



SOUTH DAKOTA
DEPARTMENT OF HEALTH



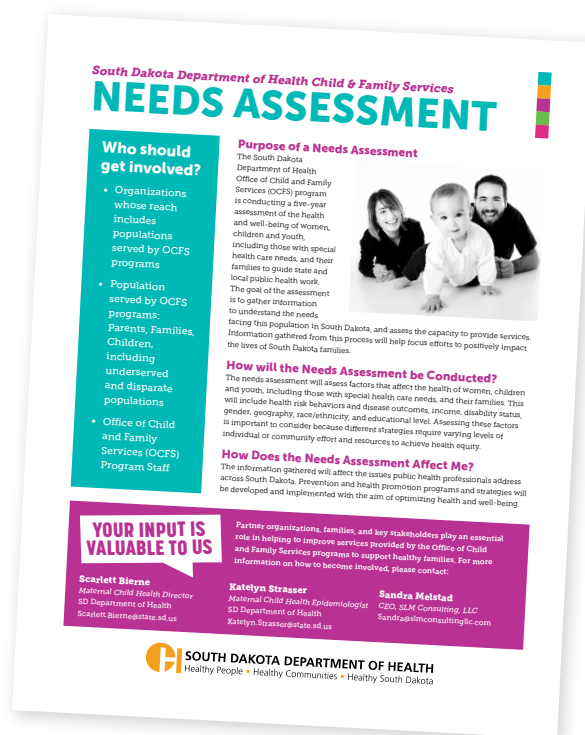
OFFICE OF CHILD & FAMILY SERVICES
NEEDS ASSESSMENT
PARTNER SUMMARY REPORT

OCTOBER 2019

INTRODUCTION

The South Dakota Department of Health Office of Child and Family Services (OCFS) conducted a statewide five-year assessment of the health and well-being of women, children, and youth, including those with special health care needs, and their families to guide state and local public health work. Multi-sector collaboration of diverse partners, stakeholders, and community members was a cornerstone of the assessment. Comprehensive data collection supported the assessment; focused on identifying assets, gaps, and priority issues that impact health and well-being.

Partner organizations and key stakeholders play an essential role in helping to improve services provided by the Office of Child and Family Services programs to support healthy families. Statewide partner meetings were held in Rapid City, Pine Ridge, Pierre, Sioux Falls, and Sisseton, to discuss the needs facing these populations, assess the capacity to provide services, and identify how to strengthen care and support programs for women, children, youth with special health care needs and their families. Partners represented multi-sector organizations whose reach includes support for women, infants, children, and adolescents across South Dakota, including but not limited to health care, non-profit, behavioral health, tribal, education, state government, and community coalitions.



METHODS

Partner organizations and stakeholders convened for half-day or full-day meetings to discuss the health and well-being needs of women, children and youth, including those with special health care needs, and their families. The children and youth with special health care needs (CYSCHN) domain was incorporated into the child and adolescent domain discussions to foster discussion among partners at the meetings, understanding the CYSCHN priorities will be identified in future priority-setting processes. In addition, data collected from the 2018 South Dakota CYSCHN Survey conducted by South

Dakota State University to understand health and well-being issues, informed priority setting focused on the CYSCHN domain, along with additional data collection methods utilized for the needs assessment.¹ Each meeting was facilitated by OCFS consultant, SLM Consulting, and OCFS staff to help guide participants through discussion. Participants were given an overview of the needs assessment process, including guiding principles and goals for the meetings. Also, an overview of data specific to the domain was highlighted by the OCFS Epidemiologist.

1 South Dakota Department of Health. (2018). *South Dakota Survey of Children with Special Health Care Needs*.

Partners participated in discussion by domain (infant, child, adolescent, women) and participated in *Storytelling* to share successes that participants/participant organizations have had to address/improve the health and well-being of domain populations.

Participants then completed *The Five R's* assessment within their domains to inventory the local system as it relates to the domain populations, including the roles (actors involved in the local system shaping the issues under study), relationships (what are the important relationships between actors), rules (rules, policies, laws governing what happens in local

system), resources (inputs such as budget, personnel, time, data, trust available to local system), and results (what are the actual and desired bigger picture results that help understand how the system is functioning).

Partners used the inventory collected in *The Five R's* to identify *Assets* available to support the health and well-being of domain populations, as well as *Gaps* that hinder the health and well-being of domain populations in their region. Based on the *Assets* and *Gaps* identified, each domain group chose "*High 5*" or the top five priorities that participants felt should be addressed in their region.

OVERARCHING THEMES

Across the meeting sites, the overarching themes identified as priorities to address the health and well-being of women, children, and youth, including those with special health care needs, and their families include:

- ▶ Mental health and substance abuse (e.g. services, treatment, prevention)
- ▶ Collaboration (e.g. between providers, programs)
- ▶ Access to health care services and providers (e.g. insurance, availability, referral process)
- ▶ Education on life skills, including parents and adolescents
- ▶ Cultural sensitivity (e.g. decrease cultural stigma, cultural competence)
- ▶ Additional themes identified as a priority include transportation access, decrease health disparities, increase access and utilization of community resources and services (e.g. 211 Helpline), food insecurity, daycare, oral health (e.g. services and providers), economic development, and childhood obesity.



While there are overarching themes across the meetings sites, it is important to note geographic variations in other priorities identified by each site as outlined in Table 1 below.

Table 1: Priorities by Region of South Dakota

<p>RAPID CITY</p>	<ol style="list-style-type: none"> 1. Mental health and substance abuse (<i>Access to services and treatment, prevention, suicide prevention</i>) 2. Transportation (<i>affordable, access to care, collaboration of agencies to provide transportation</i>) 3. Collaboration (<i>enhance collaboration of providers, team approach to meeting youth needs</i>) 4. Life skills (<i>education to empower families, parenting support</i>) 5. Access to health care and services (<i>eligibility criteria for families that fall in the gap, dental treatment, access to care – cost, time, information/resources, HIPAA, guardian permission, medical coverage for all women</i>) <p>Additional Priorities: <i>Quality and affordable daycare (hours to support working families), youth led input/partnerships and evaluation, increased funding for women’s health programs, cultural awareness and sensitivity (youth race, socioeconomic, rural, stigma, trauma, inclusivity, decrease cultural stigma/disparities)</i></p>
<p>PINE RIDGE</p>	<ol style="list-style-type: none"> 1. Cultural competence of leaders across South Dakota (<i>education, trauma-informed</i>) 2. Access to healthcare services (<i>dental care, referral process</i>) 3. Utilization of existing healthcare resources and services (<i>Lack of information about available resources and services</i>) 4. Food insecurity 5. Collaboration <p>Additional Priorities: <i>Social and economic factors, access to formal education, transportation access, and economic development</i></p>
<p>PIERRE</p>	<ol style="list-style-type: none"> 1. Mental health and substance abuse (<i>access to care and services, ongoing family mental wellness, affordable, emergency response, ongoing support, mental health providers, resources, referrals, and treatment options for substance abuse</i>) 2. Collaboration (<i>efforts/resources between entities, data sharing, interagency/community/tribal/provider</i>) 3. Transportation (<i>remove barriers from accessing care, affordable options</i>) 4. Life skills (<i>parent/child relationships, parenting training/support, adolescents life skills – peer to peer education, mentor</i>) 5. Access to health care and services (<i>Affordable health care, Medicaid expansion, FQHC clinics, affordable health care for women</i>) <p>Additional Priorities: <i>Child safety (car seats, qualified technicians, laws to protect and ensure child safety in childcare setting), inclusive well-visits, utilization of existing health care resources and services, policies to reduce risky behavior of adolescents, patient-centered care</i></p>

SIOUX FALLS

- 1. Mental health and substance abuse** (*mental wellness, behavioral health - overall and substance use prevention for parent and child, mental health services capacity, waiting list, stigma, insurance, guardian permission, and supportive living environment, increase access to mental health screenings, referral, and treatment*)
- 2. Access to health care and services** (*transportation, providers, consistent across geography, health/dental coverage for women, financial coverage for infants/mothers*)
- 3. Life skills and education** (*education for parents and caregivers, coping/life skills for youth*)
- 4. Policies and laws** (*legislation or system policy changes, policies to protect women and not punish them*)
- 5. Funding, Data Sharing** (*availability of data, collaborative sharing of data, funding for adolescent medications, services, and education*)

SISSETON

- 1. Substance Use Disorder Treatment for pregnant women with children** (*transition services, recovery support housing*)
- 2. Mental health services and providers**
- 3. Daycare**
- 4. Childhood Obesity**
- 5. Collaboration** (*case management*)

Additional Priorities: Dental providers who accept Medicaid, oral health prevention programs.

INFANTS

The **top priorities** elicited across the sites for the Infant domain, include: **1)** Access to mental health/substance abuse treatment, **2)** Child care (*stronger laws, affordable, quality and hours to support working families*), **3)** Parent education on life skills (*e.g. safe sleep*), **4)** Collaboration between providers, programs and with resources, and **5)** Eligibility criteria for families, childhood obesity, and inclusive well-visits.

Assets

Key Assets identified include **1)** Programs, such as Birth to 3, Girls Inc., Cribs for Kids, car seat programs; statewide Early Childhood Education centers; **2)** Resources, such as the Immunization Registry, WIC screenings, and **3)** Partners/Collaboration, such as Northern Hills Interagency and a statewide death review team.

Gaps

Key gaps identified include: **1)** Resources (*e.g. transportation, affordable housing, statewide 211 Helpline*), **2)** Policies that hinder data sharing, Medicaid expansion, and access to care (*e.g. HIPAA*), **3)** Parent education and life skills (*e.g. reproductive health education*), **4)** Lack of collaboration between organizations, **5)** Mental health and substance abuse treatment for mothers, **6)** Access to health care services and care (*e.g. Pediatricians, specialty care*), **7)** Child care (*e.g. licensing & regulation, child care available on nights and weekends*), and **8)** Cultural stigma.



CHILD

The **top priorities** elicited across the sites for the child domain, include: **1)** Mental wellness (*e.g. behavior health care for family*), **2)** Access to transportation (*e.g. availability, reduce barriers*), **3)** Parenting support and education, **4)** Substance use prevention and treatment, and **5)** Collaboration and Communication (*interagency, organizations, community, tribal, and providers*).

Other themes identified include collaboration and communication, access to care, funding, policy change, access to data, dental treatment, food insecurity, cultural competence of South Dakota leaders (*education, trauma-informed*), and car seat safety.

Assets

Key assets identified, include: **1)** Statewide programs and partnerships (*e.g. non-profit organizations*), **2)** Data sharing and monitoring, **3)** Healthcare and dental services (*e.g. Indian Health Service, tribal programs, access to care for low-income*), **4)** Cultural diversity and tribal sovereignty, **5)** Resources (*e.g. food pantries,*

homeless shelters) **6)** Mental health services, and **7)** Telehealth.

Gaps

Key gaps

identified include:

1) Workforce capacity (*e.g. medical/dental professionals, public health professionals, social service professionals with training in mental health*), **2)** Access to services (*e.g. telehealth, rural geography*), **3)** Policy & Legislation (*e.g. child care regulation & licensing, seat belt, car seat, preschools standards, daycare providers*), **4)** Resources (*e.g. 211 Helpline, Parents do not access resources or know where to find them*), **5)** Transportation, **6)** Parent skills/education, **7)** Cultural competency, and **8)** Mental health and substances abuse resources and services.



ADOLESCENTS

The **top priorities** identified to address within the Adolescent domain include: **1)** Access to mental health services and suicide prevention, **2)** Affordable health care, **3)** Coping/Life skills for adolescents, **4)** Care that is patient-centered, follows a team approach, and is culturally sensitive, as well as **5)** Youth-led input/partnerships and evaluation, policies to reduce risky behavior, and parent education.

Assets

Key assets identified, include: **1)** Community resources (*e.g. 211 Helpline*), activities and recreational opportunities, **2)** Training resources, **3)** Collaboration across youth programs and non-profits organizations, **4)** Youth led groups, and **5)** Telehealth.

Gaps

Key gaps identified, include **1)** Mental health services (*e.g. crisis care, long-term placement*)



and professionals, **2)** Transportation, **3)** Lack of temporary housing (*e.g. homelessness, shelter*) and youth gathering locations, **4)** Resources (*e.g. lack of awareness and how to navigate systems*), **5)** Lack of youth voice, **6)** Access to health care services and primary care providers (*e.g. rural services, specialized adolescent physicians*), and **7)** Education.

WOMEN

The **top five priorities** identified to address within the Women domain include: **1)** Increase in screenings, referral, and treatment for mental health and substance abuse, **2)** Access to health and dental services (e.g. *affordable, availability*), **3)** Transportation, **4)** Decrease health disparities and cultural stigma, and **5)** Policy and legislation that protects women in South Dakota (e.g. *lack of Medicaid expansion, paid maternity leave, HIPAA regulations*).

Other themes identified include increased funding for women's health programs and access to quality and affordable housing.

Assets

Key assets identified include **1)** Workforce development programs (e.g. *programs for medical and public health professionals*), **2)** Available data (e.g. *PRAMS*), **3)** Access to health care services (e.g. *FQHC's, Indian Health Service*), **4)** 211 Helpline, **5)** Community programs (e.g. *community health & family planning, Lutheran Social Services*), **6)** Counseling services, **7)** Chronic disease prevention services (e.g. *SD Quitline*), and **8)** Partnerships (e.g. *multi-agency collaboration*).



Gaps

Key gaps identified include **1)** Transportation, **2)** Access to services and health care providers (e.g. *rural geography, Dentist, OB-GYN, gaps in health insurance coverage*), **3)** Social and economic factors that negatively impact health outcomes (e.g. *low-income, poor housing, lack of education*), **4)** Policy and legislation that impact women in South Dakota (e.g. *maternity leave, paid family leave with birth of child*), **5)** Lack of cultural awareness (e.g. *knowledge of historical trauma relevant to tribal communities*), and **6)** Mental health and substance abuse (e.g. *abuse, treatment*).

CONCLUSIONS

Based on the key themes identified across the partner meetings, it is evident mental health and substance abuse (e.g. *access to care, services, treatment*) is a priority issue that needs to be addressed throughout the state and across domains (*infant, child, adolescent, women*). Additionally, access to care and services was identified as a common theme across the state, which reinforces the challenges rural South Dakotan residents face with addressing and improving health outcomes. Collaboration of diverse partners and stakeholders is necessary to improve population health. Building new partnerships, as well as

strengthening existing partnerships to collectively address the health and well-being of infants, children, adolescents, women, and children with special healthcare needs is key. Moreover, cultural awareness is an important component to support the implementation of the Health Equity Model driving the needs assessment and long-term strategic planning. Addressing health equity should be standard practice. It is also important to note, that while there are key themes across the state to address, steps should also be taken to address priority issues in strategic planning, identified by regions of the state.