ○ ESM SS.2: Percent of requested healthcare/social service professionals who received Safe Sleep Ambassador certificate after passing training quiz with at least 90%. ○ ESM SS.3: Number of SD residents who received Safe Sleep Ambassador certification after passing training quiz with 90%+. 	Continued	Perinatal/Infant Health
<p>Medical Home</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH <ul style="list-style-type: none"> ○ ESM MH.1: Percent of families who received effective care coordination ○ ESM MH.2: Percentage of home visiting staff trained in pediatric medical home principles and referral protocols. 	New	Child Health

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
<ul style="list-style-type: none"> <input type="radio"/> ESM MH.3: Percent of primary care practices with at least one registered user in the newborn screening surveillance system (NBSSS) 		
<p>Food Sufficiency</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children, ages 0 through 11, whose households were food sufficient in the past year - FS <input type="radio"/> ESM FS.1: Percentage of state and local partners who participate in Title V-supported training or planning sessions to improve coordination around child food sufficiency. 	New	Child Health
<p>Adolescent Well-Visit</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year - AWV <input type="radio"/> ESM AWV.1: Number of Title X clinics that have integrated evidence-based practices/quality improvement strategies to optimize the delivery of adolescent well-visit services. 	New	Adolescent Health
<p>Medical Home-Overall</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH <input type="radio"/> ESM MH.1: Percent of families who received effective care coordination <input type="radio"/> ESM MH.2: Percentage of home visiting staff trained in pediatric medical home principles and referral protocols. <input type="radio"/> ESM MH.3: Percent of primary care practices with at least one registered user in the newborn screening surveillance system (NBSSS) 	Continued	Children with Special Health Care Needs
<p>Medical Home- Referrals</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH <input type="radio"/> ESM MH.1: Percent of families who received effective care coordination 	New	Children with Special Health Care Needs

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
<ul style="list-style-type: none">○ ESM MH.2: Percentage of home visiting staff trained in pediatric medical home principles and referral protocols.○ ESM MH.3: Percent of primary care practices with at least one registered user in the newborn screening surveillance system (NBSSS)		

Executive Summary

Program Overview

The purpose of the South Dakota Title V Maternal and Child Health (MCH) Program is to support and promote the health and wellbeing of women, infants, children, adolescents, and children with special healthcare needs, through public health projects and programs which are family-centered and community-based.

Located within the Department of Health's (DOH) Division of Family and Community Health, the MCH Program works closely with the DOH's service delivery programs, including public health nursing, home visiting, nutrition programs (including WIC), infectious disease control, and chronic disease prevention and health promotion to provide education and support to staff to deliver effective services. The MCH program plays a key role in coordinating the programs and services that support MCH goals and objectives, ensuring programs have adequate funding, efficient processes, and well-trained staff. MCH staff are often called upon by other programs to address concerns that arise for MCH populations and to help expand efforts to address key issues.

The Title V MCH Program has a relatively small staff, consisting of the MCH and CYSHN Directors, and four domain leads. Program capacity is supported by partnerships with other DOH programs, state agencies, local and community-based organizations, grant-funded programs, and the major healthcare systems to accomplish the program's goals and mission. MCH domain leads serve as the backbone for collaboration, seeking out and fostering partnerships as well as connecting organizations to one another to accomplish common goals. They serve on advisory committees and councils, facilitate and participate in workgroups, attend local events, and travel the state to connect with others who are focused on serving MCH populations.

In 2025, the DOH Office of Lifespan Health (OLH) completed a statewide needs assessment of Maternal and Child Health populations across South Dakota to understand the health and well-being issues that impact them, as well as to learn about the effectiveness of and gaps in the state's systems of care.

The needs assessment was designed to engage priority populations across all stages of life, guided by comprehensive principles and three key frameworks. The State MCH Block Grant Needs Assessment Conceptual Framework guided the overall needs assessment. In addition, the Life Course Model (LCM) and the Social Ecological Model (SEM) were central to understanding the broad and interconnected factors affecting maternal and child health (MCH) populations over time and across various social levels. The process was also grounded in guiding principles that emphasized reducing duplication, making evidence-based decisions, fostering multi-sector partnerships, optimizing health for all, and maintaining ongoing engagement with populations impacted by maternal and child health issues. These approaches guided the engagement of community partners and members to inform data collection, analysis, and interpretation of findings that shaped program planning. Program planning has been informed by domain leaders and their partners to address priority needs and national and state performance measures through evidence-based strategies. All action plans are aligned with national performance measures, state objectives, and evidence-based strategy measures to ensure performance reporting and measure progress. The Title V team uses a variety of data sources for performance reporting including Pregnancy Risk Assessment Monitoring System, vital records, the National Survey of Children's Health, and the Youth Risk Behavioral Survey. The MCH data team assists with performance monitoring and reporting throughout the program year.

Findings from the needs assessment identified a breadth of strengths, challenges, and opportunities relative to the health and wellbeing of South Dakota families, including infants, children, children with special healthcare needs, adolescents, and women.

Regional partner meetings consistently emphasized the strengths of community-based services in supporting women's and children's health across multiple settings. These services, backed by state agencies—particularly in public health—provide accessible, localized care that addresses both medical and social needs. Programs such as WIC, Families Together, and early childhood initiatives offer vital supports like prenatal home visits, transportation, and health education. There is also growing recognition of the various influences on health, including efforts to integrate traditional birth practices and enhance health education within tribal communities.

In addition to women's health, the meetings highlighted robust community supports for children and youth. School-based services, summer youth programs, and local libraries were recognized as key assets, offering safe spaces, meals, and enrichment opportunities. Community efforts to address food insecurity, such as backpack programs and summer meal initiatives, further strengthen the safety net for children. For children and youth with special health needs (CYSHN), services like therapy for autism and cerebral palsy, along with strong collaboration, funding, and technology, enhance care coordination and delivery. These findings reflect a comprehensive, community-driven approach to health and well-being.

While there are strengths in efforts, there are still health and wellbeing needs across the domains. Across South Dakota, infants, children, adolescents, women, and Children and Youth with Special Health Care Needs (CYSHN) face persistent health and well-being challenges influenced by factors such as transportation, housing, food security, and childcare. Women—particularly in rural areas—need expanded access to affordable reproductive care, trauma-informed mental health services, and systems that are easier to navigate. For mothers and infants, there is a critical need for OB-GYN and pediatric care, breastfeeding support, infant nutrition, immunizations, and developmental screenings. These gaps are especially acute in geographically isolated and low-income communities, where parenting education and postpartum support that reflect the needs and values of families are also lacking.

Children and adolescents require stable housing, nutritious food, and accessible healthcare, including pediatric, dental, and mental health services. Adolescents in particular need youth-friendly, respectful care and timely access to mental health support, which is often limited by provider shortages and lack of school-based services. CYSHN face additional barriers, including delayed diagnoses, limited access to specialized therapies, and transportation challenges. Caregivers report difficulty navigating fragmented systems,

high healthcare utilization, and gaps in insurance coverage. These findings highlight the urgent need for coordinated and comprehensive care systems that support individuals and families across all stages of development.

Community conversations and survey findings across South Dakota revealed isolated successes but widespread challenges in supporting the health and well-being of infants, children, adolescents, women, and CYSHN. A notable success was the creation of a play park designed for CYSHN, demonstrating the impact of community-driven initiatives. However, systemic gaps persist—particularly in early identification and educational support for CYSHN, with delays in diagnosing conditions like autism, ADHD, and dyslexia hindering development. Caregivers called for stronger school partnerships, better educator training, and more individualized classroom support. Access to pediatric specialists and age-appropriate mental health services remains limited, especially in rural areas like West River, where behavioral health needs often go unmet for both children and adolescents.

Across all age groups, families face significant barriers related to system navigation and affordability. Women and mothers struggle to coordinate care across fragmented systems, often without clear guidance or follow-up. Families reported confusion about available services, complex application processes for Medicaid and disability programs, and gaps in insurance coverage. High out-of-pocket costs and the need to travel out of state for specialized care further strain access to essential therapies and counseling. These challenges highlight the urgent need for more coordinated, affordable, and transparent systems of care that support individuals and families throughout the life course—from infancy through adolescence and into adulthood.

The Office of Lifespan Health and Title V staff have grown their internal and external partnerships. Internal partnerships include working with WIC, Public Health Nurses, School Services, BrightStart Program, Family Planning, and Department of Social Services. External partnerships include Population Health Evaluation Center, Canopie, Hospitals and Clinics across the state, University of South Dakota, and many others who have joined Domain Lead Workgroups. It is because of these partnerships the Title V staff are able to expand their capacity for outreach and impacts.

The MCH Program selected 7 priorities that correspond directly to the National Performance Measures. The priorities and performance measures are listed in the table below:

Priority	MCH Population Domain	NPM
Postpartum Visits	Women/Maternal Health	Postpartum Visit
Safe Sleep	Perinatal/Infant Health	Safe Sleep
Food Sufficiency	Child Health	Food Sufficiency
Medical Home	Child Health	Medical Home-Overall
Adolescent Well-Visits	Adolescent Health	Adolescent Well-Visit
Medical Home	CYSHN	Medical Home- Overall
Referrals	CYSHN	Medical Home- Referrals

The Title V Maternal and Child Health Program works alongside other Family and Community Health Programs to deliver programs and services to maternal and child populations. MCH staff serve as connectors, facilitating multi-sector workgroups, serving on advisory councils and task forces, and networking across the state to bring partner organizations together. The program looks for system gaps and creates strategies to address them through both interagency and external partnerships. The MCH Program has been making concentrated efforts in recent years to identify and partner with local community organizations. This effort began in 2023 with the release of a mini grant opportunity, which brought many smaller, local organizations to light and created an opportunity for partnership, either through Title V funding or by asking these organizations to be a part of the conversation and join MCH domain workgroups. Partnerships that were created through that opportunity continue to thrive.

In 2025, the Office of Lifespan Health (OLH) and Division of Family and Community Services launched the Maternal and Infant Health Task Force, a statewide initiative to reduce preventable deaths among mothers and infants and to improve health outcomes for families across South Dakota. This multi-sector group, comprised of clinical providers, tribal representatives, state government officials, legislators, insurers, community leaders, and parents, will serve as the state's central coordinating body for maternal and infant health strategies. The Task Force aims to align systems, unite partners, and turn data into action through innovative, collaborative approaches that address health gaps and improve outcomes for all.

In addition, the Office of Lifespan Health launched the OLH Advisory Committee, a committee comprised of MCH professionals and individuals with a personal connection to maternal and child health needs that have utilized OLH programs and services. The committee will serve as a central point of reference for all OLH programs, including MCH, when developing new plans and initiatives to ensure they align with the needs faced by the populations they are meant to serve.

The OLH also seeks family input through the Newborn Screening Advisory Committee. This committee meets annually and as needed and serves to provide ideas and feedback to the newborn screening program on current, new, and upcoming initiatives.

The MCH Program relies on feedback from individuals who utilize our services as well as state and federal data to evaluate program effectiveness. The Office of MCH Data Analytics and Insights assists the program with finding and interpreting data at the state and federal level. Surveys are frequently utilized by OLH staff to gauge public opinion and input about MCH programs and services.

Recently, the office released internal and external surveys to determine how the public and professionals are interacting with the MCH websites and identify challenges when navigating the sites. The surveys asked for suggestions to improve the content and make the pages more user-friendly and easier to navigate. In addition to surveys and data, MCH domain leads create evidence-based strategy measures that are challenging yet attainable to track progress toward reaching the goals of the strategy they are measuring.

A noted accomplishment of the OLH and FCH is the formulation of the Maternal and Infant Health Task Force, as well as the OLH Advisory Committee. Both address a long-time goal of increasing family voice and engagement in program planning and evaluation. Another noted accomplishment is the completion of the 2025 MCH Needs Assessment. The needs assessment incorporated family and community voice throughout, and planning and decision making was a collaborative effort with our partner organizations, strengthening those partnerships.

While the OLH has made great strides with family and community engagement, the office recognizes significant need for more intentional outreach and engagement with the nine sovereign native nations within the SD border to better support American Indian populations across the state. The MCH Program reached out to all nine tribal health directors with support from the Great Plains Tribal Health Epidemiology Center to engage them in the 2025 needs assessment, but further outreach is necessary to continue to build trust and foster lasting partnerships.

How Federal Title V Funds Complement State-Supported MCH Efforts

The South Dakota Department of Health (DOH) provides programs and services through the Title V MCH Block grant that reflect South Dakota's commitment to improve the health and well-being of mothers, infants, children (including those with special health care needs), adolescents, and young adults. The Maternal and Child Health program receives a portion of the general funds allotted to the Division of Family and Community Health and prioritizes use of general funds to support a strong MCH workforce throughout the division. MCH Block Grant funds complement state general funds to support staff time, operational costs, and travel costs for the Division of Family and Community Health (FCH). Offices and programs that are supported by MCH Block Grant and state general funds are the Office of Lifespan Health (OLH), including the Maternal and Child Health Program, Prevention Services Program, and Healthy Relationships Program, Office of Public Health Nursing (PHN), and the Office of MCH Data Analytics and Insights. The DOH Medical Director and the OLH Advisory Committee chair are also supported by Title V and state funds.

Many MCH direct, enabling, and public health services are offered through the Office of Public Health Nursing (PHN) field offices and school health program. PHN field offices are located in nearly every county in the state and offer MCH-supported services to clients including infant safe sleep education and resources, health and safety information, immunizations, growth and development monitoring and screening, case management for high-risk pregnancy, and pre-and postpartum education and care. PHN also offers basic, contracted nursing services to schools that do not have a permanent school nurse. MCH Block Grant funds are used to reimburse services not covered by Medicaid or other public or private payers. State general funds are leveraged to offset the cost of staff time. In addition to PHN services, MCH Block Grant funding supports care coordination and respite care for CYSHCN, education including the TOP curriculum in schools, special needs car seats, parent support and education, newborn screening, and genetic/specialty consultation. Services delivered through contracts with other state agencies and local partners are often augmented through matching funds.

Using Title V MCH Block Grant funding, the MCH Program may leverage resources to provide continuous quality improvement, evaluation, epidemiology, communications services, and staff trainings to the Division of Family and Community Health. The MCH Program also reviews funding requests from state and local organizations to determine where Title V funding could be used to expand service delivery to the MCH population.

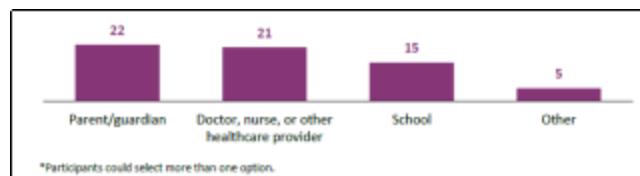
MCH Block Grant funding is a vital resource to the South Dakota Department of Health. Without this funding, the DOH would have to significantly scale back the programs and services offered to the maternal and child population.

MCH Success Story

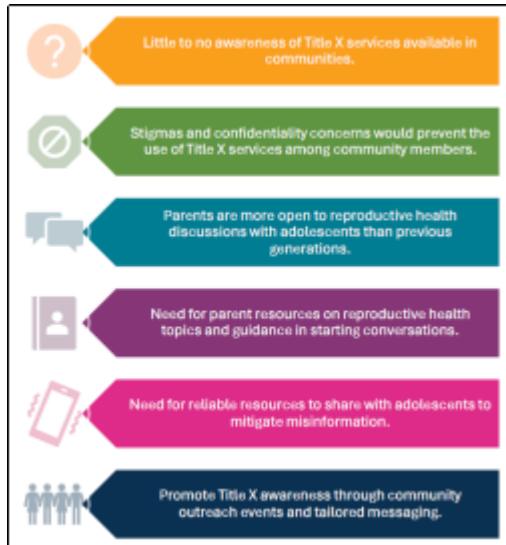
Through a collaborative effort to better reach adolescent populations, the Healthy Relationships Coordinator and the SD PLAN (Title X Family Planning) program, were chosen to participate in an adolescent focused Peer Learning Group with five other states in 2023-2024. The opportunity was offered through the Reproductive Health National Training Center (RHNTC).

Together, staff developed focus group questions to explore perceptions of Title X services and identify parent and adolescent health education needs. Focus groups were held in communities with SD PLAN clinics. Participants were recruited through clinics, flyers, and social media, and had to be parents of teens (ages 13–18), local residents, and proficient in English.

In total, 25 parents of adolescents attended one of four focus groups. The majority (92%) of participants selected female (n=23) and 8% selected male (n=2). All participants selected being either White (92%) or Native American (16%), with 8% of all participants selecting both White and Native American.



Most participants felt either *Mostly Involved* (n=10) or *Completely Involved* (n=9) in educating their adolescent on responsible reproductive health, while five felt *Somewhat Involved*. When asked how they prefer their adolescent to receive information, responses varied, with some choosing multiple options (categorized as "Other").



After qualitative analysis of focus group transcriptions, final themes emerged (shown to the left). Following the focus groups, community-specific reports were shared with the local SD PLAN clinic so they could better understand perceptions of how to reach adolescent audiences. Additionally, marketing materials were shared through the SD Department of Health social media channels, Cór Health, and SD PLAN clinics, promoting messaging. In 2023, only 9.7% of SD PLAN clients were under the age of 18. Information about this collaboration was also shared at the 2025 Positive Youth Development (PYD) Conference, and conference attendees were able to brainstorm and discuss how to utilize the data collected and what resources could be developed. This focus group data will be utilized for future MCH adolescent domain programming and Title X collaboration, and the new adolescent well visit priority including the qualitative improvement strategy.



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 2024.

[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.