Maternal, Infant, and Early Childhood Home Visiting (MIECHV) in

South Dakota

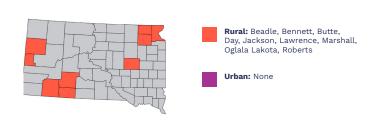


MIECHV provides federal funds to states, territories, and tribal entities for voluntary, evidence-based home visiting services. Home visitors meet with parents one on one from pregnancy through their child's kindergarten entry to help lay the foundation for the health, education, development, and economic self-sufficiency of the entire family. Visits by caring, experienced professionals who provide families support and connections to needed resources and services can help families leverage their strengths so they can thrive.

Since 2013, MIECHV has been level-funded at \$400 million annually and pre-pandemic estimates showed MIECHV reached only 3-5% of eligible families nationwide. As MIECHV is set to expire on September 30, 2022, reauthorization offers Congress the opportunity to provide additional investments that will enable home visiting programs to reach

more families. The National Home Visiting Coalition, of which FFYF is a member, recommends a five-year reauthorization that would increase funding by \$200 million annually (reaching \$1.4 billion in FY2027); doubling the MIECHV tribal set-aside from 3% to 6% to reach more families in American Indian and Alaska Native communities; and continuing to allow virtual home visiting implemented with model fidelity as a service delivery option for families who choose it.

South Dakota MIECHV Program At-a-Glance



Evidence-based models providing MIECHV-supported home visiting services in South Dakota include:



In FY21:

\$987,632

was awarded to the South Dakota Department of Public Health¹

Within South Dakota, MIECHV provided/ served:*

171 families2,408 home visits136 children

South Dakota Performance Highlights:

• 96.2%

of mothers enrolled in home visiting received a postpartum visit with a healthcare provider within 8 weeks of delivery

• 96.8%

of caregivers enrolled in home visiting were screened for intimate partner violence within 6 months of enrollment

89.1%

of caregivers enrolled in home visiting were screened for depression within 3 months of enrollment or within 3 months of delivery



Family Needs[^]

States tailor their programs to meet community needs, with priority given to certain populations listed in the law.

In South Dakota:

60.8% of households were low income

• 24.3%

of households included someone who used tobacco products in the home

21.6%

of households included a pregnant enrollee under age 21

South Dakota Families **Receiving Home Visiting**



White (49%) Asian (7%)

American Indian/Alaska Native (40%)

To protect confidentiality, race categories with less than 10 respondents have been omitted.

Ethnicity*

Latino

Hispanic or

Child's Age*

46% 54% Infants Toddler

1-2

Potential Beneficiaries:

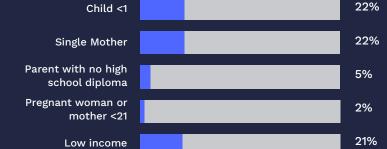
In South Dakota, an estimated 53,100 families could benefit from home visiting with sufficient funding.*

48% of families met one or more priority criteria.

• 17% of families met two or more priority criteria more priority criteria.

The estimated percentage of families who could benefit in South Dakota met the following priority criteria:*

< 1



70,700 children could benefit from home visiting with sufficient funding.*

