HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

SOUTH CAROLINA

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

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 FY2025 Application / FY2023 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
Danielle Wingo Director, Bureau of Maternal and Child Health dimitrdl@dph.sc.gov (864) 640-9292	Malerie Hartsell Interim Director, CYSHCN Division hartsem@dph.sc.gov (803) 898-2966

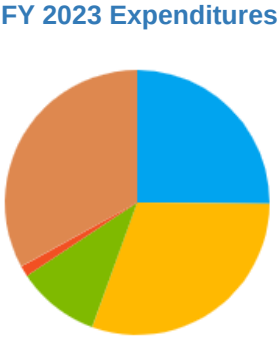
SSDI Project Director	State Family Leader
Kristen Shealy Deputy Director, Bureau of Maternal and Child Health shealykh@dhec.sc.gov (803) 898-2781	Amy Holbert CEO, Family Connection of SC aholbert@familyconnectionsc.org (803) 252-0914

State Youth Leader
No Contact Information Provided

State Hotline: (855) 472-3432

Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	$12,922,780
State MCH Funds	$15,624,991
Local MCH Funds	$5,206,373
Other Funds	$666,709
Program Income	$16,979,970



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$11,410,597	$48,896,250
Enabling Services	$798,825	$1,572,780
Public Health Services and Systems	$713,358	$931,792

FY 2023 Expenditures Federal

FY 2023 Expenditures Non-Federal

Percentage Served by Title V

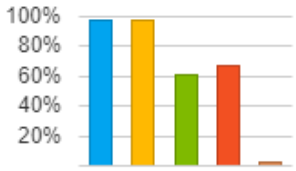
Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	98.0%	$928,001
Infants < 1 Year	98.0%	$1,392,287
Children 1 through 21 Years	60.9%	$11,512,696
CSHCN (Subset of all infants and children)	67.5%	$11,468,690
Others *	2.6%	$36,353,307

*Others– Women and men, over age 21.

FY 2023 Expenditures

Total: $61,654,981

FY 2023 Percentage Served



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. Beginning with the FY 2025 Application, all states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Reporting Domain(s)

Improve utilization of preventive health visits to promote women's health before, during, and after pregnancy.
 	
NPMs
• Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV
  ○ ESM WWV.1: Number of downloads of the family services directory.
  ○ ESM WWV.2: Percent of counties identified as having low utilization of preventive health visits among women that are served by a Community Health Worker
  ○ ESM WWV.3: Launch the Go Before You Show Campaign
• Percent of cesarean deliveries among low-risk first births (Low-Risk Cesarean Delivery, Formerly NPM 2) - LRC
  ○ ESM LRC.1: Percent of SC birthing facilities that adopt evidence-based safety bundles.
  ○ ESM LRC.2: Pilot the CDC Locate Model in one of SC's Level III hospitals
  ○ ESM LRC.3: Percent of birthing facilities that receive education on providing post-birth messaging to women at risk of maternal morbidity and mortality
  ○ ESM LRC.4: Develop and disseminate annual topic-specific data briefs centered around SC MMMRC Committee findings
• A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV
 	
SPMs
• SPM 1: Percent of women who received a post-partum check up.
	Women/Maternal Health

Improve access to risk-appropriate care through evidence-based enhancements to perinatal systems of care.
 	
NPMs
• Percent of very low birth weight (VLBW) infants born in a hospital with a Level III + Neonatal Intensive Care Unit (NICU) (Risk-Appropriate Perinatal Care, Formerly NPM 3) - RAC
  ○ ESM RAC.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 RAC.2: Number of providers that complete training on non-punitive conversation regarding substance use
	Perinatal/Infant Health

Priority Needs and Associated Measures	Reporting Domain(s)
○ ESM RAC.3: Percent of Medicaid prenatal care providers screening pregnant women for smoking, alcohol and drug use, domestic violence and depression using the SBIRT tool	
Strengthen implementation of evidence-based practices that keep infants safe, healthy and prevent mortality. NPMs ● A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF ○ ESM BF.1: Conduct a SWOT analysis with lactation support professionals to strengthen statewide breastfeeding efforts ○ ESM BF.2: ESM 4.1 BF - All WIC staff receive training on the USDA WIC Breastfeeding Curriculum presented by Every Mother, Inc. ● A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS ○ ESM SS.1: Number of culturally appropriate translations of material created for populations at risk of infant mortality. ○ ESM SS.2: Number of participants that complete financial literacy curriculum among maternal and child health program settings SPMs ● SPM 2: Percent of infants breastfed for at least the first 6 months.	Perinatal/Infant Health
Increase developmental screenings and referral to early intervention services for children. NPMs ● Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS ○ ESM DS.1: Collaborate with partners to develop a state-wide developmental screening registry ○ ESM DS.2: Increase % of individuals identified as having a birth defect through the SCBDP who are referred to Babynet	Child Health
Improve coordinated and comprehensive health promotion efforts among the child and adolescent populations. NPMs ● Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day (Physical Activity, Formerly NPM 8.1) - PA-Child	Child Health, Adolescent Health

Priority Needs and Associated Measures	Reporting Domain(s)
○ ESM PA-Child.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 ● Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others (Bullying, Formerly NPM 9) - BLY ○ ESM BLY.1: Publish a white paper describing the impact and cost of bullying on families, stratified by race/ethnicity and related equity metrics ● Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWV ○ ESM AWV.1: Number of telehealth providers that adopt a standard of care for adolescents ○ ESM AWV.2: Percent of school districts that offer telehealth services and access to students ● Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child, Formerly NPM 13.2) - PDV-Child ○ ESM PDV-Child.1: Number of new partnerships to improve coordination between oral health services and well child visits	
Improve care coordination for children and youth with special health care needs. NPMs ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH ○ ESM MH.1: Percent of SC AAP members that complete training on NBS abnormal notification and referrals ○ ESM MH.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	Child Health, Children with Special Health Care Needs
Reduce disparities in SDoH, including barriers to medical care, especially behavioral and mental health care, fatherhood involvement, and racism/discrimination. SPMs ● 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
Enhance and expand transition in care/services for CYSHCN from pediatric/adolescent to adulthood. NPMs ● 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 (Transition, Formerly NPM 12) - TR ○ ESM TR.1: Percent of pediatric providers that use telehealth to assist CYSHCN transition to adult care	Children with Special Health Care Needs

Priority Needs and Associated Measures	Reporting Domain(s)
○ ESM TR.2: Percentage of CYSHCN ages 16-21 who have a valid transition care plan in place	

Executive Summary

Program Overview

The Title V Program in South Carolina (SC) is administered by the Bureau of Maternal and Child Health (MCH) within the SC Department of Health and Environmental Control (DHEC) and collaborates with various partners across SC, including local health departments, other state agencies, community-based organizations, academic institutions as well as other stakeholders, to improve maternal and child health by addressing the following Title V priority needs identified by the 2020 Needs Assessment:

1. Increase developmental screenings and referral to early intervention services for children. Developmental screenings are essential for all children, and early intervention is the key to improved outcomes for those children with an identified need.

2. Improve utilization of preventive health visits to promote women's health before, during, and after pregnancy. Utilization of preventive health care visits improve women's health throughout the life course—before pregnancy to ensure the woman is healthy prior to conception and manage chronic conditions; early in the pregnancy for appropriate monitoring, screenings and education; and postpartum to ensure mom is recovering from delivery and any risks can be identified and managed.

3. Improve access to risk- appropriate care through evidence- based enhancements to perinatal systems of care. One of SC's identified strengths includes the Perinatal Regionalization System; however, identified gaps include racial/ethnic disparities in risk-appropriate care and the need for increased, standardized screening and treatment of substance use within the system of care.

4. Strengthen implementation of evidence-based practices that keep infants safe, healthy and prevent mortality. Along with safe sleep practices and breastfeeding promotion/support, addressing disparities and focusing on creating culturally appropriate messaging, increased awareness/education and promotion of provider and family support for best practices in the first year of life are key.

5. Improve coordinated and comprehensive health promotion efforts among the child and adolescent populations. Health promotion efforts for child and adolescent populations need to include a more coordinated and comprehensive approach to address complex issues.

6. Improve care coordination for CYSHCN and enhance and expand transition in services for CYSHCN from pediatric to adulthood. Care coordination and transition from pediatric to adolescent care for CYSHCN are areas that continue to need improvement.

7. Reduce racial/ethnic disparities in social determinants of health, including insurance coverage, other barriers to medical care, especially behavioral and mental health care, fatherhood involvement, and racism/discrimination. Disparities and health inequities across all population health domains exist and are a priority for MCH.

The current State Action Plan serves to address these needs, and several key Title V programmatic activities are highlighted below by population health domain:

Women's/Maternal Health

Disparities in maternal health outcomes, particularly in maternal mortality, are of great concern for SC. The 2020 Pregnancy-Related Mortality Rate (PRMR) was 32.3 deaths per 100,000 live births, a 16.3% decrease from 38.6 in 2019; however, black women were 4.2 times more likely to experience a death during pregnancy or in the postpartum period than white women. Looking at 2018-2020, the PRMRs in rural counties were nearly twice as high as those in urban counties (55.7 and 28.9, respectively). The leading causes of PR deaths during this same time period were Mental Health Conditions/Substance Use, Thrombotic Embolism, and Cardiomyopathy.

The multidisciplinary Maternal Mortality and Morbidity Review Committee (MMMRC) has completed full calendar year reviews for 2018-2020 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. Discrimination was recognized as a contributing factor in more than one-third of the pregnancy-related deaths reviewed, and the SC MMMRC has established a workgroup that focuses on racial disparities with the goal of providing actionable recommendations to improve social determinants of health of pregnant and postpartum women.

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 maternal health. DHEC is expanding its collaboration with close partners like PASOs who work with women in the community to impact utilization of Community Health Workers to increase healthy outcomes for women and mothers in the state.

Perinatal/Infant Health

In 2022, the statewide infant mortality rate decreased by nearly 7% from 7.3 to 6.8 per 1,000 live births. The three leading causes of infant death were congenital malformations or birth defects, disorders related to short gestation and low birthweight, and accidents. Combined, these three categories account for more than 2 in 5 infant deaths. Deaths due to accidents had the largest increase (46%) over the past year, which increased the rank from fifth in 2021 to third in 2022. Of the 36 deaths due to accidents, 29 were caused by accidental suffocation and strangulation in bed. This significant increase highlights the need for focused programming and promotion of infant mortality prevention services, including continued safe sleep education efforts, in the perinatal/infant health domain.

To address the devastating impact of infant mortality in our state, Title V has taken the lead to reestablish the Fetal Infant Mortality Review (FIMR). This multidisciplinary committee seeks to better understand the circumstances contributing to premature death of infants across the state and make recommendation for system and community improvement. The Title V program has also expanded its Count the Kicks campaign to address stillbirth and infant mortality rates through education of providers and expectant mothers.

Child Health

According to NSCH data, an 11.0% increase was seen in parent-completed developmental screenings from 2020-2021 (40.8%) to 2021-2022 (45.3%), but there is still work to be done to meet SC's Title V NPM 6 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.

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 for collecting and sharing data with families, service providers and stakeholder organizations. SC DHEC has initiated the process to establish a statewide developmental screening registry, and Title V expanded its partnership with Help Me Grow SC to facilitate connections and improve developmental outcomes for children in South Carolina. This partnership seeks to increase and connect families to developmental screening services and resources.

Adolescent Health

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.

South Carolina was selected to collaborate with the Association of Maternal and Child Health Programs (AMCHP) and the National Improvement Partnership Network (NIPN) to support policy and system improvements and advancements in clinicians' responses to adolescents' behavioral health needs. The MCH Bureau's State Adolescent Health Coordinator is actively involved in the HIV Planning Council, and the Adolescent Health Coordinator served on the Prevention Committee. Recognizing that the council predominately serves adults, the Adolescent Health Coordinator is working as an advocate and representative for adolescents to ensure the needs of adolescent populations are addressed.

The MCH Bureau completed its first internal evaluation of the Sexual Risk Avoidance Education (SRAE) and Personal Responsibility Education Program (PREP) adolescent sexual health and youth development grant programs. The evaluation team implemented new processes for data collection, including the development of an online data submission portal and database for statewide partners to use. Partner agencies reported an increase in satisfaction with program evaluation; there were improvements in overall data quality and accuracy; and data visualization dashboards were developed for real-time analysis of program outcomes. The program evaluation team executed evaluation-capacity building strategies including evaluation training, technical assistance, and peer learning meetings. Other accomplishments in adolescent health data include the work to re-establish the Youth Risk Behavior Surveillance System (YRBSS) in collaboration with the SC Department of Education and DHEC's MCH Bureau.

Children and Youth with Special Health Care 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 latest NSCH data show a significant decrease in medical home for children and youth with a special health care need in SC (49.7% in 2020-2021 to 41.1% in 2021-2022), demonstrating this is a critical need.

The CYSHCN program launched a widescale initiative to develop and disseminate materials for families and providers on the importance of a medical home and improve care coordination and comprehensive health promotion efforts for children and youth with special health care needs. Regional teams conducted a total of 80 outreach activities to build and strengthen community partnerships, which are vital for continuity of care and support for SC's CYSHCN and medically complex population. All department resources, including informational fliers and outreach materials, were updated to reflect current services offered through the program, in addition to resources and partners that are available throughout the community.

Under the leadership of the MCH Bureau, the CYSHCN Program spearheaded the development and implementation of a new voluntary statewide, patient driven, Sickle Cell Disease Registry focused on collecting data on the nature and incidence of SCD in South Carolina. This registry is a huge step towards moving the needle for those living with SCD in South Carolina and is proving to be an innovative tool in reviewing gaps in services or care across the state.

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 and service integration occurs across the state in our four public health regions and in central office. MCH service delivery occurs within DHEC's 60 health departments and health centers. 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 serve MCH and Preventive Health programs. Title V also provides funding for a CYSHCN Coordinator and MCH Program Manager in each of DHECs four Public Health Regions. These roles help to oversee operations and coordination of 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; CYSHCN; and Population Health Surveillance. Within these divisions, funded programs include:

- Reproductive health, abstinence and teen pregnancy prevention
- Care coordination, medical equipment (e.g., cochlear implants, hearing aids), the bleeding disorders program, and Camp Burnt Gin, and metabolic formulas
- NBS follow-up and newborn hearing screening
- Lead screening and intervention
- State school nursing
- Perinatal regionalization
- Birth defects
- Maternal and infant mortality
- Newborn Home Visits
- 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, advisory 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 MCH Bureau is able to collaborate on inter-agency 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. In addition, SC Title V funds assist in supporting external partnerships and contracts with approximately 80 organizations and healthcare facilities. These external partnerships allow for an extended reach of services outside of our health department walls and include partners such as PASOs, HealthySteps, SC State University, SC Help Me Grow, and the SC Center for Fathers and Families.

MCH Success Story

South Carolina has the 8th highest maternal mortality rate in the country. Comprehensive reviews of pregnancy-related deaths show that most of these are preventable. While there are many contributing factors to these deaths, SC's Title V program focused on increasing education of pregnant women and their support systems on pregnancy-related complications and when to seek care.

In Summer 2023, SC DHEC developed a communication plan to pilot CDC's Hear Her Campaign in South Carolina to raise awareness on the urgent maternal warning signs and symptoms during pregnancy and up to one year postpartum. The campaign also seeks to empower pregnant and postpartum women to speak up and advocate for themselves in a way that encourages their health care providers to listen and hear their concerns.

The communication plan included several components. Digital streaming of radio and television advertising ran January through March 2024. Messaging was promoted through the agency's social media platforms during this timeframe, and printed educational materials and resources were widely distributed.

Over the campaign flight, 6,078 30-second PSAs aired on television, and 1,660 30-second PSAs were broadcast across 5 radio stations. CDC educational materials, including a conversation guide, were printed and distributed to partners such as local health departments, WIC clinics, community-based organizations, and at outreach events. DHEC also created a Pregnancy and Postpartum website featuring the Hear Her information and helpful resources all on one webpage.

Title V staff considered rates of adverse pregnancy outcomes and areas with higher associated risk factors to determine where to direct the campaign messaging. Based on this information, the pilot campaign flight was promoted in the northeast geographic region of the state known as the Pee Dee. This public health region is made up of 12 counties and is considered mostly rural. Recently, two hospitals in the region stopped providing labor and delivery services, leaving seven birthing hospitals located in only 4 of the counties. With increased travel times to obstetric services and more women potentially seen in emergency departments, their symptoms may not be immediately connected to their pregnancy or having recently been pregnant. By increasing awareness of these warning signs and providing communication guides, we hope pregnant and postpartum women seek medical care at the onset of any of these symptoms and are heard so appropriate treatment can be administered.

Plans are underway for a state-wide launch of the Hear Her Campaign, including the addition of the CDC's provider-focused module.

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 2023.

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.