



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **SOUTH DAKOTA**

State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

### 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 FY 2020 Application / FY 2018 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

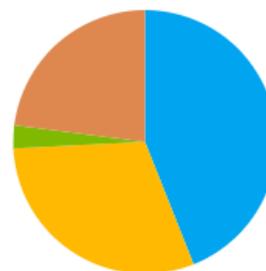
### State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Scarlett Bierre MCH Director scarlett.bierre@state.sd.us (605) 773-4439	Whitney Brunner CYSHCN Director Whitney.Brunner@state.sd.us (605) 773-4749	No Contact Information Provided

### Funding by Source

Source	FY 2018 Expenditures
 Federal Allocation	\$2,343,567
 State MCH Funds	\$1,611,368
 Local MCH Funds	\$149,570
 Other Funds	\$0
 Program Income	\$1,224,994

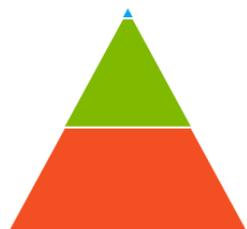
FY 2018 Expenditures



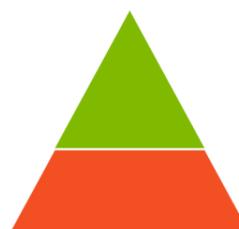
### Funding by Service Level

Service Level	Federal	Non-Federal
 Direct Services	\$90,820	\$0
 Enabling Services	\$1,135,951	\$1,857,967
 Public Health Services and Systems	\$1,116,796	\$1,127,964

FY 2018 Expenditures  
Federal



FY 2018 Expenditures  
Non-Federal



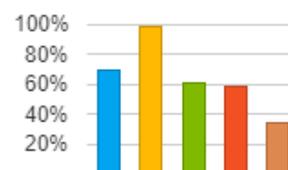
### Percentage Served by Title V

Population Served	Percentage Served	FY 2018 Expenditures
Pregnant Women	69.0%	\$721,674
Infants < 1 Year	98.0%	\$1,287,257
Children 1 through 21 Years	61.0%	\$1,849,787
CSHCN (Subset of all Children)	58.0%	\$1,135,270
Others *	34.0%	\$239,804

**FY 2018 Expenditures**  
Total: \$5,233,792



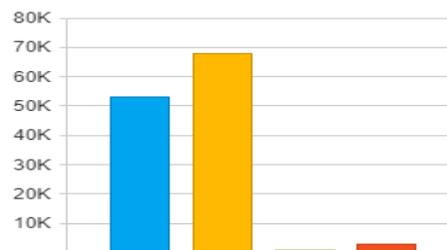
**FY 2018 Percentage Served**



\*Others– Women and men, over age 21.

### Communication Reach

Communication Method	Amount
State Title V Website Hits:	53,214
State Title V Social Media Hits:	67,822
State MCH Toll-Free Calls:	933
Other Toll-Free Calls:	2,958



### Selected National Performance Measures

Measure #	Measure Short Name	Reporting Domain(s)
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 5	Safe Sleep	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs

## Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.2	The degree to which the South Dakota Title V program has implemented evidence-based or informed strategies to assure that all women are aware of the importance of annual well women visits.
NPM 5	Safe Sleep	ESM 5.3	The degree to which the South Dakota Title V program has implemented evidence-based or informed strategies to assure implementation of infant safe sleep practices.
NPM 6	Developmental Screening	ESM 6.2	The degree to which the South Dakota Title V program has implemented evidence-based or informed strategies to improve early identification and referral of developmental delays.
NPM 10	Adolescent Well-Visit	ESM 10.2	The degree to which the South Dakota Title V program has implemented evidence-based or informed strategies to increase the percent of adolescents with an annual preventive medical visit.
NPM 11	Medical Home	ESM 11.2	The degree to which the South Dakota Title V program has implemented evidence-based or informed strategies to assure access to a medical home.

## State Performance Measures

SPM #	SPM Title	Reporting Domain(s)
SPM 2	Percentage of children, ages 2-5, receiving WIC services with a BMI at or above the 85th percentile (overweight or obese)	Child Health
SPM 4	MCH data are analyzed and disseminated	Cross-Cutting/Systems Building

## Executive Summary

### Program Overview

The South Dakota Title V MCH Program continues to work to improve the health and well-being of South Dakota families and ensure access to preventive and primary health care services for mothers, infants, children, adolescents and young adults which also includes children with special health care needs. The program focuses on the priority needs that were identified within the five-year needs assessment that was completed for the FY 2016-2020 MCH Block Grant cycle and includes:

1. Promote preconception/inter-conception health
2. Reduce infant mortality
3. Promote positive child and youth development to reduce morbidity and mortality (intentional and unintentional injuries, dietary habits, tobacco use, alcohol use, and other drug utilization)
4. Improve early identification and referral of developmental delays
5. Improve and assure appropriate access to health services that are focused on families, women, infants, children, adolescents, and children with special health care needs (CSHCN)
6. Promote oral health for all populations
7. Improve state and local surveillance, data collection, and evaluation capacity

The MCH Program selected five National Performance Measures and developed two State Performance Measures that best aligned with our identified priority needs and include:

NPM 1: Percent of women ages 18-44 with a past year preventive medical visit.

NPM 5: (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.

NPM 6: Percent of children, ages 9 through 35 months, receiving a developmental screening using a parent-completed screening tool.

NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

NPM 11: Percent of children with and without special health care needs having a medical home.

SPM 2: Percentage of children, ages 2 to 5 years, receiving WIC services with a BMI at or above the 85<sup>th</sup> percentile (overweight or obese)

SPM 4: MCH data is analyzed and disseminated.

Please see Supporting Document 1, which provides a detailed description of the status of South Dakota's chosen NPM's & SPM's.

The MCH Program developed a State Action Plan which provides a framework of objectives, strategies and performance measures that address the state's Title V priority areas and is implemented by the SD MCH Impact Team which is comprised of DOH staff as well as an epidemiology support team. The Impact Team also maintains additional NPM/SPM workgroups to ensure the implementation and advancement of MCH strategies, and includes other non-DOH statewide partners.

The SD MCH Program falls under the umbrella of the DOH Division of Family and Community Health which is the service delivery arm of the DOH. This division provides and funds direct health care services such as community health nursing, MCH programs, nutrition programs, infectious disease control, and chronic disease prevention/health promotion activities. Within this division is the Office of Child and Family Services (OCFS) which provides direct service, outreach, education, technical assistance and ensures that systems promote the health and well-being for maternal and child populations. Public health services are delivered by DOH staff working in a network of 77 sites across the state. The OCFS partners with other DOH programs, state agencies, and local entities that supplement our capacity to meet the needs of our MCH population.

SD MCH efforts continue to be guided by data surveillance, evaluation, and the State Action Plan. The program works closely with a media partner to grow maternal and child health communication and marketing efforts in order to inform and educate the public. The MCH program is also collaborating with the SD Home Visiting (MIECHV) program and other OCFS departments to conduct an office-wide five-year needs assessment (Please see Supporting Document 2). The needs assessment process began in September of 2018 and included statewide partner meetings, focus groups, key informant interviews, adolescent and community surveys, data gathering and priority setting that will guide the OCFS and Title V MCH programming for the next five years. Please see the webinar recording of the OCFS Needs Assessment Kick-Off at <https://youtu.be/Ayh0BAfWJMA>

Listed below each Domain are a few of our MCH successes that occurred during this application year.

#### Domain: Women/Maternal Health:

Priority	NPM/SPM	Status of NPM/SPM
<ul style="list-style-type: none"> <li>• Promote preconception/inter-conception health</li> <li>• Promote oral health for all populations</li> </ul>	NPM 1: Percent of women ages 18-44 with a past year preventive medical visit.	In 2017, 65.0% of women ages 18-44 had a past year preventive visit. South Dakota ranked 29 <sup>th</sup> in the nation for the highest percent of women with a preventive visit.

- Collaborated with SD Department of Social Services Medicaid to include information about the DOH's *For Baby's Sake* website in their Recipient Handbook under the *Pregnancy Coverage* section. *For Baby's Sake* provides information and resources to help women have healthy pregnancies and healthy babies.
- Developed oral cancer self-exam materials and posted them on the DOH website for the public.
- Distributed the Text4Baby infographic to all WIC moms receiving breastfeeding peer counseling.
- SD DOH OCFS field staff participated on the *Cradle to Career Continuum* workgroup to study ways to improve early and adequate access to prenatal care in the Rapid City area.
- Partnered with Delta Dental to promote oral health for mothers via the Baby Resource bags which are distributed to every new parent at each of South Dakota's birthing hospitals.

**Domain: Perinatal/Infant Health:**

<b>Priority</b>	<b>NPM/SPM</b>	<b>Status of NPM/SPM</b>
Reduce infant mortality	NPM 5 A: Percent of infants placed to sleep on their backs.	In 2017, 87.6% of infants were placed to sleep on their backs. South Dakota ranked 3 <sup>rd</sup> out of 26 states for the highest percent of infants being placed on their back to sleep and the US rate in 2017 was 79.8%
	NPM 5 B: Percent of infants placed to sleep on a separate approved sleep surface.	In 2017, South Dakota was ranked 4 <sup>th</sup> out of 26 states and 38.4% of infants were placed to sleep on a separate approved sleep surface. South Dakota exceeded the 2018 target of 26.5% based on the 2016 SD PRAMS-like survey.
	NPM 5 C: Percent of infants placed to sleep without soft objects or loose bedding.	South Dakota exceeded the 2018 target of 45.6% that was set based on the 2016 SD PRAMS-like survey. In 2017, South Dakota was ranked 10 <sup>th</sup> out of 26 states and 48.2% of infants were placed to sleep without soft objects or loose bedding.

- In 2018, the DOH produced a *South Dakota Infant Death Review* infographic. This report was shared with the state's two death review teams to promote better data collection and improve prevention efforts.
- In 2018 the MCH Epidemiologist presented SD infant mortality data and safe sleep data (from the 2016 PRAMS-like study) at the Perinatal Conference which reached providers and nurses from across the state.
- Translated *Crib Safety Tips* (Consumer Product Safety Commission) into Spanish and developed a handout for providers and nurses to use with new families. Distributed to statewide providers, WIC offices, and at the Annual Perinatal Conference.
- Provided information on Safe Sleep and the Cribs for Kids program to Department of Social Services (DSS) Economic Assistance Regional Managers at DSS statewide meeting.

**Domain: Child Health:**

<b>Priority</b>	<b>NPM/SPM</b>	<b>Status of NPM/SPM</b>
Improve early identification and referral of developmental delays	NPM 6: Percent of children, ages 9-35 months, receiving a developmental screening using a parent-completed screening tool.	South Dakota reached the 2018 target of 41.2% with 42.4% of children, ages 9-35 months receiving a developmental screening using a parent-completed screening tool. In 2016-2017, South Dakota was ranked 5 <sup>th</sup> in the nation in percent of children receiving a developmental screening tool with a national rate of 31.1%.

- In 2018 the SD DOH OCFS staff completed 7,200 developmental screens and referred 451 infants and children for further evaluation for potential developmental delays.

**Domain: Child Health**

<b>Priority</b>	<b>NPM/SPM</b>	<b>Status of NPM/SPM</b>
<ul style="list-style-type: none"> <li>• Promote positive child and youth development to reduce morbidity and mortality (intentional/unintentional injuries, dietary habits, tobacco use, alcohol use, other drug utilization)</li> </ul>	SPM 2: Percentage of children, ages 2 to 5 years, receiving WIC services with a BMI at or above the 85 <sup>th</sup> percentile (overweight or obese).	In 2017, 33.1% of children, ages 2 to 5 years, receiving WIC services had a BMI at or above the 85 <sup>th</sup> percentile (overweight or obese).

- The SD WIC and Head Start programs established an MOU to increase collaborations and reduce barriers for participants in both programs. These collaborations include: providing services in shared locations, utilizing common referral and release of information forms, and data sharing.
- The SD DOH, Game, Fish & Parks, SD State University Extension Center, and state medical providers continue to partner on the *Park Rx Program* which allows state healthcare providers to prescribe exercise via a *Park Rx (prescription)*. This *Park Rx* is then taken to any SD State Park for a free pass into the park for the day. Patients can also turn in the *Park Rx* pass that same day and receive a discounted annual park pass to encourage yearlong activity.
- The Healthy SD Munch Code program developed a Vending and Snack Bar Munch Code toolkit and vending calculator. The Munch Code is a color-coded labeling program designed to make it easier to choose healthier snacks.

**Domain: Adolescent Health:**

<b>Priority</b>	<b>NPM/SPM</b>	<b>Status of NPM/SPM</b>
<ul style="list-style-type: none"> <li>• Improve and assure appropriate access to health services that are focused on families, women, infants, children, adolescents, and CSHCN</li> <li>• Promote positive child and youth development to reduce morbidity and mortality (intentional &amp; unintentional injuries, dietary habits, tobacco use, alcohol use, other drug utilization).</li> <li>• Promote oral health for all populations</li> </ul>	NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.	In 2016-2017 South Dakota was ranked 49 <sup>th</sup> in the nation for the percent of adolescents, aged 12 through 18 years, with a preventive medical visit in the past year. The 2016-2017 South Dakota rate of 68.5% was less than the U.S. rate of 78.7%

- The SD Medicine Journal published “Double Duty” which explained the difference between a sports physical versus well-child visit. Also addressed the importance of both physical and mental health during annual checkups.
- Black Hills Parent and The Hood Magazine published information entitled “well-child visits cover all the bases”. Encouraged parents to schedule annual well-child visits for their teens and showed the difference between sports physical vs. well-child visit.
- The DOH partnered with Department of Social Services to promote suicide prevention campaign materials and distribute suicide prevention messages to youth councils across the state.
- The DOH partnered with the state Helpline Center to offer youth suicide prevention education throughout the state. The center provides 24/7 statewide crisis line, teen crisis texting support, Youth Mental Health First Aid training, Suicide Prevention Training for Primary Care providers and training for high school faculty on teen suicide prevention/intervention.

**Domain: Children with Special Health Care Needs (CSHCN):**

<b>Priority</b>	<b>NPM/SPM</b>	<b>Status of NPM/SPM</b>
<ul style="list-style-type: none"> <li>• Improve and assure appropriate access to health services that are focused on families, women, infants, children, adolescents, and children with special health care needs.</li> </ul>	NPM 11: Percent of children with special health care needs having a medical home.	South Dakota exceeded the 2018 target of 46.1% with 49.6% of children <i>with</i> special health care needs having a medical home in 2016-2017. In 2016-2017, South Dakota was ranked 11 <sup>th</sup> in the nation with a U.S. rate of 43.2%.

- The DOH contracted with the SD Family 2 Family program (Parent Connection) to address needs for training and resources. 2,236 individual assistance/training contacts to 647 families were provided by Parent Connection during this reporting period.
- Continued partnership with State Hygienic Laboratory at University of Iowa for newborn screening testing and destruction of specimen collect cards. During this reporting period, 98.4% of the birth certificates had matching newborn screening laboratory results.
- Partnered with the SD Department of Human Services agency to support respite care services across the state. 723 children/adults were served during this reporting period.
- Collaborated with SD Medicaid to implement DOH Health Home pilot project to serve CSHCN families and address Health Home core outcomes for children being served under our financial assistance program.

**Domain: Cross-cutting/Systems Building:**

<b>Priority</b>	<b>NPM/SPM</b>	<b>Status of NPM/SPM</b>
<ul style="list-style-type: none"> <li>• Improve state and local surveillance, data collection, and evaluation capacity.</li> </ul>	SPM 4: MCH data are analyzed and disseminated.	Data were successfully collected, evaluated, and disseminated via many modes.

- MCH infographics and one-page summaries for findings related to the 2016 PRAMS-like data set were developed and distributed to partners, providers and the public.

- MCH data presentations were provided at each of the Quarterly MCH Impact Team meetings and shared with partners and stakeholders at MCH Workgroup meetings.
- Oral presentations included “PRAMS-like Survey and Preconception Care in South Dakota” (Annual SD Nursing Association Meeting, Brookings, SD); “Infant Safe Sleep Practices” (SD Annual Perinatal Conference, Sioux Falls, SD); and “Response to an Online Version of a PRAMS-like Survey in South Dakota” (30<sup>th</sup> Annual National PRAMS Meeting, Portland, OR).
- A detailed report summarizing infant death demographic characteristics and variables of interest is updated annually and provided to the South Dakota Infant Death Review Committee.

The amount of funding allocated to MCH services is determined as part of the state budget process that includes development of the budget by the DOH, interim approval by the Bureau of Finance and Management (BFM) and Governor's Office, and final approval by the state Legislature. Development of the budget complies with the "30-30" requirement for primary and preventive care and special health care needs for children and adolescents and is consistent with the requirements to limit administrative costs to no more than ten percent. State match funding sources are state funds (including general funds appropriated by the Legislature), local match, program income, and other sources. The level of funds utilized from each match source varies from one year to the next based on availability of funds and the state's allocation process.

### How Federal Title V Funds Support State MCH Efforts

The SD DOH provides services through the Title V MCH Block Grant that reflect the commitment that SD has to improve the health and well-being of mothers, infants, children, adolescents and young adults including children with special health care needs. SD MCH services are delivered through a network of field offices, located in nearly every county of the state, and enhance outreach services provided by WIC, Title X Family Planning, and Nurse Home Visiting services that occur in SD. With Title V MCH funding, the SD 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 screening; and case management for high risk pregnancy, postpartum care and prenatal education. Title V MCH funds also allow the SD DOH to provide support services to families with children and youth with special health care needs such as respite care, newborn screening, parent support, and genetic/specialty consultation. Due to Title V funding, the SD DOH is able to leverage resources and provide evaluation, epidemiology and media services to SD DOH Child & Family Services programs to ensure that data driven decisions are made and program improvement is sustained. Without Title V MCH Block Grant funding, the SD DOH would be forced to make significant cuts to the services and education provided to South Dakota citizens.

### MCH Success Story

In 2011, the SD DOH began working with the two existing SD death review teams to expand infant death review from 11 to all 66 counties. The DOH then created an Infant Death Coordinator position to abstract and submit information into the National Child Death Review Case Reporting System. As an MCH team member, this coordinator acts as liaison between DOH and the two death review teams. In 2012, the DOH enlisted the assistance of a state medical examiner to provide consultation on the death review process and collect data for all infant deaths from across the state. In 2018, the National Center for Fatality Review and Prevention conducted a training for the SD review teams that included discussions on potential legislation for fatality review and working with tribal communities. Later that year, DOH leadership met with Avera and Sanford health systems to discuss data sharing. As a result of this meeting, a Memorandum of Understanding was signed by the East River death review team, which is now being led by a DOH Medical Consultant. During 2018, the following resources were also developed and disseminated to stakeholders through partners, providers and professional publications:

- [Infant Death Review Infographic](#)
- [Safe Sleep Medical Journal Ad](#)
- [Safe Sleep Practices Flyer](#)

Through partnerships with health systems, law enforcement, and child protection services, the SD MCH Program will continue to enhance the death review process to collect quality data with a focus on prevention.

### 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 document that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2018.

#### [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.