2020 Updated Statewide Home Visiting Needs Assessment

Bright Start Home Visiting Program
The Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program supports voluntary, evidence-based home visiting services for at-risk pregnant women and parents with young children up to kindergarten entry.

The MIECHV program builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child’s life improve the well-being of children and families by preventing child abuse and neglect, supporting positive parenting, improving maternal and child health and promoting child development and school readiness.

States, territories and tribal entities receive funding through the MIECHV Program and have the flexibility to select evidence-based home visiting service delivery models that best meet state and local needs.
Bright Start Home Visiting

Counties with MIECHV funding – 2012-present
- Beadle
- Brown
- Butte
- Campbell
- Corson
- Day
- Dunn
- Fall River
- Faulk
- Jackson
- Jerauld
- Kingsbury
- Lyman
- Meade
- Minnehaha
- Moody
- Pennington
- Perkins
- Potter
- Roberts
- Sanborn
- Sanborn
- Stanley
- Spink
- Stanley
- Todd
- Tripp
- Union
- Walworth

Original sites – use Medicaid/TANF funding
- Butte
- Custer
- Fall River
- Hughes
- Jones
- Meade
- Perkins
- Poer
- Perkins
- Pennington
- Ziebach

Site that started in 2008 and expanded with MIECHV funding in 2012
- Butte
- Custer
- Fall River
- Hughes
- Jones
- Meade
- Perkins
- Poer
- Perkins
- Pennington
- Ziebach

Service area expansion in 2018 – MAC Foundation grant from NFP
- Butte
- Custer
- Fall River
- Hughes
- Jones
- Meade
- Perkins
- Poer
- Perkins
- Pennington
- Ziebach

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- Identify Communities with Public Health Risks (related to maternal child health)
- Quality and capacity of existing home visiting programs
- Coordinate with the Title V Block Grant Program, CAPTA, and Head Start Program
- State’s capacity for providing substance abuse counseling and treatment to individuals and families
Under the Umbrella of EQUITY

- Key Informant Interviews
- Data Analysis
- Leveraging Partnerships
- Home Visitor Survey
- Responding to Emerging Issues and Trends
Risk Category: Socioeconomic Status

- Poverty
- Unemployment
- High School Dropout
- Income inequality
Risk Category: Adverse Perinatal Outcomes

- Preterm Birth
- Low Birth Weight
- Teen Pregnancy
- Prenatal Care Initiation
Risk Category: Substance Use Disorder

- Alcohol
- Marijuana
- Illicit Drugs
- Pain Relivers (non-medical use)
Risk Categories:
Crime and Child Maltreatment
- Crime Reports
- Juvenile Arrests
- Child Maltreatment
County Risk Map
Home Visiting Coverage

- Three or more home visiting models
- Two home visiting models
- One home visiting model
- High Risk Counties
Eligible Families Served in Past Year

Home Visiting services reach >75% of eligible families
Services reach 25-75% of eligible families
Services reach <25% of eligible families
High Risk Counties
No Families Visited during 2019-20
Qualitative Data Sources

Home Visitor Survey
- Conducted Nov/Dec 2019
- Kicked off at the 2019 Home Visiting Institute
- 37 Respondents - Home Visitors and Program Leads

Key Informant Interviews
- Conducted in July/August 2020
- Families, including home visiting participants and non-participants
- Professionals, including home visitors, community leaders and program directors
Identified Needs

- **Social Needs**
  - Housing
  - Food security
  - Childcare
  - Lack of transportation

- **Access to Health Care and Services**
  - Medicaid eligibility
  - Access to oral health care
  - Mental health
  - Chronic diseases

- **Access to Resources**
  - Low cost/no cost family activities
  - Broadband access
  - General lack of awareness of existing activities

- **Parenting Support**
  - Extended Family
  - Parenting Role Models
  - Grandparents raising children
  - Home Visiting not available statewide
  - Stigma faced by younger parents

- **Substance Misuse**
  - Criminalizing substance use
  - Avoiding prenatal care
  - Connection to other social needs
That's What it's All About….

- Being able to be a large piece of their support system and be able to just be there for their journey. The flexibility is amazing being able to meet them at their homes as many have a lack of transportation and it also helps build that trust and relationship by them allowing you to come into their home.
  – Comment from Home Visitor Survey

- My biggest inspiration/motivation for working in this field is to provide families with hope. From my own experience living and working on reservations, hope (or lack thereof) is a factor that can make or break a family. Knowing that we have the power to provide families with their own motivation to discover their own strengths to survive and thrive is truly gratifying.
  – Comment from Home Visitor Survey

- I really think the nurse that we had was just the best one ever, and... Anything she didn't know, she would go to find out and get back to us, and... I don't know. She just took really good care of us, and we considered her a part of our family.
  – Past Bright Start client

- I know that what I've experienced from being a parent over the past nine years, if there were somebody who could help with finding resources or if they can't, they redirect to me in a way where I could try to find help. Yeah, I'd utilize it if it was nearby, or readily nearby, I'd utilize it.
  – Parent in a community with no home visiting program
What’s Next

Add Context to Needs Assessment Findings

Report and Share Findings with Stakeholders

Assess Community Readiness

Use Needs Assessment data to support program and strategic planning
Results for South Dakota

- Healthier Moms
- Healthier Babies
- Healthier Families
- Healthier Communities
- Healthier South Dakota!
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Thank you