



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

SOUTH CAROLINA

State Snapshot

FY2024 Application / FY2022 Annual Report

November 2023

Title V Federal-State Partnership - South Carolina

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2024 Application / FY2022 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts

MCH Director	CSHCN Director
Kimberly Seals Director, Bureau of Maternal and Child Health sealskh@dhec.sc.gov (803) 898-3780	Anna Bleasdale Director, CYSHCN Project bleasdae@dhec.sc.gov (803) 898-0789

State Family Leader	State Youth Leader
Amy Holbert CEO, Family Connection of SC aholbert@familyconnectionsc.org (803) 252-0914	No Contact Information Provided

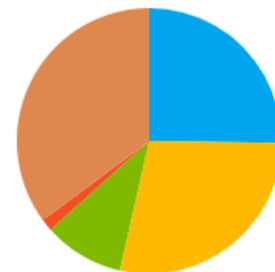
State Hotline

Name: The CARE Line | Telephone: (855) 472-3432

Funding by Source

Source	FY 2022 Expenditures
Federal Allocation	\$12,491,510
State MCH Funds	\$14,037,073
Local MCH Funds	\$4,852,244
Other Funds	\$741,714
Program Income	\$17,405,968

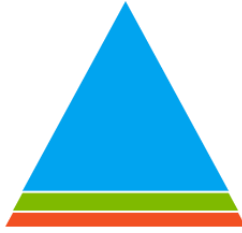
FY 2022 Expenditures



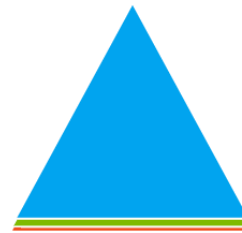
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$10,710,893	\$47,566,994
Enabling Services	\$995,203	\$1,341,046
Public Health Services and Systems	\$785,414	\$620,469

FY 2022 Expenditures Federal



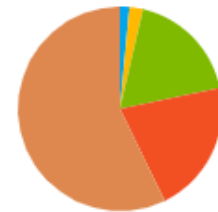
FY 2022 Expenditures Non-Federal



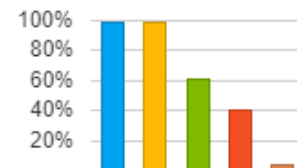
Percentage Served by Title V

Population Served	Percentage Served	FY 2022 Expenditures
Pregnant Women	98.0%	\$879,961
Infants < 1 Year	98.0%	\$1,295,446
Children 1 through 21 Years	60.5%	\$10,730,551
CSHCN (Subset of all infants and children)	40.0%	\$12,503,679
Others *	3.8%	\$34,021,602

FY 2022 Expenditures
Total: \$59,431,239



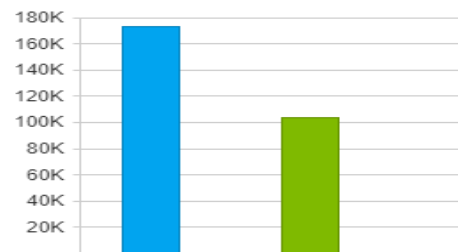
FY 2022 Percentage Served



*Others– Women and men, over age 21.

Communication Reach

Communication Method	Amount
State Title V Website Hits:	172,622
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	103,656
Other Toll-Free Calls:	0



The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2020 Needs Assessment reporting cycle.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Reporting Domain(s)
<p>Improve utilization of preventive health visits to promote women’s health before, during, and after pregnancy.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year <ul style="list-style-type: none"> ○ ESM 1.1: Number of downloads of the family services directory. ○ ESM 1.2: Percent of counties identified as having low utilization of preventive health visits among women that are served by a Community Health Worker ○ ESM 1.3: Launch the Go Before You Show Campaign ● NPM 2: Percent of cesarean deliveries among low-risk first births <ul style="list-style-type: none"> ○ ESM 2.1: Percent of SC birthing facilities that adopt evidence-based safety bundles. ○ ESM 2.2: Pilot the CDC Locate Model in one of SC’s Level III hospitals ○ ESM 2.3: Percent of birthing facilities that receive education on providing post-birth messaging to women at risk of maternal morbidity and mortality ○ ESM 2.4: Develop and disseminate annual topic-specific data briefs centered around SC MMMRC Committee findings <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Percent of women who received a post-partum check up. 	<p>Women/Maternal Health</p>
<p>Improve access to risk-appropriate care through evidence-based enhancements to perinatal systems of care.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 3: Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU) <ul style="list-style-type: none"> ○ ESM 3.1: Generate a report to examine data trends with regard to racial/ethnic disparities in VLBW births at Level I and Level II facilities. ○ ESM 3.2: Number of providers that complete training on non-punitive conversation regarding substance use ○ ESM 3.3: Percent of Medicaid prenatal care providers screening pregnant women for smoking, alcohol and drug use, domestic violence and depression using the SBIRT tool 	<p>Perinatal/Infant Health</p>
<p>Strengthen implementation of evidence-based practices that keep infants safe, healthy and prevent mortality.</p>	<p>Perinatal/Infant Health</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<p>NPMs</p> <ul style="list-style-type: none"> ● NPM 4: A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months <ul style="list-style-type: none"> ○ ESM 4.1: Conduct a SWOT analysis with lactation support professionals to strengthen statewide breastfeeding efforts ● NPM 5: A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding <ul style="list-style-type: none"> ○ ESM 5.1: Number of culturally appropriate translations of material created for populations at risk of infant mortality. ○ ESM 5.2: Number of participants that complete financial literacy curriculum among maternal and child health program settings <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: Percent of infants breastfed for at least the first 6 months. 	
<p>Increase developmental screenings and referral to early intervention services for children.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 6: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year <ul style="list-style-type: none"> ○ ESM 6.1: Collaborate with partners to develop a state-wide developmental screening registry ○ ESM 6.2: Increase % of individuals identified as having a birth defect through the SCBDP who are referred to BabyNet 	<p>Child Health</p>
<p>Improve coordinated and comprehensive health promotion efforts among the child and adolescent populations.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 8.1: Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day <ul style="list-style-type: none"> ○ ESM 8.1.1: Percent of school districts participating in professional development opportunities that include methods to provide at least 30 minutes daily physical activity opportunities for all students before, during, and after the school day ● NPM 9: Percent of adolescents, ages 12 through 17, who are bullied or who bully others <ul style="list-style-type: none"> ○ ESM 9.1: Publish a white paper describing the impact and cost of bullying on families, stratified by race/ethnicity and related equity metrics ● NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. <ul style="list-style-type: none"> ○ ESM 10.1: Number of telehealth providers that adopt a standard of care for adolescents 	<p>Child Health, Adolescent Health</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> ○ ESM 10.2: Percent of school districts that offer telehealth services and access to students ● NPM 13.2: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year <ul style="list-style-type: none"> ○ ESM 13.2.1: Number of new partnerships to improve coordination between oral health services and well child visits 	
<p>Improve care coordination for children and youth with special health care needs.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 11: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home <ul style="list-style-type: none"> ○ ESM 11.1: Percent of SC AAP members that complete training on NBS abnormal notification and referrals ○ ESM 11.2: Conduct a point in time survey of DHEC's CYSHCN to assess barriers and identify any racial/ethnic disparities in establishing a medical home 	Children with Special Health Care Needs
<p>Reduce disparities in SDoH, including barriers to medical care, especially behavioral and mental health care, fatherhood involvement, and racism/discrimination.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 3: Implement the CDC Hear Her Campaign ● SPM 4: Develop a social marketing/awareness campaign to increase families' efficacy to access available resources and services 	Cross-Cutting/Systems Building
<p>Enhance and expand transition in care/services for CYSHCN from pediatric/adolescent to adulthood.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 12: Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care <ul style="list-style-type: none"> ○ ESM 12.1: Percent of pediatric providers that use telehealth to assist CYSHCN transition to adult care 	Children with Special Health Care Needs

Executive Summary

Program Overview

The Bureau of Maternal and Child Health (MCH), at the South Carolina (SC) Department of Health and Environmental Control (DHEC), continued to work towards improving the health outcomes for women, children and their families. National Performance Measures (NPMs), National Outcome Measures (NOMs), and State Performance Measures (SPMs) were selected during the most recent comprehensive 5-year needs assessment to help achieve this goal, and information about DHEC Title V programmatic activities is shared below.

Women's/Maternal Health

Population Needs: Disparities in maternal health outcomes, particularly in maternal mortality, are of great concern for South Carolina (SC). The 2019 Pregnancy-Related (PR) Mortality Ratio was 38.6 PR deaths per 100,000 live births, a 9.3% increase from 35.3 in 2018. Looking at 2018-2019, the non-Hispanic black population experienced a 67% higher PR Mortality Ratio than their white counterparts (48.9 and 29.3, respectively). The leading causes of PR deaths during this same time period were Cardiomyopathy, mental health conditions, and hemorrhage.

Accomplishments: The multidisciplinary Maternal Mortality and Morbidity Review Committee (MMMRC) completed full calendar year reviews for 2018 and 2019 deaths as well as COVID-19 related deaths. Family interviews have been incorporated into the data collection methodology, and additional information on key factors such as mental health and discrimination can now be assessed during reviews.

DHEC continues to work with its partners to address chronic conditions, mental health and substance use disorders during preconception, postpartum and intrapartum periods to see positive changes in women's and maternal health. DHEC is expanding its collaboration with close partners like PASOs who work with women in the community to impact **NPM 1: Well-Woman Visit** by promoting utilization of Community Health Workers to increase healthy outcomes for women and mothers in the state.



**Well-Woman
Visit
NPM 1**

Perinatal/Infant Health

Population Needs: In 2021, the statewide infant mortality rate (IMR) increased 12.3% from 6.5 to 7.3 per 1000 births. This significant increase highlights the need for focused programing and promotion of infant mortality prevention services in the perinatal/infant health domain. Data show that the three leading causes of infant death continue to be congenital malformations or birth defects, disorders related to short gestation and low birthweight, and maternal complications of pregnancy.

Deaths due to sudden infant death syndrome (SIDS) more than doubled from 2020 to 2021, ranking fourth in leading causes of death. Accidents were the fifth leading cause of infant deaths in 2021, with 25 of the 26 accidental deaths due to suffocation or strangulation in bed. The IMR was more than two times higher for non-Hispanic black mothers (12.7) compared to non-Hispanic white mothers (5.2).

The rate of neonatal abstinence syndrome increased 21.4% statewide, from 4.2 (per 1,000 live births) in 2014-2016 to 5.1 (per 1,000 live births) in 2017-2019. In 2019, the NAS rate was over five times higher in Medicaid mothers (8.2 per 1,000 live births) than privately insured mothers (1.5 per 1,000 live births). As NAS is an underreported syndrome, DHEC is actively working with partners across the state to increase provider screening for substance use, encourage non-punitive discussion and education on risks of drug and alcohol use in the prenatal period and standardizing the NAS diagnosis and intervention/treatment protocols.

Moving the needle: According to national data, breastfeeding initiation (**SPM 2**), exclusivity and duration (**NPM 4**) continued to improve significantly statewide. Additionally, the percent of infants who were ever breastfed increased 9.7%, from 73.2% (2013-2015) to 80.3% (2016-2018), and the percent of infants who were breastfed exclusively for at least six months increased 9.6%, from 21.9% (2013-2015) to 24% (2016-2018). Breastfeeding rates in the WIC Program have steadily increased in recent years. In October 2021, 21.6% of infants participating in the program were either fully or partially breastfed and increased to 27.3% by September 2022. Although breastfeeding varies by race, non-Hispanic white and non-Hispanic black mothers experienced an average increase in their breastfeeding rates over the course of FFY 2022. Breastfeeding rates were roughly 40% among Hispanic infants in the WIC Program and roughly 25% among non-Hispanic infants, and both population groups experienced increasing breastfeeding rates during FFY 2022.

Accomplishments: To address the devastating impact of infant mortality in our state, the Fetal Infant Mortality Review (FIMR) has been reestablished. This multidisciplinary committee will follow a similar framework as the state's MMMRC. The committee's role will not only be to seek to understand the circumstances contributing to premature death of infants across the state but also make recommendation for system and community improvement. The Title V programming has also expanded its Count the Kicks campaign to address its growing stillbirth rates through education of providers and expectant mothers.



**Breastfeeding
NPM 4**

Other accomplishments within the Perinatal/Infant domain include the addition of several condition and disorders to the newborn (NBS) panel. Expansion of the NBS panel has afforded the Title V program the opportunity strengthen legislation that supports the short-term follow-up of infants as well as

educate provider on appropriate notification to families. Both activities inform **ESM 11.1: Percent of SC AAP members. that complete training on NBS abnormal notification and referrals.**

Child Health

Population Needs: Several performance and outcome measures that SC tracks within the child health domain have been moving in an unfavorable direction, although not statistically significant, over the past several years. Percent of children with a preventive dental visit within the past year (**NPM 13.2**) and percent of children who are physically active for an hour a day (**NPM 8.1**) are both trending downward; and the percent of both young children and adolescents considered obese have been increasing as well. However, SC DHEC's Title V program continues to collaborate with internal partners in the Division of Oral Health and Division of Nutrition, Physical Activity and Obesity to address these measures.

Moving the needle: According to NSCH data, a 7.7% increase was seen parent-completed developmental screenings from 2019-2020 (37.9%) to 2020-2021 (40.8%), but there is still work to be done to meet SC's Title V objective of 50% by 2025. Developmental screenings are essential for all children, and early intervention is the key to improved outcomes for those children with an identified need.



Accomplishments: The SC Title V program in collaboration with key partners, including the Child Well-Being Coalition, have prioritized working towards addressing barriers and gaps in services. The Title V program completed a gap analysis to better understand the developmental screening landscape across SC. Results of the analysis revealed that while many young children are being screened for developmental milestones, there is no single process of data systems exist for collecting and sharing data with families, service providers and stakeholder organizations. SC DHEC will use this information to develop programs and services to address these gaps. Such programs include establishing a statewide developmental registry and expanding Title V's partnership with PASOs for to increase CHWs reach and developmental screening promotion efforts.

Adolescent Health

Population Needs: According to data from the SC Youth Risk Behavior Survey, over one-quarter (26.7%) of high school students reported that their mental health was "not good" most of the time or always in 2021, and 41.1% indicated they felt so sad or hopeless for two or more weeks that they quit doing usual activities. An alarming 19.1% of high school students made a plan about how they would attempt suicide at least one time within the past year.

Accomplishments: Through the leadership of the Child Well-Being Coalition, the SC Title V program has distributed almost 2,000 gun locks. Distribution of gun locks have coincided with medical conferences and educational webinars related to child and adolescent mental health and injury prevention. The "How are the Children" series has additionally educated community partners on gun and school safety and active shooter awareness. The Title V program will continue to offer opportunity to educate provider and the community about injury prevention topics and encourage gun safety in the home.

Children and Youth with Special Health Care Needs



Population Needs: A fragmented and challenging healthcare system continues to be a great concern for CYSHCN in South Carolina. Systems and providers are unaware of resources or services available, and families are often overburdened with trying to identify providers and resources themselves, including identifying and establishing a medical home. The 2020-2021 NSCH data shows a significant decrease in medical home for children and youth with a special health care need (58.1% in 2019-2020 to 49.7% in 2020-2021), demonstrating this is a critical need. The CYSHCN program plans to launch a new initiative to develop and disseminate materials for families and providers on the importance of a medical home and provide readily available resources to identify a medical home provider.

Moving the Needle: The percentage of CYSHCN adolescents who received services necessary to make transitions to adult health care has improved over time, showing an increase from 17% (2017-2018) to 20.5% (2020-2021).

Accomplishments: Despite the setback of COVID-19 discontinuing in-person services, the Title V program has continued to support CYSHCN's Camp Burnt Gin virtually through the CBG 'n Me platform. Virtual programs included highly engaging live and pre-recorded sessions from Title V staff, partners, and participants. Although the in-person services were discontinued, Camp continued to celebrate and be recognized for its efforts. In 2023, Camp was recognized as Best of Sumter Summer Camp for the fourth year in a row and was included on Newsweek's list for America's Best Summer Camps 2023. This high praise came at the perfect time as In-person programming resumed in Summer 2023.

Under the leadership of the MCH Bureau, the CYSHCN Division is moving forward with the development of a statewide sickle cell disease registry. This registry will be critical in determining the incidence and nature of SCD in SC, including identifying health disparities to ensure individuals living with SCD have the resources and services they need to live healthy lives, as well as serve as a platform and useful tool for individuals living with SCD to share their diagnosis and pertinent medical information with providers outside of their routine providers, such as ER physicians. The SC Sickle Cell Disease Registry will launch during the Fall of 2023.

How Federal Title V Funds Complement State-Supported MCH Efforts

Title V funding supports global maternal and child efforts in South Carolina. Funding provides critical infrastructure, support, and resources throughout the MCH program. All MCH Title V Block Grant programs are administered through the MCH Bureau within DHEC. Service integration occurs across five bureaus and four regions in DHEC's 73 facilities, which includes 56 health department sites plus 17 WIC-only sites. Currently, there are nearly 400 individuals partially or fully funded under the MCH Title V Service Block Grant, representing both clinical and non-clinical staff that service MCH and Preventative Health programs. Title V also provides funding for an MCH Program Manager in each DHEC Public Health Region who oversees and coordinates services at the local level.

Within the MCH Bureau, state and federal funds cover activities and staffing across four divisions: Women's Health; Children's Health & Perinatal Services; Children and Youth with Special Health Care Needs; and Population Health Surveillance. Within these divisions, funded programs include:

- reproductive health, abstinence and teen pregnancy prevention
- CYSHCN program, which includes care coordination, medical equipment (e.g., cochlear implants, hearing aids, severe orthodontia), the bleeding disorders program, and Camp Burnt Gin
- NBS follow-up and newborn hearing screening
- lead screening and intervention
- state school nursing
- perinatal regionalization
- birth defects
- maternal mortality
- health promotion and nutritional education
- surveillance, data capacity and epidemiology

Title V funding allows the MCH Bureau to leverage partnerships with state agencies, universities, FQHCs, non-profit organizations, and community members to ensure core maternal and child health services are available and utilized by Title V populations throughout the state. These partnerships moreover afford South Carolina Title V staff the opportunity to convene task forces, steering committees, and work groups that collaborate to ensure the MCH population has access to care and resources to take charge of and improve their health and their families' health.

South Carolina Title V is able to leverage funding and partnerships to educate, inform legislative rules or bills, and ensure uniform and safe standards of service and care. By braiding Title V and other federal, state, and local funds, the outside the MCH Bureau covers activities and staffing related to oral health, physical activity, emergency preparedness, developmental screening, epidemiology, nutritional services as well as case management and social work support.

MCH Success Story

In 2020, SC DHEC piloted a partnership with Healthy Birthday Inc. to jumpstart its Count the Kicks campaign in South Carolina. Count the Kicks is a national evidence-based stillbirth prevention campaign promoting the importance of fetal movement monitoring to expectant parents and health care providers. Campaign materials and activities include a mobile app, printed flyers, posters, educational webinars, and promotional "swag". Through the Count the Kicks app, parents learn how to track their baby's movement by counting the frequency and strength of kicks during pregnancy. Identifying patterns in movement allows the parents to recognize when their baby is moving abnormally which could be a sign of distress. From 2021 to 2022, more than one thousand expectant mothers downloaded the app, showing a 61% increase from year to year.

In 2022, SC DHEC, in partnership with Healthy Birthday Inc, held a virtual baby shower which highlighted features of the app and educated expectant parents about what to expect during labor and delivery, safe sleep, newborn basic care, maternal mental health, WIC information, and child passenger safety. Other partners reached during this event included the WIC program, managed care organizations, community-based organizations, and provider groups. Nearly 800 individuals registered for the event and 149 unique individuals attended the virtual shower. Drawings were held for 75 available gift cards and 10 pack-n-plays for attendees and a recording was sent to all who registered.

Leading this MCH outreach effort was Elizabeth Biddle. Elizabeth Biddle, MPH, MCHES[®], joined the MCH Bureau in April 2022 as the MCH Outreach Coordinator. Elizabeth has a background in health promotion and child health policy. Her early tasks with SC DHEC included updating MCH educational materials to reflect current guidelines, promoting MCH services by attending various community events, and working with each program area to identify outreach efforts which can help meet their goals. Several new educational materials were developed reflecting current trends in health communications, such as the use of QR codes.

Elizabeth has been working with the agency's Communications team to increase the bureau's presence across the state including social media. Social media posts are created for observances related to MCH programs bringing awareness of these issues to a large audience. Social media is also used to advertise events, connect with partners and stakeholders, and likewise partner with the community in MCH related areas.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - South Carolina

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2022.

[List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.