



# UNITED WAY OF THE BLACK HILLS 2019 COMMUNITY NEEDS ASSESSMENT

# United Way of the Black Hills

## 2019 Community Needs Assessment

Prepared for:



**United Way  
of the Black Hills**

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# FOREWORD

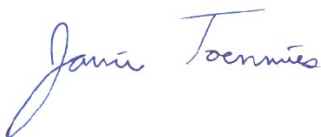
Dear Black Hills Community Members,

Our mission is to support programs and services that provide solutions to community needs in the areas of education, health, and financial stability. The purpose of this community needs assessment is to help us identify specific needs in these areas based on the input of local community leaders and advocates in our region. This is an opportunity for everyone to join in our fight for advancing the common good of our Black Hills community.

We believe the solutions to our community needs require collaboration, resource sharing, and innovation among organizations to maximize resources for the improvement of our community. This 2019 needs assessment is the third study commissioned by United Way of the Black Hills in the last 15 years. In order to foster a collaborative spirit, the full report will be available to all so that they can use the information to improve the Black Hills Community.

We greatly appreciate the efforts of our Board of Directors in this assessment and acknowledging the importance of gathering this information to ensure that our funds are utilized effectively and invested wisely in the future of our community. In addition, we thank the Black Hills Knowledge Network for their valuable research towards this project. Thank you to our partners, community members and local professionals for their insight and advocacy to improve the quality of life for residents of our Black Hills community.

Sincerely,



Thank you to the following sponsors who helped make this report possible:



## ACKNOWLEDGEMENTS

This report would not be possible without the support and commitment of the United Way of the Black Hills, its director Jamie Toennies, dedicated staff, and committed board of directors. Jamie and her staff provided significant support in organizing and coordinating community conversations.

The Black Hills Knowledge Network also extends its thanks to all the community partners who generously donated space for community conversations including: Belle Fourche Economic Development, First Gold Hotel, Regional Health Sturgis Hospital, Spearfish Holiday Inn, Hill City Super 8, Hot Springs Ambulance Services, Custer Senior Center, and West River Electric. Their commitment to their communities deserved to be recognized.

A number of area organizations also supported this needs assessment by supplying data to supplement this analysis. The 211 Helpline Center compiled and shared three years of internal call data for all counties in the Black Hills. Regional Health staff shared insights on their then-embargoed 2018 Community Health Needs Assessment. Staff from CASA, Catholic Social Services, Sanford Lab, and the South Dakota Department of Health also sent along data that strengthened this report and its findings.

Lastly, we thank each and every one of the community conversation participants and the organizations they represent. Their honesty and openness gave their community a voice and their insights laid the primary foundation for this work.

# EXECUTIVE SUMMARY

## INTRODUCTION

Clear goals and strategies are necessary for success but do not guarantee it. Success also requires that organizations identify “the right” mission-guided goals and then develop strategies to achieve them. The United Way of the Black Hills (UWBH) understands this need and asked the Black Hills Knowledge Network (BHKN) to conduct a needs assessment. The purpose of this assessment was twofold: 1) gather meaningful community-level input about community needs across UWBH’s service area, and 2) aggregate trends and patterns of community needs across the Black Hills region. This report will assist UWBH’s Boards of Directors strategic planning efforts as they develop goals (program intent) and strategies (resource allocations).

## THE NEEDS ASSESSMENT PROCESS

This needs assessment employed a community conversations methodology. The community conversations method generates valuable insights by inviting community partners to react to collected data and participate in the needs assessment process. BHKN facilitated these meetings and evaluated their outcomes with a goal of finding commonalities across communities. By analyzing the community conversations for regional trends, this report identified a set of shared community needs that are both pressing and shared. Of course, individual communities faced unique situations and had unique needs, in these cases the report discusses important community-level context — for example, the need for ESL classes in Hill City —, but this report deals mainly with shared needs.

The first step in the process was to collect data from state and federal sources — e.g. population demographics, employment trends, health outcomes, and others. BHKN summarized and presented this information to participants at the beginning of each community conversation meeting so that participants had a common understanding of conditions in their communities.

The second step in the process involved hearing directly from the communities themselves. BHKN led meeting participants through two different activities that allowed participants to speak with each other and identify their communities’ needs as they saw them. The first activity was a group ranking exercise that encouraged meeting participants to discuss what they felt their communities most pressing needs were. The second activity was an individual exercise where participants were asked to allocate \$100 to the areas of greatest need in their community.

## PRIORITY AREAS

Seven priority areas emerged from our analysis, detailed more fully in Section 2, each encompassing a number of community needs. They are as follows:

- **Mental Health**
  - Local Mental Health Care Providers
  - Affordable Mental Health Care Providers
  - Diverse Mental Health Care Providers
  - Awareness of Mental Health Benefits
- **Substance and Alcohol Abuse**
  - Diverse Treatment Services
  - Prevention and Awareness Programs
- **Birth-to-five Childcare Services**
  - Affordable Childcare Options
  - Quality Early Childhood Education
- **Food Security**
  - Access to Affordable, Healthy Food
  - Access to Diverse Emergency Food Programs
- **Home and Family Life**
  - Child Abuse and Neglect Treatment and Support Services
  - Domestic Violence Education and Support Services
- **Housing**
  - Affordable Housing Stock
  - Access to Housing Assistance Programs
  - Emergency Housing
- **Economic Opportunities**
  - Better Paying Jobs/Employment Opportunities
  - Job Training

## CONCLUSIONS

Many Black Hills communities, regardless of their geography, struggle to meet similar mental and physical needs of their residents. Importantly, many of the needs identified by this report relate to the causes of community hardship rather than the symptoms. Communities discussed the ways in which mental health, substance abuse, and unstable family situations contributed to issues in education, employment, and health. Many groups also discussed how the low-wage economy affected household budgets for housing, food, and childcare in a region where these goods and services are already costly.

Communities emphasized how difficult it was to prioritize focus areas due to how interrelated the areas were. This illuminates the need for a systems approach to addressing community needs across the region. UWBH should consider how its funding and backbone functions can support programs that are committed to these types of approaches.



# 1 INTRODUCTION

The United Way of the Black Hills (UWBH) serves eleven communities throughout the Black Hills region including: Rapid City, Sturgis, Deadwood, Lead, Spearfish, Belle Fourche, Keystone, Hill City, Custer, Hot Springs, and Edgemont as well as the outlying populations in Butte, Custer, Fall River, Lawrence, Meade and Pennington Counties.

UWBH maintains three primary focus areas: education, financial stability, and health. Each community currently addresses UWBH’s focus areas in different ways according to its own unique situation and priorities. There may, as a result, be opportunities for increased collaboration and learning across communities. This needs assessment will help UWBH identify such opportunities.

The first step in identifying future opportunities was to gather community-level input about community needs across UWBH’s service area. The second step was to aggregate the community-level data and analyze any trends or patterns across the Black Hills region. By analyzing and determining region-wide trends, this report summarizes the community needs shared by the cities and counties in the region. In some cases, individual communities face unique situations and have unique needs, in these cases the report discusses important community-level context — for example, the need for ESL classes in Hill City.

The remainder of this report provides a synthesis of the community conversations and external data collected by BHKM and the methods by which we prioritized focus areas. Section 2 discusses the report’s methodology and design. Section 3 discusses UWBH’s service area and a few key demographic and societal trends that tie the region together. Section 4 reports the primary community needs that UWBH should be aware of based on the data collected during the community conversations as well as supporting external data. Finally, Section 5 provides some concluding thoughts on the lessons learned during the needs assessment process.

# 2 METHODOLOGY

As introduced above, this needs assessment has two purposes. First, to gain insights into community needs within UWBH’s service area, and second, to assess any trends and commonalities that may exist across communities. Previous UWBH community needs assessments from 2001, 2006, and 2011 used a survey-focused methodology. These previous assessments based their conclusions on data garnered from paper surveys mailed to a sample of area addresses and web-based questionnaires. Previous needs assessments did not include external, secondary data.

This needs assessment, in contrast, employed a community conversations methodology used successfully in a number of United Way organizations including the United Way of Bucks County, Pennsylvania

**Table 1: UWBH Community Meetings**

<b>Community</b>	<b>Meeting Location</b>	<b>Participants</b>
Belle Fourche	Belle Fourche Economic Development	15
Lead/Deadwood	First Gold Hotel	13
Sturgis	Regional Health Sturgis Hospital	21
Spearfish	Spearfish Holiday Inn	24
Hill City/Keystone	Hill City Super 8	11
Hot Springs/Edgemont	Hot Springs Ambulance Services Building	11
Custer	Custer Senior Center	11
Rapid City 1	West River Electric	18
Rapid City 2	West River Electric	31
Rapid City 3	West River Electric	24
Rapid City 4	West River Electric	21

and the United Way of Greater Portland. The community conversations methodology generates valuable insights and helps develop strategies by inviting community partners to react to collected data and participate in conversations held in their own communities. BHKM implemented this methodology in two phases beginning with collecting data from national and state secondary sources. The second phase involved collecting primary data on community needs through community conversations.

## **2.1 SECONDARY DATA COLLECTION**

Both BHKM and UWBH wanted to ground the community conversations in an understanding of the larger economic and social conditions of the region. To satisfy this concern, BHKM gathered data and statistics from federal, state, and local sources on the eleven communities served by UWBH. BHKM collected these data at the community level when possible, but data availability issues at the community level meant that much of the secondary data reported on conditions at the county level. BHKM then prepared a series of infographics to summarize the collected data in a clear and engaging matter to share with participants during community conversations.

## **2.2 PRIMARY DATA COLLECTION**

The community conversations methodology is built upon the collection of primary “boots-on-the-ground” data regarding community needs from service providers and community residents. Primary data collection was therefore the key to this report and supports its findings. BHKM and UWBH collaborated to develop an effective strategy for structuring community meetings and collecting attendee insights.

BHKM and UWBH arranged meetings with United Way stakeholders and grantees in Belle Fourche, Custer, Hill City/Keystone, Hot Springs/Edgemont, Deadwood/Lead, Rapid City, Spearfish, and Sturgis. Table 1, above, provides a summary of meeting locations and the number of participants at each community conversation meeting. In total, 160 persons representing 114 organizations participated in the community meetings. Some persons attended multiple meetings. See Section 7.1 in the Appendix for a complete list of participating organizations.

BHKN began each meeting by sharing and discussing the community- and county-level data we had gathered prior to the community meetings. Beginning the meetings with a discussion of current conditions and recent trends helped to create the common understanding necessary for identifying and prioritizing community needs. After sharing and discussing secondary data, BHKN led participants through group and individual activities. These activities generated the primary data used in this report and are discussed below.

### **2.2.1 GROUP RANKING ACTIVITY**

After the data discussion, BHKN separated meeting participants into several groups. In cases where multiple attendees represented the same organization, BHKN separated these individuals to ensure groups represented a diverse set of interests and backgrounds. Each group was given an identical form and asked to collectively determine a top-ten list of community needs. The top-ten activity asked the group to identify a community need, rank its importance, and indicate if the issue was one of access or availability. For example, a community might identify Birth-to-five Childcare Services as an important community need. BHKN asked the group to indicate if the needs stemmed from a lack of such services in their community (i.e. availability issue), or if the services existed but parents were unable to afford them (i.e. an access issue).

Importantly, BHKN encouraged groups to base their discussions on the data discussed at the beginning of the meeting, and further stressed that attendees should not act as advocates of their organizations but as advocates for their communities.

Finally, BHKN asked the groups to further specify their top-three needs in greater detail. The top-three activity asked groups to explain their reasoning behind their ranking and to identify current efforts and programs aimed at meeting the community's needs in that area. BHKN then asked groups to share their top-three needs aloud with the other groups so all participants would have a better understanding of how others in their communities felt about issues facing the community.

### **2.2.2 INDIVIDUAL FUNDING ALLOCATION ACTIVITY**

After completing the group activity, BHKN led the participants through an individual activity. The individual activity was meant to ensure that individual perspectives were not stifled during the group activity. Each participant was asked to allocate one hundred theoretical dollars across a set of potential community needs. BHKN aggregated and analyzed these data and compared them with the group data to assess the extent to which individual perspectives differed from the group rankings. Table 2, on the following page, reveals that there was a high degree of similarity between group and individual rankings. See Section 7.3 of the Appendix for sample handouts.

## **2.3 COMMUNITY NEEDS PRIORITIZATION**

BHKN analyzed the community conversations data it collected in a number of ways. First, BHKN developed a coding system with 14 thematic priority areas. The thematic coding system took the detailed qualitative data from group activity and the quantitative data from the individual activity and produced a ranking of community needs across the 14 broad priority areas. Table 2, at the top of the following page, shares these results.

Table 2: Combined Data for Groups and Individuals

Focus Area	Group Activity					Individual Activity		
	Overall Rank	Times Top 10	Percent Top 10	Times Top 3	Percent Top 3	Overall Rank	Dollars Allocated	Percent of Total
Mental Health	1	39	91%	28	65%	3	\$2,242	14%
Substance & Alcohol Abuse	2	39	91%	26	60%	1	\$2,527	15%
Housing	3	39	91%	25	58%	4	\$2,107	13%
Birth to 5 Childcare Services	4	32	74%	11	26%	2	\$2,248	14%
Economy	5	31	72%	14	33%	5	\$1,472	9%
Food Security	6	30	70%	6	14%	8	\$995	6%
Family Life	7	25	58%	7	16%	7	\$1,130	7%
Transportation	8	26	60%	3	7%	9	\$617	4%
Education	9	23	53%	3	7%	6	\$1,459	9%
Aging Population	10	21	49%	2	5%	12	\$345	2%
Social Services	11	20	47%	3	7%	13	\$331	2%
Health	12	17	40%	0	0%	11	\$370	2%
Finances	13	12	28%	1	2%	10	\$377	2%
Discrimination/Racial Tension	14	2	5%	0	0%	--	--	--
Disability Services	15	2	5%	0	0%	14	\$93	1%

Looking first to the group activity, Table 2 reports an overall rank for each priority area based on the number of times a need was listed in a top-ten or top-three list. Table 2 also shows a similar overall rank for the individual activity based on the number of dollars allocated to each thematic priority area. The top seven priorities areas were the same across both the group and individual activities, with only slight difference which are discussed below.

The priority rankings summarized by Table 2 were also very similar all communities. In other words, when asked to identify the most pressing issues facing their communities, participants from different organizations, backgrounds, and communities identified a similar set of priorities. This needs assessment therefore identified seven key priority areas that affected all communities served by UWBH. In no particular order, the priority need areas were: Mental Health, Substance/Alcohol Abuse, Housing, Early Childhood Education/Childcare, the Economy, Food Security, and Family Life. Secondary data validated these seven priority areas.

Roughly 90% of the needs assessment groups, 39 out of 43 groups, listed Mental Health as a key community concern, 28 ranked it in their top 3. Moreover, Mental Health ranked 3 in the individual funding allocation activity, where 14% of total dollars were allocated to this priority area.

Every community save Lead-Deadwood listed substance and alcohol abuse as a key community issue. 39 of the 43 groups listed at least one component of substance and alcohol abuse in their top 10, with 26 groups listing components in the top 3. The individual activity ranked this the top priority with 15% of allocated dollars going towards substance and alcohol abuse.

Birth-to-five childcare services, encompassing both early childhood education and affordable childcare, was a key community need for 32 of 43 groups (72%). Birth-to-five childcare services was also ranked as a top-3 need by 11 groups. Early childhood education differs from affordable childcare in that the former is a curriculum and evidence-based approach to birth-to-five education while the latter

simply refers to the monetary costs of childcare, regardless of whether the childcare contains an educational component. Birth-to-five Childcare was the 2<sup>nd</sup> most highly ranked priority in the individual activity, receiving 14% of allocated dollars.

30 community groups listed Food Security as a key community issue, 6 of whom listed it as a top 3 concern. Many communities felt that the combination of low wages and high costs of living left only a small margin for food purchases.

Groups in all communities also shared concerns related to the stability of home lives in their area. Groups identified the need to address child abuse and neglect and domestic violence as key community issues. 15 groups representing all communities except Sturgis listed Child Abuse and Neglect as a key issue. 14 groups listed domestic violence as a key issue.

Housing arose as a key community need in each community meeting. 39 of the 43 groups identified some facet of housing in their top 10 community need list, 25 ranked it in their top 3. Housing was the 4<sup>th</sup> most popular individual allocation category where it was awarded 13% of allocated dollars.

The community input sessions also revealed a region-wide perception that many community needs stemmed from an overall lack of economic opportunity. Of the 43 groups that participated, 31 (72%) cited the economy as a key community issue and 14 listed economic issues amongst their top-3 priorities. Participating groups specifically identified the large number of low-paying and seasonal jobs as a barrier could potentially be overcome with further workforce. Individual responses tended to support the need for improved economic conditions and 9% of all individual dollars were allocated to this area.

Though the above areas were most commonly referenced, groups also shared that there were needs in the following areas:

- Education
- Transportation
- Racial Discrimination/Tension
- Aging Population
- Health Care
- Social Services
- Financial Services
- Disability Services

Some might question why transportation and education were not included in the list of key priority areas. With respect to transportation, it was often mentioned in connection to other community needs and rarely on its own. For example, urban Rapid City residents discussed the need for expanded public transportation to improve access to food and work opportunities. Rural counties mentioned the need for transportation as it related to aging populations and access to healthcare. In other words, transportation issues were often part of the access issues we saw with other need areas and would be better addressed alongside the other priority areas rather than on their own.

Similarly, education did not emerge as a priority need area for most community groups, even though education did rank 6<sup>th</sup> according to individual funding allocation. Once again, much of the discussion regarding education focused on barriers to education, rather than critiques of the education system

itself. Participants recognized that education supports positive lifetime outcomes for individuals and their communities. The community conversations revealed, however, that participants were more concerned with the ways in which underlying community needs (i.e. mental health, home stability, substance abuse) affected student achievement, educational attainment, and success in life than with standardized test scores.

Education remains a key priority for the national United Way organization, and it was that educators and community members wanted educational programs to help students and families realize their educational goals. In funding and promoting educational programs, UWBH should consider supporting initiatives that seek to enrich preschool, K-12, and post-secondary opportunities by removing barriers that fall within the key priority areas introduced above.

## **2.4 DATA CONSIDERATIONS**

Two important data limitations should be considered regarding the findings of this report. First, BHKN structured the community conversations around service providers as opposed to provider clients. As a result, this report's insights into community needs are largely based on what was learned from organizations and service providers rather than those being served. The provider focus may skew the impression of community needs away from a first-person experience of need, but the provider focus has its strengths. Providers often have longer-term perspectives and their insights are informed by years of experience and learning. Additionally, service providers, through their institutional knowledge and experience, have aggregated and internalized many years of observational data that would not be available through a more client-oriented methodology.

The second data consideration that should be recognized stems from the rural nature of much of UWBH's service area. Secondary data potentially suffer from availability and reliability issues given the smaller populations in the region. Much of the secondary American Community Survey (ACS) Census data used in this report lag by one to two years and are constructed from 5-year averages. Additionally, economic data from the Bureau of Labor Statistics (BLS) are only available at the county level which may obscure community-level dynamics. Many health indicators suffer from similar issues. In response to these limitations, BHKN supplemented national data with that of local organizations such as Regional Health and the 211 Helpline.

## 3 UNDERSTANDING THE UWBH SERVICE AREA

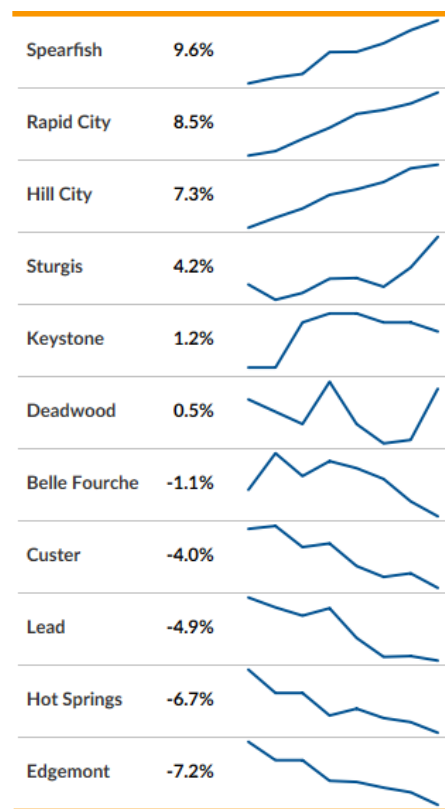
UWBH serves eleven communities throughout the Black Hills region — a geography encompassing nearly 3,000 square miles — including: Rapid City, Sturgis, Deadwood, Lead, Spearfish, Belle Fourche, Keystone, Hill City, Custer, Hot Springs, and Edgemont. Each community in UWBH’s service area has a unique history and faces its own challenges, but these communities also share strong regional ties and some common problems. This section provides an overview of key population indicators that demonstrate the many commonalities and even a few differences.

### 3.1 POPULATION TRENDS

Population data from the US Census showed a pronounced difference in growth trends amongst the communities in UWBH’s service region. The northern and central Black Hills experienced modest to strong population growth, while the southern Black Hills saw its populations decline in recent years. Figure 1 shows that Spearfish, Rapid City, Hill City, and Sturgis all saw strong population growth between 2010 and 2017.[1] Figure 1 also shows that Keystone, Deadwood and Belle Fourche had relatively stable populations that fluctuated over the 2010–17 period but ended relatively close to where they began. Conversely, Custer, Lead, Hot Springs, and Edgemont experienced population.

Table 3, on the following page, shows that Rapid City and Spearfish were the largest population centers in the region estimated 2017 populations of 74,421 and 11,609 respectively. The population growth in Rapid City and Spearfish was therefore not surprising as both communities were major hubs for employment and education. Population growth in Rapid City and Spearfish, because of the education and employment opportunities, was more balanced across all age groups with strong growth in youth populations. Population growth in Hill City and Sturgis was mostly due to increased migration to the region by older adults and retirees, which was indicative of a larger trend taking place across the region.

Figure 1: Population Growth (2010-2017)



Source: US Census Bureau 2017 Population Estimates

Table 3: Population Estimates

City or County	2010	2017	Percent Change
Spearfish	10,591	11,609	9.6%
Rapid City	68,620	74,421	8.5%
Hill City	939	1,008	7.3%
Sturgis	6,630	6,908	4.2%
Keystone	335	339	1.2%
Deadwood	1,298	1,304	0.5%
Belle Fourche	5,617	5,553	-1.1%
Custer	2,013	1,932	-4.0%
Lead	3,131	2,978	-4.9%
Hot Springs	3,709	3,460	-6.7%
Edgemont	766	711	-7.2%

Source: 2017 Census Population Estimates

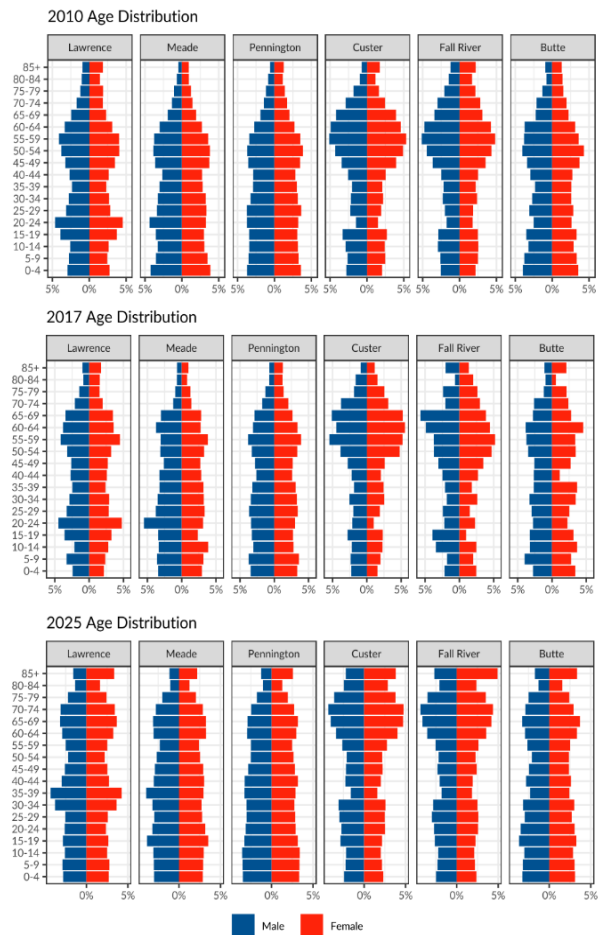
### 3.2 AGING TRENDS

Of the many demographic and economic trends that link UWBH communities, the aging trend is perhaps the most salient. Communities across the region are getting older, with the possible exceptions of Spearfish and, to a lesser extent, Rapid City. The aging trend has been ongoing for a number of years and shows little sign of slowing in the near term.

Figure 2 displays a series of population pyramids for each county in UWBH’s service region and summarizes the regional aging trend. The top row of Figure 2 summarizes county level age distributions in 2010, the second row reports on age distributions in 2017, and the bottom row shows the projected age distribution in 2025. The population pyramid gets its name from its shape when a population has a healthy age distribution, i.e. when the youth population is larger than the older adult population. Many Black Hills counties have top-heavy pyramids indicating the older-adult population out numbers the youth population.

Much of rural America is aging and the rural populations of South Dakota are no exception. South Dakota had the seventh largest rural

Figure 2: County Population Pyramids





population aged 65 or older in 2016, as a percentage of the overall population.[2] The Black Hills region is aging faster than the state as a whole. A primary driver of the regional trend, relative to the rest of rural South Dakota, is the regions ability to attract retirees. Being an attractive retirement destination can be beneficial as it draws wealth to the region, but it can also drive up housing costs for entry level home buyers. The aging trend can also drive a need for a particular set of services targeting older adults, which was identified as a community need during community conversations, but was not identified as a primary focus area.

### **3.3 RACIAL COMPOSITION**

The racial and ethnic makeup of the population was another area of commonality across the region. Non-Hispanic whites made up the majority of the Black Hills population, typically comprising between eighty and ninety percent of the population in each community studied, according to recent Census data. Nevertheless, community meetings and external data revealed unique situations that demonstrated the need for culturally responsive services and service providers.

Rapid City, Hill City, Hot Springs, and Keystone were the most racially and ethnically diverse communities. The largest minority populations in the region were American Indian followed by Hispanic and then Asian. American Indians represented approximately 12% Rapid City’s population, according to 2017 5-Year ACS estimates. Braunstein and Schatz (2015) found that American Indians could represent as much as 26% of the Rapid City population, however.[3] Hill City, Hot Springs, and Keystone also had large American Indian populations.

Hill City, Hot Springs, and Keystone also had larger than average Hispanic populations, primarily due to seasonal work in the tourism and forestry industries. These communities may, therefore, have greater need for specialized educational opportunities, such as Spanish language instruction or intensive English as a second language classes.

### **3.4 COMMUTING PATTERNS**

Before moving on to the discussion of community needs, a final note on regional integration will provide valuable context. The communities served by UWBH are parts of a regional community and economy. Many residents understand this fact, but the depth of regional integration was surprising to many meeting participants.

Thousands of area residents live in one community but work in another, according to Census data. Rapid City and Spearfish, in particular, are major employment centers that draw in workers from across the region. For example, there were an estimated 45,456 primary jobs in Rapid City during 2015, approximately 20,594 (45%) of these jobs were filled by persons living outside of Rapid City in places like Spearfish, Sturgis, and as far away as Edgemont.[4] In Custer, only about one in four jobs during 2015 was filled by someone living within the Custer city limits. The remaining three in four local jobs were filled by persons living outside of Custer. As a result, it was unsurprising that many communities identified similar needs given the extent to which residents work in different communities than they live.

## 4 PRIORITY AREAS

This community needs assessment found that many Black Hills communities share a great deal in common and face similar needs. These similarities were visible when looking at the information gathered during the community conversations and also when exploring data from the federal, state, and local sources. Using all of these data, BHKN identified seven priority areas that were common to all UWBH communities.

Priority Areas
Mental Health
Substance and Alcohol Abuse
Birth-to-five Childcare Services
Food Security
Home and Family Life
Housing
Economic Opportunities

The information gathered during the community conversations showed that the above priority areas were the most pressing issues facing the region. Meeting participants also recognized that the above priority areas were interconnected and represented fundamental needs rather than symptoms of deeper needs.

Many meeting participants shared deeply insightful comments regarding the tradeoffs surrounding a fundamental needs focus versus symptoms focus. For example, few groups rated Education (as measured by poor student achievement on standardized test) as a high priority. Meeting participants shared that they felt educational outcomes were powerfully impacted by deeper issues surrounding mental health, substance abuse, and family life issues. Participants therefore reasoned that progress on deeper issues such as mental health and substance abuse could improve education outcomes but the reverse was less likely. Moreover, respondents expressed the importance of collaboration and coordination in addressing these root causes of community need, rather than the symptoms.

The remainder of this section provides further discussion of community needs within these priority areas. We discuss each need in turn and provides a detailed summary of all relevant information and data gathered during the needs assessment process.

### 4.1 MENTAL HEALTH

The need for mental health care services emerged as an important priority during the group activity for all but one of the communities in the study (Edgemont/Hot Springs). Though not officially ranked by Edgemont/Hot Springs, many meeting attendees mentioned mental health as a key component of other issues such as substance abuse and violence in the home.

**Table 4: 211 Calls Regarding Mental Health<sup>1</sup>**

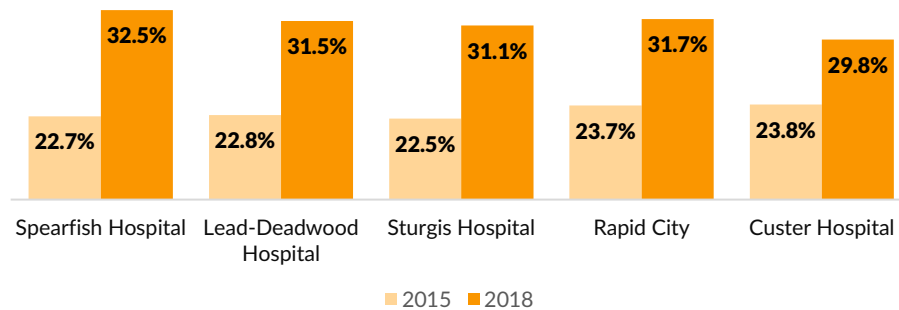
County	Calls for service	Share of county total
Pennington	448	5.2%
Lawrence	40	5.9%
Meade	26	4.1%
Butte	18	4.6%
Custer	15	7.0%
Fall River	8	4.9%

<sup>1</sup> Does not include calls to report suicide or for suicide prevention.

Groups frequently mentioned that mental health was the lynchpin for individual and community well-being. Mental health was cited as a key contributor to substance and alcohol abuse, violence in the home, and issues in the education and work spheres. One group summarized the importance of addressing mental health as follows, “mental health issues cause ripple effects, [they] can prevent those suffering from working, can lead to substance abuse, [and are] pervasive across time, age, and [other] areas of life”. Another group shared that mental health issues, “may be the number one contributor to other issues such as substance abuse, addiction, crime, homelessness, [and] physical abuse”.

BHKN found a number of external data sources including 211 Helpline Center, local Community Health Needs Assessments, and the SD Department of Health (SDDOH) which supported the statement of need for expanded mental health services. Table 4, above, shows the number of calls from each county to 211 regarding mental health issues. Mental Health calls to 211 include those looking for counseling services, mental health evaluations, support groups, and transitional mental health services.

**Figure 3: Clients Reporting Symptoms of Chronic Depression**



Regional Health’s 2018 Community Health Needs Assessment also showed an increasing need for mental health services along a number of dimensions. First, 70% percent of respondents perceived mental health as a major community problem, up from 58% in 2015.[5] Psychoses — mental conditions where there has been some loss of contact with reality — was the most common reason for inpatient hospital admissions to Regional Health in 2018, with 1,526 admissions. Depression was the 5<sup>th</sup> most common reason with 287 admissions.[6] Moreover, Figure 3 shows that every community surveyed saw a significant rise in reported depression symptoms. Only a fraction of these patients had been clinically diagnosed with depression, however, meaning that many are without consistent care or awareness of how to best treat their condition.

**Table 5: Suicides Rates per 100,000 Residents**

<b>County</b>	<b>Suicide Rate<sup>1</sup></b>	<b>Total Deaths<sup>2</sup></b>	<b>Ranked Cause of Death<sup>1</sup></b>
Fall River	25.8	10	8
Meade	22.9	30	6
Butte	20.6	9	8
Custer	19.3	11	8
Lawrence	17.6	19	10
Pennington	17.4	98	8

<sup>1</sup> Average for the years 2004–2015 Source: South Dakota Department of Health. 2017 Suicide Surveillance Report

<sup>2</sup> Total for the period 2012–2016 Source: SD Department of Health, 2017 Health Status by County

Perhaps more indicative of the need for mental health services was the increase in the number of suicides in recent years. South Dakota had the 14th highest suicide rate in the United States with 16.7 suicides per 100,000 persons compared to the US average of 12.9, according to SDDOH.[7] Table 5 additionally reports that all six Black Hills counties had higher suicide rates than the state average. Between 2012 and 2016, suicide was the 6<sup>th</sup> leading cause of death for residents in Meade County, the 8<sup>th</sup> leading cause in Fall River, Meade, Butte, Custer, and Pennington Counties, and the 10<sup>th</sup> leading cause for Lawrence County.[8]

BHKN also asked participants for clarification regarding specific need areas within the larger focus area during primary data collection. The remainder of this section discusses key need areas identified through the community conversations meetings within the context of mental health.

#### **4.1.1 LOCAL MENTAL HEALTH CARE PROVIDERS**

Though some Black Hills communities have a higher proportion of providers to residents, the entire region lacks the sufficient number mental health care providers required to meet the needs of their communities. Table 6, on the following page, reports the number of mental health care providers in each county served by UWBH as well as the ratio of providers to the county's population. For example, Butte County had four recognized mental health care providers, and there was one provider for every 2,551 Butte County residents in 2017. All UWBH counties save Fall River and Pennington had lower resident to mental health care provider ratios than the state as a whole indicating that access to services was an acute issue across the region.

In reality, access and availability are likely worse than Table 6 indicates because the ratio of providers to the population does not account for any eligibility restrictions a client may face when trying to access services. Fall River County, for example, has a much more favorable ratio of providers to residents than the similarly sized Custer County. Many providers in Fall River are associated with the Veterans Hospital, though, and only serve patients who are veterans or active duty military personnel. Therefore, members of the general public have access to a smaller pool of service providers.

Moreover, rural populations have access to fewer mental health care providers with even fewer types of care. Therefore, it is likely that urban areas with already over-taxed mental health resources are also serving the needs of neighboring rural counties and communities, placing even greater strain on service providers in more urban areas.

**Table 6: Availability of Mental Health Services**

<b>Location</b>	<b>Number of Providers</b>	<b>Provider to Population Ratio</b>
Butte	4	1:2551
Custer	4	1:2149
Meade	41	1:675
Lawrence	40	1:632
Pennington	288	1:380
Fall River	35	1:196
South Dakota	1419	1:610
United States	--	1:470

Source: Centers for Medicaid and Medicare National Mental Health Provider Identification Database

#### **4.1.2 AFFORDABLE MENTAL HEALTH CARE PROVIDERS**

Affordability of mental health care arose as another key barrier for communities. Mental health care is unaffordable in many communities where many households had incomes of less than \$25,000 per year, and where many jobs that did not provide health benefits (see Section 4.6 which discusses economic issues facing UWBH communities). Service providers also shared that many providers did not accept Medicare/Medicaid. As a result, many of the most vulnerable community members — e.g. those in poverty and the elderly — were less likely to have access to the care they needed.

#### **4.1.3 DIVERSE MENTAL HEALTH CARE PROVIDERS**

Many groups also shared the need for more diverse care offerings including long-term, emergent, and family care. Western South Dakota lacks any long-term mental health care facilities. The nearest long-term facility is in Yankton, SD, which was hundreds of miles away from potential west-river patients and was already at capacity in 2018. Groups also voiced concerns over a lack of inpatient and residential services within their communities.

Finally, community groups cited a lack of mental health care for emergent situations, especially when law enforcement or emergency room care is involved, as key priority. In 2017, Regional Health, announced that its behavioral health center, the only such institution in western South Dakota, would no longer accept emergency room referrals for “patients who have neurodevelopmental/cognitive disorders such as dementia, Alzheimer’s disease, or Autism Spectrum Disorder”. [9] Such patients would be referred to the Pennington County Sheriff’s office to be placed on an involuntary mental hold in the Pennington County Jail. [10] The Pennington County Sheriff’s office refused to use county jail cells for mental holds and instead became more actively involved in discussions focused on identifying solutions regarding emergent mental health care in the region.

#### **4.1.4 AWARENESS OF MENTAL HEALTH BENEFITS AND SERVICES**

Many communities identified the need to better educate and inform their residents about available mental health services and the potential benefits of such services. One group shared, “there may still be a stigma about the need where mental health is concerned. Between this potential mentality and the lack of available resources, we perceive this to be a huge concern for [our community]”. Groups

across the Black Hills shared that many in their communities were opposed to reaching out for mental health services, especially counseling, and that this contributed to a regional stigmatization of mental health discussions.

As a final note on mental health issues in the region, readers should be aware that the Helmsley Charitable Trust has funded and commissioned an analysis of mental health care in western South Dakota in 2019. The study will focus on identifying the gaps in care for people living with serious mental illness and/or substance abuse and addiction disorders in Pennington County.[11] This report will likely provide more expansive information on community needs regarding Mental Health but was not available at the time of this document’s publication.

## **4.2 SUBSTANCE AND ALCOHOL ABUSE**

Another key priority area identified during community conversations was substance and alcohol abuse. Every community save Lead-Deadwood listed substance and alcohol abuse as a key community issue. Though it was not discussed in Lead-Deadwood, data from secondary sources indicates that substance and alcohol abuse was a priority for all areas served by UWBH including Lead-Deadwood.

As with the mental health focus area, many groups felt that substance and alcohol abuse contributed to other societal struggles in their communities. One group summarized this sentiment by stating, “[s]ubstance use and abuse impacts a wide range of ages in our community. With the lack of available services these issues spill over into domestic abuse, child abuse and neglect, employment, food security and many other issues.” Another group shared that substance and alcohol abuse, “[e]ncompasses the entire county along with issues that derive from [substance and alcohol abuse], such as job loss, neglect, mental health.”

Data from Regional Health echoed the communities’ concerns about the impacts of substance and alcohol abuse on the family. Regional Health’s 2018 Community Health Needs Assessment reported that 38% of surveyed Regional Health clientele shared that their lives had been negatively affected by their own or someone else’s substance abuse.

Table 7, on the following page, summarizes data from Regional Health’s most recent needs assessment which shows that both drinking and illicit drug use increased in almost every Black Hills community from 2015 to 2018. In contrast, the national trend over the same period showed a decrease in substance and alcohol use. Nearly 20% of respondents in the Rapid City area admitted to excessive drinking. Similar trends were observed in the Sturgis, Lead-Deadwood, and Spearfish areas. Excessive drinking was more prevalent among men and residents in upper-income households. Illicit drug use hovered between 2% and 3% of respondents for the Regional Health Survey. All Counties saw a statistically significant increase in reported use of illicit drugs.

**Table 7: Alcohol and Drug Admission Rates to Regional Health Facilities**

Site Location	Excessive Drinking			Illicit Drug Use		
	2015	2018	Change	2015	2018	Change
Rapid City <sup>1</sup>	14.4%	19.7%	5.3%	1.2%	2.9%	1.7%
Sturgis Hospital	15.7%	21.0%	5.3%	1.4%	3.1%	1.7%
Lead-Deadwood Hospital	16.3%	21.4%	5.1%	1.1%	2.7%	1.6%
Spearfish Hospital	16.4%	21.2%	4.8%	1.4%	2.8%	1.4%
Custer Hospital	17.9%	16.6%	-1.3%	1.5%	2.6%	1.1%
United States	23.2%	22.5%	-0.7%	4.0%	2.5%	-1.5%

Source: Regional Health 2018 Community Needs Assessment

<sup>1</sup> Includes Rapid City Hospital, Same Day Surgery Center, and Advanced Orthopedic Hospital

Methamphetamine was the most consistently discussed illicit drug during the community conversations, followed by alcohol. Groups pointed to the drugs highly addictive nature, relative availability, and rising usage rates as key reasons for their concern. Many agencies and schools also voiced concerns about meth-exposed pregnancies and children who live in houses where meth is made. Unfortunately, little secondary data about methamphetamine use and abuse was available to inform group discussion. As a result, several groups voiced the need for local and regional resources to track usage rates and provide information regarding prevention programs.

**Table 8: Opiate prescription rates per 100 Persons**

Location	2008	2017
Fall River	53.4	82.4
Lawrence	76.5	70.2
Pennington	85.4	65.1
Custer	56.7	33.9
Butte	17.2	25.8
Meade	17.1	12.9
South Dakota	52.1	49.0

Source: Centers for Disease Control.

Prescription opiates were identified using the National Drug Code for prescription dispensed at a retail pharmacy and paid for by commercial insurance, Medicaid, Medicare, or cash or its equivalent.

Another area of interest was prescription drug abuse, particularly with respect to opioids. Table 8 reports statistics on opiate prescription rates from the CDC and shows that several area counties had higher prescription rates than the state average in both 2008 and 2017. For every 100 persons in Fall River County, 82.4 opiate prescriptions were issued in 2017. Lawrence and Pennington County rates were 70.1 and 65.1 respectively. Though alarming, rates fell dramatically from 2008 to 2017 in every county except Fall River.

By contrast, usage rates collected by Regional Health in Table 9 on the following page show that 19-21% of Regional Health patients reported using opioids in the past year. The disparity in the CDC and Regional Health data can be interpreted in numerous ways. First, patients could be receiving or filling more than one opioid prescription, therefore inflating the per person prescription rates collected by the CDC. Second, patients could be underreporting opioid use to Regional Health. Third, sampling methods employed by the CDC may be limited in the rural geographies of South Dakota which may

**Table 9: 2018 Reported Opiate Usage Rates within Last Year**

<b>Site Location</b>	<b>Share of Patients</b>
Custer Hospital	21.9%
Lead-Deadwood Hospital	20.2%
Sturgis Hospital	19.7%
Rapid City <sup>1</sup>	19.7%
Spearfish Hospital	19.3%
SD	19.3%

Source: Regional Health 2018 Community Needs Assessment

<sup>1</sup> Includes Rapid City Hospital, Same Day Surgery Center, and Advanced Orthopedic Hospital

skew their estimates. Regardless, more research regarding opiate use and abuse should be conducted to evaluate the danger posed by opiate prescription abuse in the Black Hills Region.

#### **4.2.1 DIVERSE TREATMENT SERVICES**

Much like calls for diverse mental health options, communities also identified similar needs for long-term and inpatient substance and alcohol abuse services. Communities also called for ongoing mental health support for clients struggling with substance and alcohol abuse as many shared that the two are inextricably linked. The currently underway Helmsley Charitable Trust study of mental health will likely reveal more information regarding gaps in service so UWBH should watch for additional data to be available in the near future.

Though efforts to address substance abuse have gained momentum in Rapid City with the Care Campus and One Heart, other communities struggle to find the resources to replicate these systems locally. Belle Fourche, Hill City, Hot Springs, Lead-Deadwood, and Spearfish all emphasized that their communities had no local treatment programs available for residents.

#### **4.2.2 PREVENTION AND AWARENESS**

Communities also shared interest in renewing support for prevention and awareness programs. Many felt that prevention programs did not adequately reach those in need of prevention messaging. Other groups shared that prevention programs could also bring further awareness to the effects of substance abuse on individuals, families, and the community.

Groups also emphasized the need for community awareness of the prevalence of substance abuse in communities. Some groups shared that their communities had “out of sight, out of mind” mentalities, meaning that community members not working in education or social services were not aware of substance abuse prevalence. Some believe this has undercut support for prevention and awareness programs as key stakeholders did not believe their community has a substance abuse problem.



Table 10: Availability of Licensed Childcare

County	Licensed facilities for			Total Licensed Providers	Approximate Licensed Slots <sup>1</sup>	Children under 5	Estimated Shortfall <sup>2</sup>
	1-12 children	13-20 children	21-50 children				
Butte	9	1	2	12	228	629	-401
Custer	1	0	1	4	62	328	-266
Fall River	2	0	2	5	124	315	-191
Meade	12	3	5	22	454	1722	-1268
Lawrence	4	0	5	12	298	1140	-842
Pennington	56	6	30	113	2292	7353	-5061

<sup>1</sup> Assumes all licensed facilities provide care for the maximum number of children and all are under 5.

<sup>2</sup> Estimated by subtracting the number of children under the age of five from the approximate number of licensed slots.

### 4.3 BIRTH-TO-FIVE CHILDCARE SERVICES

It is ever more common to see parents and caregivers working. The result is an ever-growing demand for third-party childcare services. Groups across the Black Hills identified the need for birth-to-five childcare and education services. Groups discussed the need for not only affordable basic childcare but also early childhood education. Early childhood education differs from affordable childcare in that the former is a curriculum and evidence-based approach to birth-to-five education while the latter refers to the costs of childcare, regardless of whether it contains an educational component.

South Dakota places few regulations on childcare providers. As a consequence, there are few data reporting on the availability and quality of childcare in the state. A South Dakota childcare facility may have up to 12 children in care before they are required to be registered with the state, the highest threshold in the US.[12] According to the SD Department of Social Services, “[t]here are [childcare] programs operating in the state that are not required to be regulated. They include: Unregistered family day care homes (up to 12 children in care), Informal or in-home childcare provider (care provided for only one family), and Relative childcare providers. As unregulated providers, there are no standards required to be met by these providers.”[13]

As summarized in Table 10, clear shortfalls of licensed or registered childcare providers emerged for every county. In each county the number of children aged zero to five is much larger than the number of available licensed childcare slots. Licensed facilities are therefore unable meet the childcare needs of their local communities. It is almost certainly true, however, that families and unlicensed facilities care for a large number of children and eliminate much of the estimated shortfall. Without any external information though, nothing can be said regarding the cost or quality of unregulated facilities.

An additional childcare complication related to the need for childcare where people worked rather than where they lived. Groups outside of Rapid City shared that the lack of childcare facilities in their communities forced families to drive their children into other communities with higher capacity, particularly Rapid City. It is increasingly likely that childcare facilities are now minding children from up to an hour’s drive away from the child’s home or parents place of work.

Overall, groups identified two key community needs within the birth-to-five services area: affordable childcare and programs focused on early childhood education.

**Table 11: Hourly Childcare Costs by Age of Child**

County	Under 3	Ages 3 to 5	6 and Over
Butte	\$2.50	\$2.50	\$2.50
Custer	\$2.50	\$2.50	\$2.50
Fall River	\$2.50	\$2.50	\$2.50
Lawrence	\$2.65	\$2.85	\$2.50
Meade	\$2.65	\$2.55	\$2.95
Pennington	\$2.75	\$2.75	\$2.80

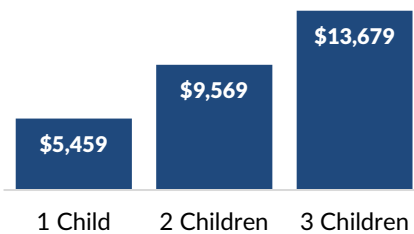
Source: SD Department of Social Services Childcare Workforce and Market Rate Report. Costs are rounded to the nearest \$0.05

**4.3.1 AFFORDABLE CHILDCARE OPTIONS**

Groups in every community expressed a need for an increased number of affordable childcare options. Each community brought forth anecdotal evidence regarding the high cost of childcare for all income groups. One group shared that affordable childcare was, “difficult to find, hard to afford for single parent households, and cost[s] as much as rent/mortgage”. Though some families qualify for reduced cost childcare, either through the Head Start Program, Youth and Family Services, or Rapid City Starting Strong, not all families are eligible for assistance. Furthermore, unlicensed childcare facilities, which likely comprise the majority of the regional childcare market, cannot receive public funds, thereby limiting their ability to subsidize care for the families they serve.

Data from the MIT Living Wage calculator, shown in Figure 4 and the SD Department of Social Services (DSS) provided some insight into regional childcare costs. The MIT Living Wage Calculator estimated the annual cost of childcare for one child in South Dakota at \$5,459, approximately \$454 per month.[14]

**Figure 4: Annual SD Childcare Costs**



Data collected from DSS, summarized in Table 11, showed similar costs and also provided county level insights. This data represents costs for the 75th percentile, meaning that for Butte County, 75% of providers charge \$2.50 or less per hour for a child under three while 25% charge more. According to this data, counties had similar hourly childcare costs with only slight price increases for the more populous counties.

Other key availability gaps included a need for birth to three childcare centers in smaller communities like Hill City where no such care exists, transportation options for families that may not have vehicles, and childcare availability during nontraditional work hours, for example working past 5:00PM or on weekends.

### 4.3.2 QUALITY EARLY CHILDHOOD EDUCATION

Groups also voiced needs for childcare providers who were committed to quality early childhood education. One group shared, “[w]hile there are many childcare providers, few are focused on quality early childhood education”. Currently, South Dakota does not enforce state standards for early childhood education, even for licensed providers. South Dakota is also one of only six of states that does not provide state-funded preschool. Many groups shared concerns that childcare providers did not adequately equip children to meet development milestones or prepare them to enter kindergarten.

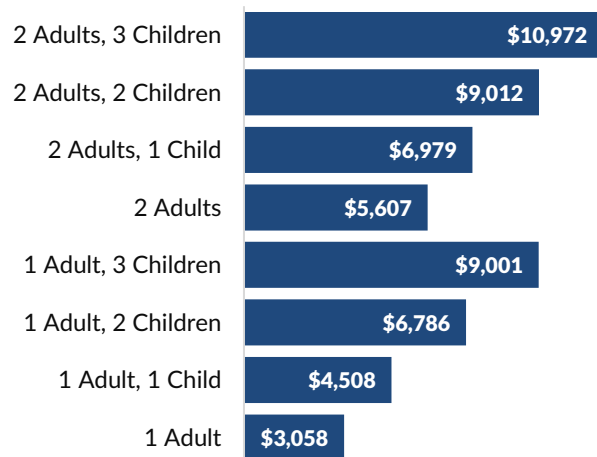
Elementary school providers echoed these concerns. Schools shared that many of the students in facilities without an early childhood development focus were less successful in their first years of school than their peers who participated in such programs. National research supports this claim. Studies show that foundational developmental gains occur from birth to three years old, therefore children greatly benefit by receiving education before kindergarten.[15] Children in developmentally focused childcare tend to fare better in kindergarten, first, and second grades than their peers.

## 4.4 FOOD SECURITY

Concerns regarding food security arose across the UWBH service area. Many communities felt that the combination of low wages and high costs of living left many burdened by food costs. Groups emphasized the importance of food security given its relationship to positive educational and employment outcomes. “If an individual is hungry, they are unable to fully function in school, work, and other [areas of life]. The worry about where food is could lead to so many more issues.”

Figure 5 reports on food costs in South Dakota from the MIT Living Wage Calculator. The MIT Living Wage Calculator estimates annual food costs according to the USDA’s low-cost food plan which assumes families select lower cost foods and that all meals (including snacks) are prepared in the home. [16] Annual food costs ranged from \$3,058 for a single adult to \$10,972 for a family of two adults and 3 children. Depending on the household income, these food costs could be a significant burden on many households in the region.

Figure 5: Annual Food Budget in South Dakota



### 4.4.1 ACCESS TO AFFORDABLE, HEALTHY FOOD

Communities shared that food, particularly healthy options, were not affordable for much of their residents. The Cost of Living index, compiled by the Council for Community and Economic Research,

**Table 12: 211 Calls for Emergency Food Assistance**

<b>County</b>	<b>Calls for service</b>	<b>Share of county total</b>
Pennington	1062	12.3%
Meade	58	9.2%
Fall River	12	7.4%
Custer	15	7.0%
Butte	26	6.7%
Lawrence	34	5.0%

validated perceptions of high food costs. South Dakota, particularly the Rapid City MSA area had higher food costs than much of the country. Of 306 cities surveyed in 2012 (the most recent data that included Rapid City), Rapid City had the 42<sup>nd</sup> highest food cost index and Pierre had the 62<sup>nd</sup> highest.[17] Cities that had higher food prices were almost exclusively comprised of cities within or in close proximity to major metropolitan areas (New York, San Francisco, Boston, San Diego) or the geographically isolated states of Alaska and Hawaii.

The foods analyzed for price variation further underscore how expensive healthy food was in the Rapid City area relative to the rest of the nation. The index included food prices for a variety of foods ranging from fruits and vegetables to pantry staples, almost all of which qualify as “healthy”. Notably, Rapid City ranked 16<sup>th</sup> most expensive for orange juice, 26<sup>th</sup> for bread, 35<sup>th</sup> for bananas, and 55<sup>th</sup> for coffee out of 306 cities.

**4.4.2 ACCESS TO DIVERSE EMERGENCY FOOD PROGRAMS**

Each of the UWBH communities called for more emergency food programs, particularly those aimed at underserved groups. Many communities have existing K-12, post-secondary education, and senior feeding programs, but lack programs that serve people no longer enrolled in an educational institute but are too young for senior programs.

Groups also shared that federal feeding programs have further exacerbated food security issues by introducing qualifications that exclude group homes from food program funding. According to UWBH area providers, 17 group homes in the Black Hills lost all funding for food in the past year.

Table 12 underscores the wider need for emergency food assistance using call records from 211 Help-line center. At least 5% of calls in each county were for emergency food assistance. Calls for food were most common in Pennington County where nearly one in every eight calls were for emergency food.

**4.5 HOME AND FAMILY LIFE**

Communities across the Black Hills shared growing concern for the home and family life stability of their residents. Groups frequently discussed how mental health, substance abuse, economic hardship,

**Table 13: 211 Calls for Crisis Intervention**

<b>County</b>	<b>Calls for service</b>	<b>Share of county total</b>
Fall River	36	22.1%
Lawrence	103	15.2%
Meade	84	13.4%
Butte	43	11.0%
Custer	18	8.4%
Pennington	657	7.6%

and other factors can influence or are influenced by a child or adult’s home life. Calls for crisis intervention received by the 211 Helpline and compiled in Table 13 on the following page, demonstrated that unstable home/life situations exist in all Black Hills counties. 211 crisis intervention calls include calls made regarding domestic violence, child abuse, elder abuse, and suicide. Though the number of calls vary widely by geography, crisis intervention was, however, the 2<sup>nd</sup> most prevalent call reason for every county except Pennington where it was 4<sup>th</sup>.

#### **4.5.1 CHILD ABUSE AND NEGLECT TREATMENT AND SUPPORT SERVICES**

Group discussion in every community revealed concern related to the lack of treatment and support services for children experiencing abuse or neglect. Groups considered the trauma of such treatment was a key contributor to issues related to mental health, substance/alcohol abuse, and educational attainment. Communities were not only concerned about the rates of child abuse and neglect, but the severe shortage of services available for children in dangerous situations. Many groups shared comments similar to this: “there is severe child abuse and neglect in our community [that goes] unreported. There is not enough awareness, parenting classes, or counseling.”

CASA staff shared nuances regarding child abuse and neglect in the Black Hills. They reported working with many children forced to stay in dangerous situations due to an overrun court system and lack of placement options. They emphasized that the lack of foster homes in the Black Hills necessitated children to either stay in dangerous situations or be sent to homes far from their communities.

Groups familiar with the approaches taken by the Prosperity Initiative and Adverse Childhood Experiences (ACEs), emphasized a need for communities to become trauma-informed and employ trauma-focused approaches to children in their communities.

#### **4.5.2 DOMESTIC VIOLENCE EDUCATION AND SUPPORT SERVICES**

Domestic violence and its effects was another issue that many groups identified. Like many other community issues, groups shared that addressing domestic violence could also help address the mental health, substance abuse, and child abuse arenas. The data showed a real need for services surrounding domestic violence as well.

Based on the most recent 2018 Community Health Needs Assessment by Regional Health, a significant proportion of the regional population experienced domestic violence. The 2018 assessment found that slightly more than 13% of Regional Health’s clients, on average, experienced violence at the hand of an intimate partner in the past year. Hospital Admissions for domestic violence were similarly high across the Black Hills region, see Table 14 on the following page.

**Table 14: Regional Health Patient Admittance for Domestic Violence<sup>1</sup>**

<b>Site location</b>	<b>Share of Patients</b>
Lead-Deadwood Hospital	13.9%
Sturgis Hospital	13.9%
Rapid City Hospitals <sup>2</sup>	13.7%
Spearfish Hospital	13.6%
Custer Hospital	12.6%
United States	14.2%

<sup>1</sup> Includes admission related to being hit, slapped, pushed, kicked or hurt in any way by an intimate partner

<sup>2</sup> Includes Rapid City Hospital, Same Day Surgery Center, and Advanced Orthopedic Hospital

Groups called for programs that provided emergency shelter and intervention support, emphasizing a need for local safe-houses. Groups also identified the need for further education regarding skills and advice for healthy relationships.

## **4.6 HOUSING**

Housing arose as a key priority for each UWBH community, particularly the need for affordable housing stock and housing cost assistance programs. Groups emphasized the lack of affordable rental and for sale properties, compounded by the lack of higher wage jobs in the region. Many viewed affordable housing as a foundational and stabilizing resource for their community. One group summarized the importance of housing as “a source of stability that can stop poverty. With affordable housing, families will have more money for other living costs, groceries, heat.”

### **4.6.1 AFFORDABLE HOUSING STOCK**

Census data confirms there was a misalignment between housing costs and earned wages, with some communities being worse off than others. Table 15, on the following page, shows a comparison of 2018 incomes and housing costs across the Black Hills. A few key facts are readily apparent from the table. First, median household income for homeowners was roughly two to three times higher than that of renters. Second, more renters than homeowners were burdened by their housing — when households pay more than 30% of their incomes on housing. More than 38% of renting households were cost burdened compared to 32% of homeowners. Finally, there was a significant degree of variation in housing burden across the region. For example, Fall River County had the highest degree of housing burden for homeowners but the lowest for renters. Similarly, Pennington County had the lowest burden for homeowners but the highest for renters.

City-level indicators show severe affordability issues in several communities. More than 30% of renters in all cities, with the exception of Deadwood, were cost burdened. Belle Fourche (48%), Rapid City (47%), and Sturgis (45%) had the highest levels of housing burden for renters. In contrast, Deadwood and Hot Springs had the highest percentage of cost-burdened homeowners, 49% and 42% respectively.

Table 15: Housing Costs and Housing Burdened

	Average Annual Wage (\$)	Households with Mortgages			Renting Households		
		Median Monthly		Percent Burdened (%)	Median Monthly		Percent Burdened (%)
		Household Income (\$)	Housing Cost (\$)		Household Income (\$)	Housing Cost (\$)	
Butte	32,230	5,678	1,172	30.1	2,152	666	38.9
Custer	33,456	6,213	1,348	35.2	2,791	867	39.5
Fall River	39,081	5,882	1,254	37.3	2,716	628	30.4
Lawrence	36,095	6,695	1,377	33.9	2,478	702	35.9
Meade	38,685	6,185	1,398	28.6	3,099	855	39.4
Pennington	41,207	6,547	1,386	27.5	2,521	807	46.1
<b>Black Hills</b>	<b>39,601</b>	<b>6,236</b>	<b>1,245</b>	<b>32.1</b>	<b>2,563</b>	<b>718</b>	<b>38.4</b>

Source: US Census 2017 5-Year ACS and Bureau of Labor Statistics QCEW

The community conversations also revealed a number of unique considerations for individual communities. Towns heavily dependent on tourism like Keystone, Hill City, and Custer specifically cited a lack of 12-month rentals, with available stock being turned into vacation rentals. Residents of Hot Springs, in contrast, shared that many people had chosen to live elsewhere due to low-quality of available stock.

#### 4.6.2 ACCESS TO HOUSING ASSISTANCE PROGRAMS

Many communities shared interest in establishing new housing cost assistance solutions and making existing assistance programs more accessible to both renters and owners. In many cases, participants recognized that their communities did not have the monetary resources to create their own programs. Instead a number of participants voiced that the key would be to increase awareness and use of state programs through South Dakota Housing Authority.

211 Helpline data underscored the demand for housing cost assistance. Housing costs were, by far, the most prevalent reason for a Black Hills individual to call for assistance in any county. Table 16 shows that 4,523 (42%) housing cost related calls were made to the 211 Helpline in 2018.

Table 16: 211 Calls for Housing Related Issues

Category	2016	2017	2018
Utility Assistance	1,948	2,655	2,397
Housing Expense Assistance	1,034	1,404	1,162
Emergency Shelter	363	331	339
Household Goods	231	259	224
Residential Housing Options	93	109	193
Waste Management Services	--	77	208
Housing Search and Information	124	82	--
Home Improvement/Accessibility	76	128	--
<b>Total</b>	<b>3,869</b>	<b>5,045</b>	<b>4,523</b>

Groups and individuals frequently mentioned need for utility and deposit assistance during community meetings. 211 Helpline data further demonstrated this need. In 2018, 53% of all housing related calls in the Black Hills were for utility assistance. Table 17 shows that every county in the study area had

**Table 17: 211 Calls for Housing and Utility Assistance**

<b>County</b>	<b>Calls for service</b>	<b>Share of county total</b>
Butte	202	51.8%
Lawrence	277	40.8%
Fall River	62	38.0%
Custer	78	36.3%
Meade	192	30.6%
Pennington	1,586	18.3%

significant calls for utility assistance. Though the call volume varies by county, utility assistance was the most prevalent call reason for every county.

**4.6.3 EMERGENCY HOUSING**

Belle Fourche, Hot Springs, Rapid City, Spearfish, and Sturgis communities all identified the need for further emergency shelter services. Each of these communities shared that they had limited-to-no housing options for the temporarily or chronically homeless. Table 18, reports on 211 Helpline calls for emergency housing. The table shows that calls for emergency housing consistently makeup around three percent of all calls for service across the Black Hills. Fall River County was the only county in the region to not report any calls for emergency housing service.

**Table 18: 211 Calls for Emergency Housing Assistance**

<b>County</b>	<b>Calls for service</b>	<b>Share of county total</b>
Pennington	277	3.2%
Meade	21	3.3%
Lawrence	21	3.1%
Butte	13	3.3%
Custer	7	3.3%
Fall River	0	0.0%

The Cornerstone Rescue Mission offers emergency shelter services in Rapid City. Additionally, Artemis House, Crisis Intervention Center, WAVI, and WEAVE offer emergency services for women and children experiencing domestic violence. However, it is important to note that the Cornerstone Rescue Mission recently enacted policies that limit occupancy and length of stay.[18] This may put further strain on local agencies who refer clients to the Cornerstone Rescue Mission as they work towards finding stable housing and employment. Other communities in the region do not have access to similar services though. In fact, groups in Spearfish, Sturgis, and Belle Fourche all stated that they had transported people in need of emergency housing to Rapid City by bus.

Communities also shared that though many service providers are aware that each of these communities has a homeless population and their need for emergency and transitional housing, there is a lack of general community awareness. This may be due to a lack of consistent data and definitions regarding homelessness. Counties do collect Point-in-Time homeless count numbers for HUD, but are



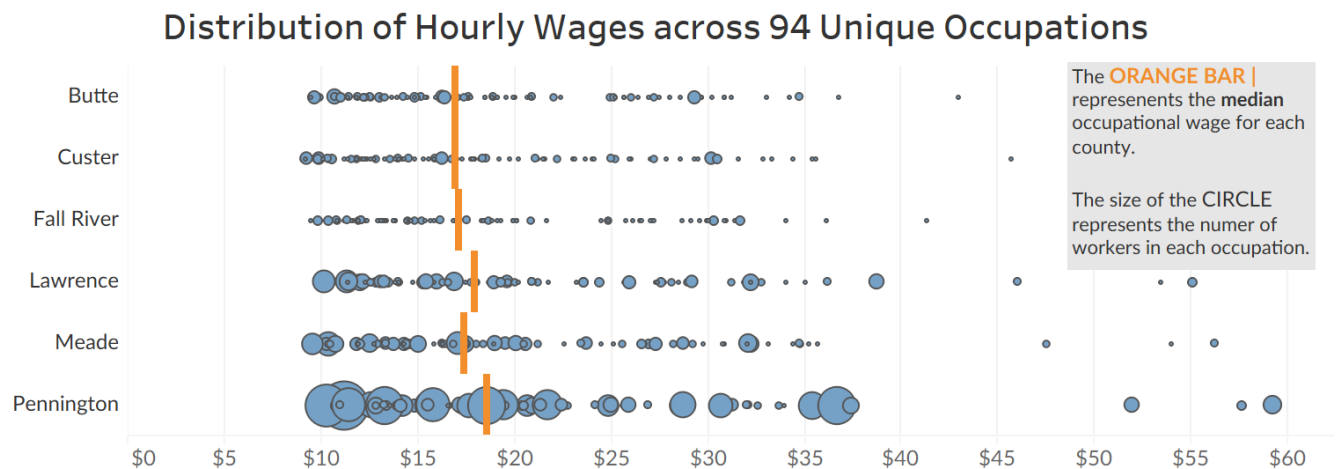
severely limited on who they can count. A comparison of PIT count numbers and students identified by the McKinney Vento program in local schools show that there is likely a severe undercount of homeless persons and families in the Black Hills.

Though not listed as highest priority needs, many groups across the region also spoke to the need for: transitional housing, teen housing, and housing assistance that does not depend on meeting certain family or income qualifications.

## 4.7 ECONOMIC OPPORTUNITIES

The community input sessions revealed a region-wide belief that many of the needs discussed in this assessment were the result of an overall lack of economic opportunity. Participating groups identified the large number of low-paying and seasonal jobs as a barrier and that further workforce development might be a potential solution. One group summarized their concern as follows: “stabilizing families financially is key to creating healthy living environments”.

Figure 6: Median Hourly Wages by County



Source: U.S. Bureau of Labor Statistics, Occupational Employment Statistics (OES), 2017. Hourly wage calculated from reported annual earnings based on 2000 hours of paid work per year.

Several external indicators confirmed anecdotal reports of the need for further economic development. A large portion of the regional workforce earn only modest wages. Figure 6, above, summarizes an analysis of wage data for 94 unique occupation groups showed that the median job in the region pays less than \$19 per hour. Pennington County had the highest median occupational wages of \$18.58 per hour while Butte County had the lowest median wages at only \$16.98 per hour. At these wages, the median worker in Pennington County would earn an estimated \$37,160 per year. In Butte County, the median worker could earn \$33,960. Given the preceding discussions around housing affordability and food and childcare costs, the concerns surrounding low wages are warranted.

**Table 19: Wages, Incomes, and Poverty Rates**

<b>County</b>	<b>Median wage (\$)<sup>a</sup></b>	<b>Median household income (\$)<sup>b</sup></b>	<b>Share of households earning Less than \$25,000 (%)<sup>b</sup></b>	<b>Share of population living in poverty (%)<sup>b</sup></b>
Butte	16.98	44,789	27.2	11.1
Fall River	17.15	48,862	23.0	15.0
Lawrence	17.98	49,275	22.4	12.4
Custer	16.90	56,449	21.4	13.2
Pennington	18.58	52,245	21.0	14.0
Meade	17.38	54,286	19.4	8.8

Sources. <sup>a</sup> US Bureau of Labor Statistics. 2017 Occupational Employment Statistics.

<sup>b</sup> US Census Bureau. 2017 5-Year American Community Survey estimates.

Beyond a general frustration with the number of low-paying and seasonal jobs, community groups were particularly concerned for how the low-wage economy contributed to poverty rates in the region. For county level information see Table 19. Many groups also shared a desire for more public awareness of poverty in order to “to create a poverty informed community that can develop solutions to some of poverty’s symptoms.” Of course, economic development will not solve all issues surrounding poverty, but poverty rates are highly correlated with overall indicators of economic health.

**4.7.1 BETTER PAYING JOBS/EMPLOYMENT OPPORTUNITIES**

As discussed above, the primary economic concern for most groups was the lack of well paying, year-round employment opportunities. Unfortunately, there is little that UWBH can do to tackle this problem directly. In many ways UWBH can directly combat the symptoms of poverty, but UWBH’s can only indirectly influence longer-term economic development. It may be that UWBH can help foster a poverty informed community and advocate with policy makers and the business community for smart decision making that will enable longer-term economic growth.

**4.7.2 JOB TRAINING**

Many groups identified a need for further job training in their communities. Though some groups did elaborate, the majority did not offer up further suggestions as to what job training was required or how existing job training opportunities could be improved. Some nuance did emerge however. Two of three groups in Belle Fourche cited the need for further workforce development in their community, particularly for individuals looking to learn a skill or trade. Hill City shared the need for more services that connected the Spanish speaking workforce to training programs and job opportunities

**4.8 OTHER AREAS OF NEED**

Though the above areas were most commonly referenced, groups also shared that there were needs in the following areas:

- Education: This includes a range of needs including K-12, vocational, and degree-based programming. Many communities listed needs for out-of-school programming, before and after school as well as during summer months, college/career readiness programs, and a renewed focus on academic achievement in K-12 institutions.

- **Transportation:** Regardless of geography, every community shared the need for further investment in public transportation, especially to serve those without the ability to drive including the economically disadvantaged, elderly, and disabled.
- **Racial Discrimination/ Tension:** Communities shared the need for further relationship building between different racial and ethnic groups. For Rapid City and Hot Springs, groups mentioned the divide between Native and non-Native peoples and the need for further education regarding historical trauma and healing. Keystone and Hill City shared their needs for programs that build community between English-speaking locals and Spanish-speaking migrants.
- **Aging Population:** Like much of the United States, the Black Hills will soon experience a large demographic shift when the baby boomer generation retires and becomes increasingly dependent on community health and living services. Communities across the Black Hills shared concerns about medical facilities, housing, incomes, and long-term care for their aging populations.
- **Health Care:** Rural communities shared a need for better access to healthcare services for their residents. Many communities also shared needs for better health insurance coverage, including access to plans with lower premiums and deductibles. As referenced in the economy section above, many communities would like to see more jobs offering benefits. Additionally, some communities were concerned about access to prenatal and geriatric services.
- **Social Services:** Communities had varied perspectives on the need for social services. Most shared struggles connecting recipients to benefits and coordinating services between providers. 7 groups mentioned a need for legal services for their community. Other nuances included offering services in Spanish for Hill City/Keystone, and bolstering services for teens and adult education in Rapid City.
- **Financial Services:** Groups in 5 of the 7 community meeting locations identified a need for financial services focused on financial literacy and money management, these needs were frequently ranked 9<sup>th</sup> or 10<sup>th</sup>.
- **Disability Services:** Two communities listed a need for further disability services, particularly for the aging population.

## 5 CONCLUSION

This community needs assessment employed an extensive variety of data collection methods to identify key priority areas and the community needs they encompass for the Black Hills. This work has shown that many Black Hills communities, regardless of their geography, struggle to meet basic mental and physical needs of their residents.

Most of the needs identified by this report relate to the causes of community hardship rather than the symptoms. Communities discussed the influence that mental health, substance abuse, and unstable family situations contribute to issues in education, employment, and health. Many groups also discussed how the low-wage economy affected household budgets for housing, food, and childcare in a region where these goods and services are already costly.

Communities emphasized how difficult it was to prioritize focus areas due to how interrelated the areas were. This illuminates the need for a systems approach to addressing community needs across the region. UWBH should consider how its funding and backbone functions can support programs that are committed to these types of approaches.

Not all of the priority areas outlined in the report fall cleanly within the current UWBH focus areas of education, health, and financial stability. We encourage UWBH staff and board of directors to consider how this report can refine their current scope and guide strategic planning.

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# 7 APPENDIX

## 7.1 PARTICIPATING ORGANIZATIONS

- Northern Hills Federal Credit Union
- 211 Helpline Center
- Action for the Betterment of the Community
- Adult Day Center of the Black Hills
- American Red Cross
- Artemis House
- Badlands Head Start Prenatal to Five
- Belle Fourche Economic Development
- Belle Fourche Empower
- Belle Fourche School District
- Big Brothers Big Sisters of the Black Hills
- Black Hills Area Community Foundation
- Black Hills Area Habitat for Humanity
- Black Hills Community Bank
- Black Hills Energy
- Black Hills National Forest Service
- Black Hills Special Services Cooperative
- Black Hills State University
- Black Hills State University Sanford Underground Research Facility
- Black Hills Works
- Black Hills & Badlands Tourism Association
- Boys and Girls Club of the Black Hills
- CASA 7<sup>th</sup> Circuit
- Catholic Social Services
- Catholic Social Services- Uplifting Parents Program
- Catholic Social Services-Lakota Circles of Hope
- Century 21 Deadwood
- City of Rapid City, CDBG Program Division
- City of Rapid City, City Council
- City of Sturgis
- City of Sturgis, City Council
- Community Health Center of the Black Hills
- Compass Point
- Consumer Credit Counseling of the Black Hills
- Custer Chamber of Commerce
- Custer County Chronicle
- Custer Senior Center
- Custer YMCA Child Development Center
- Dakota Land Trust
- Dakota Plains Legal Services
- Early Childhood Connections
- Edgemont Senior Services
- EAFB Airman and Family Readiness Center
- Fall River Health Services and Black Hills Special Services Cooperative Parenting Classes
- Farmers Insurance
- Feeding South Dakota
- First Interstate Bank
- Front Porch Coalition
- Girl Scouts Dakota Horizons
- Granite Automotive
- Hill City Economic Development
- Edward Jones
- Hill City Lions Club
- Hill City Public Library
- Hot Springs Ambulance Services
- Hot Springs Housing
- Karma Pest Solutions
- Keystone Economic Development Association
- Kids Against Hunger
- Kids Club Kids
- Lead-Deadwood School District
- Lifeways
- Literacy Council of the Black Hills
- Lutheran Social Services
- Lutheran Social Services- Arise Rapid City
- Lutheran Social Services-Canyon Hills Center
- Meade County Register of Deeds
- Meade County Senior Center
- Meals on Wheels
- Minneluzahan Senior Center
- NeighborWorks – Dakota Home Resources
- CASA of the Northern Hills
- Northern Hills SOS
- Pennington County Health and Human Services
- Pennington County Housing
- Prairie Hills Transit
- Rapid City Area School District
- Rapid City Club for Boys
- Rapid City Collective Impact
- OneHeart
- Rapid City Public Library
- Rapid City YMCA
- Regional Health
- Rep. Dusty Johnson
- RPM & Associates, Inc.
- Retired Senior Volunteer Program (RSVP)
- Rural America Initiatives
- Salvation Army of the Black Hills
- Scheels
- SD Department of Health
- SDSM&T Foundation
- Senior Companions
- South Dakota Community Foundation
- South Dakota School of Mines and Technology
- Southern Hills Future Foundation, Hot Springs Housing Initiative
- Spearfish Chamber of Commerce
- Spearfish Nutritional Meals on Wheels
- Spearfish School District
- St Vincent de Paul
- Teen Up, Rapid City Area School District
- United Way of the Black Hills
- Volunteers of America
- Working Against Violence Inc. (WAVI)
- Wellfully
- Western Dakota Tech
- Youth and Family Services (YFS)
- YFS – Child Development Center
- YFS – Girls Inc.

## 7.2 COMMUNITY MEETINGS ACTIVITIES

This section of the Appendix reproduces the primary materials used during the community meetings held across UWBH’s service area. Please see Section 2 for a discussion of the methodology employed by this report and for details on the types of qualitative and quantitative data collected during these meetings.

### United Way of the Black Hills Focus Areas

The following is a list of community priorities or needs that can be addressed with help from the United Way of the Black Hills (UWBH) in the areas of Education, Financial Sustainability, and Health. Please note that some areas such as crime are intentionally left out because UWBH cannot affect that area of need directly.

- Adult education programs
- Affordable childcare options
- Alcohol use and abuse
- Before and after-school programming
- Budget/ money management assistance
- Child abuse and neglect
- Childcare subsidies/assistance programs
- College readiness
- Debt assistance
- Domestic violence
- Dropout rates
- Drug use and abuse
- Emergency shelter services
- Employment opportunities for all
- Employment opportunities for those with disabilities
- English language achievement
- Federal or state benefit program assistance
- Food and nutrition
- Geriatric medical care
- Geriatric social engagement
- Homeowner housing assistance programs
- Household management education programs
- Job training programs
- Legal services
- Mathematics achievement
- Medical insurance/healthcare coverage
- Mental health services
- Pediatric care
- Prenatal care
- Public transportation options
- Quality early childhood education options
- Rental housing assistance programs
- Scholarship opportunities
- Substance abuse services
- Summer student programming

### Group Activity

Work collectively to create a top 10 list of community priorities or needs that can be addressed with help from the United Way of the Black Hills (UWBH). The proceeding page includes a list of potential focus areas in which the United Way of the Black Hills can affect change. Please note that some areas such as crime are intentionally left out because UWBH cannot affect that area of need directly. Check boxes that indicate if key issue is one availability of services or awareness of existing resources.

Rank	Community Priority	Key Issue (Check only one box)		Clarification/Notes
		Availability	Awareness	
1		<input type="checkbox"/>	<input type="checkbox"/>	
2		<input type="checkbox"/>	<input type="checkbox"/>	
3		<input type="checkbox"/>	<input type="checkbox"/>	



## Explain your top three Community Priorities

### Community Priority 1:

Reason for rank:

Potential focus areas for your community:

### Community Priority 2:

Reason for rank:

Potential focus areas for your community:

### Community Priority 3:

Reason for rank:

Potential focus areas for your community:

## Individual Activity

You have \$100 dollars to budget towards programs focused on the following in your community. Please allocate only whole dollars. You do not need to allocate funding to all categories.

Community Priority	Dollars Allocated
Adult education programs	
Affordable childcare options	
Alcohol use and abuse	
Before and after-school programming	
Budget/ money management assistance	
Child abuse and neglect	
Childcare subsidies/assistance programs	
College readiness	
Debt assistance	
Domestic violence	
Dropout rates	
Drug use and abuse	
Emergency shelter services	
Employment opportunities for all	
Employment opportunities for those with disabilities	
English language achievement	
Federal or state benefit program assistance	
Food and nutrition	
Geriatric medical care	
Geriatric social engagement	
Homeowner housing assistance programs	
Household management education programs	
Job training programs	
Legal services	
Mathematics achievement	
Medical insurance/healthcare coverage	
Mental health services	
Pediatric care	
Prenatal care	
Public transportation options	
Quality early childhood education options	
Rental housing assistance programs	
Scholarship opportunities	
Substance abuse services	
Summer student programming	
<b>Total</b>	<b>\$100</b>

## 7.3 ABOUT BHKN

The Black Hills Knowledge Network (BHKN) is a nonprofit consulting company that advocates for informed and considered decision-making. Navigating a complex society and economy requires the use of both timely and credible facts and statistics. BHKN works to ensure that all decision makers have access to the information they need through the South Dakota Dashboard, the premier online site for demographic and economic data on South Dakota.

**Dr. Jared McEntaffer – Project Director and Regional Economist:** Dr. McEntaffer earned his PhD in Economics from the University of Nebraska-Lincoln with concentrations in Labor Economics and Econometrics. Dr. McEntaffer has worked with numerous companies, nonprofits, and governments across South Dakota. He is the author of several studies and reports focusing on various aspects of the South Dakota Economy including estimating the effects of job training programs, assessing housing affordability, and estimating the economic impact of hospital constructions

**Callie Schleusner – Data and Evaluation Specialist:** Callie Schleusner holds a Bachelor’s degree in Geography and a Master’s certificate in Program Monitoring and Evaluation. Callie has completed evaluation work and analysis for regional businesses, nonprofits, state agencies, and philanthropic organizations such as the United Way, the John T. Vucurevich Foundation, and the SD Department of Education. Through her work, Callie enables entities to identify their data needs, build monitoring systems, design compelling data visualizations, and interpret findings that ultimately encourage data-driven decision-making and accountability.