



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

SOUTH CAROLINA

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

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 FY2026 Application / FY2024 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.fvisdata.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 Director, CYSHCN Section hartsem@dph.sc.gov (803) 898-2966

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

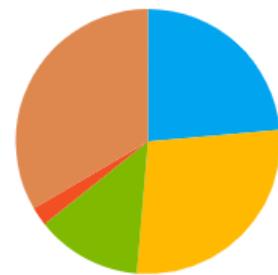
State Youth Leader
No Contact Information Provided

State Hotline: (855) 472-3432

Funding by Source

Source	FY 2024 Expenditures
Federal Allocation	\$10,432,760
State MCH Funds	\$12,293,871
Local MCH Funds	\$5,719,900
Other Funds	\$1,013,856
Program Income	\$14,792,355

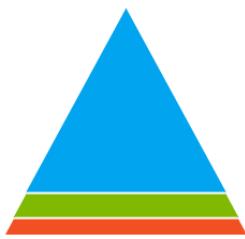
FY 2024 Expenditures



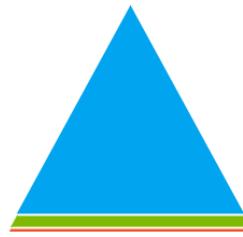
Funding by Service Level

Service Level	Federal	Non-Federal
■ Direct Services	\$8,631,506	\$41,552,946
■ Enabling Services	\$1,074,412	\$2,174,832
■ Public Health Services and Systems	\$726,842	\$524,964

FY 2024 Expenditures
Federal



FY 2024 Expenditures
Non-Federal



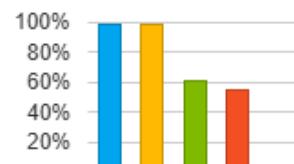
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
■ Pregnant Women	98.0%	\$1,132,205
■ Infants < 1 Year	98.0%	\$1,551,096
■ Children 1 through 21 Years	60.3%	\$13,510,678
■ CSHCN (Subset of all infants and children)	54.4%	\$12,988,059
■ Others *	2.6%	\$25,232,741

FY 2024 Expenditures
Total: \$54,414,779



FY 2024 Percentage Served



*Others— Women and men, over age 21.

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 2025 Needs Assessment reporting cycle. 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	Priority Need Type	Reporting Domain(s)
<p>Improve utilization of healthcare visits to promote health before, during, and after pregnancy.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV <ul style="list-style-type: none"> ○ ESM PPV.1: Percent of women, 18-44 years, who report having a personal doctor or healthcare provider. ○ ESM PPV.2: Percent of women, 18-44 years, who report having a routine healthcare visit within the past 2 years. 	Revised	Women/Maternal Health
<p>Strengthen implementation of evidence-based practices that keep infants safe, healthy, and prevent mortality.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of very low birth weight (VLBW) infants born in a hospital with a Level III + Neonatal Intensive Care Unit (NICU) - RAC <ul style="list-style-type: none"> ○ ESM RAC.1: Percent of Level I and Level II hospitals that complete the VLBW Self-Monitoring Tool ○ ESM RAC.2: 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.3: Percent of Medicaid prenatal care providers screening pregnant women for smoking, alcohol and drug use, domestic violence and depression using the SBIRT tool ● 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 D) Percent of infants room-sharing with an adult during sleep - SS <ul style="list-style-type: none"> ○ ESM SS.1: Percent of infant deaths due to unsafe sleep accidents ○ ESM SS.2: Number of culturally appropriate translations of material created for populations at risk of infant mortality. 	Continued	Perinatal/Infant Health

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
<p>Increase access to coordinated and comprehensive health promotion efforts for children.</p> <p>NPMs</p> <ul style="list-style-type: none"> Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH <ul style="list-style-type: none"> ESM MH.1: Percent of children, 9-35 months, who received a developmental screening using a parent-completed screening tool in the past year ESM MH.2: Percent of children, ages 1-17, who had a preventive dental visit in the past year ESM MH.3: 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 ESM MH.4: Percent of CYSHCN who receive needed care coordination ESM MH.5: Conduct a point in time survey of DHEC's CYSHCN to assess barriers and identify any racial/ethnic disparities in establishing a medical home 	Revised	Child Health
<p>Increase access to coordinated and comprehensive health promotion efforts for adolescents.</p> <p>NPMs</p> <ul style="list-style-type: none"> Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling - MHT <ul style="list-style-type: none"> ESM MHT.1: Number of Youth Access to Psychiatry Program (YAP-P) consults 	Revised	Adolescent Health
<p>Improve care coordination for children and youth with special health care needs.</p> <p>NPMs</p> <ul style="list-style-type: none"> Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH <ul style="list-style-type: none"> ESM MH.1: Percent of children, 9-35 months, who received a developmental screening using a parent-completed screening tool in the past year ESM MH.2: Percent of children, ages 1-17, who had a preventive dental visit in the past year ESM MH.3: Percent of school districts participating in professional development opportunities that include methods to provide at least 30 minutes daily physical activity 	Continued	Children with Special Health Care Needs

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
<p>opportunities for all students before, during, and after the school day</p> <ul style="list-style-type: none"> <input type="radio"/> ESM MH.4: Percent of CYSHCN who receive needed care coordination <input type="radio"/> ESM MH.5: Conduct a point in time survey of DHEC's CYSHCN to assess barriers and identify any racial/ethnic disparities in establishing a medical home 		
<p>Promote the advancement of transition in health care services for CYSHCN clients from adolescent to adult providers.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● 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 - TAHC <input type="radio"/> ESM TAHC.1: Percentage of DPH CYSHCN clients ages 16-21 who have a valid transition care plan in place 	Revised	Children with Special Health Care Needs
<p>Enhance partnerships that address community health factors across Title V population health domains.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Number of formal partnerships that address community health factors across Title V population health domains 	New	Cross-Cutting/Systems Building

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 Public Health (DPH) 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 disparities in social determinants of health, including insurance coverage, other barriers to medical care, especially behavioral and mental health care, and fatherhood involvement.** 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 (MMMR) 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.

DPH 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. DPH 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 National Survey of Children's Health (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 DPH 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 (YRBS), 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 DPH'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 and burned out 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 41.2% in 2022-2023). Many families are also in desperate need of respite care, demonstrating this is a critical need for family well-being.

The CYSHCN Section continues to prioritize early intervention and care coordination for infants born with chronic illnesses or genetic conditions. In collaboration with the Newborn Screening (NBS) program, services were expanded to include infants diagnosed with spinal muscular atrophy (SMA). With this new partnership expansion, CYSHCN received 58 referrals for infants with abnormal screenings for sickle cell disease, SMA, Pompe, and Mucopolysaccharidosis type I (MPS-1). Care coordinators reached out to each family to offer resources, referrals, scheduled follow-ups, community connections, and ongoing care coordination support.

Recognizing the critical role of respite care in supporting families of children with special health care needs, Camp Burnt Gin completed its second summer season since reopening following the COVID-19 pandemic. In 2024, the camp welcomed 169 campers and continued efforts to rebuild both camper enrollment and staff capacity. Programming for adolescents was designed to encourage greater independence and decision-making, and Camp Burnt Gin was honored with the "2024 Best of Sumter" award for summer camps.

On September 24, 2024, Hurricane Helene caused widespread devastation across the Southern Appalachian region, including northwestern South Carolina. Despite the state's established emergency response framework, the storm's impact was overwhelming. In response, CYSHCN Section staff and Family Connection partners swiftly activated their Continuity of Operations Plans (COOPs) to support affected families. For over ten days, nurses and care coordinators operated the state's medical need s shelters and triage line, even while managing personal hardships such as power outages and caring for their own families. In the months that followed, the CYSHCN Section began enhancing its emergency preparedness plans based on lessons learned. Moving forward, as part of standard care coordination processes, all families will have a specific emergency plan to ensure access to essential medications, supplies, and clear guidance to help protect health and safety during future emergencies.

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 DPH and service integration occurs across the state in our four public health regions and in central office. MCH service delivery occurs within DPH'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 and oversight for a CYSHCN Coordinator and MCH Program Manager in each of DPHs 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 three sections: 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 leverages funding and partnerships to provide education, 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, immunizations, family planning 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

Reaching women with accurate, culturally relevant maternal health education is not just a public health priority, it is an urgent, transformative opportunity. Black women have faced disproportionately high rates of maternal and infant mortality and a long-standing mistrust in the healthcare system. Rebuilding that trust requires authentic relationships, community-rooted approaches, and education delivered by people who understand and reflect the communities they serve.

In partnership with the South Carolina Department of Public Health (DPH) and supported by Title V funding, South Carolina State University (SCSU) implemented the Infant and Maternal Mortality (IMM) Program to directly confront these gaps. Designed with intention, the program reaches into the heart of SC's African American communities, where trusted voices like faith leaders, HBCUs, divine nine organizations, and grassroots advocates are best positioned to lead change. It's about restoring confidence in the healthcare system and equipping women with the tools and knowledge to advocate for themselves and their families. Through meaningful collaborations and community-led initiatives, IMM created spaces where health education feels safe, relatable, and empowering.

IMM has awarded thirty-one (31) \$10,000 community grants to support activities that center the lived realities and values of Black mothers, babies, and families. These events have included baby showers that double as educational sessions, interactive webinars, healing retreats, film screenings that spark powerful dialogue, and health fairs rooted in joy and tradition, some of these in tandem with basketball camps and track meets.

On September 20, 2024, IMM hosted its inaugural Empowering Mothers Health and Wellness Summit at the SCSU campus in Orangeburg, SC. The summit was free to attend for participants and exhibitors. The event included panel discussions from health care professionals, workshops with community leaders, and personal testimonies from women who experienced a complication during pregnancy or in the postpartum period.

In March 2025, SCSU officially launched an OnMed CareStation and Health & Wellness Hub at the main campus in Orangeburg, SC. These innovative projects provide free healthcare access to anyone, regardless of socioeconomic and insurance status. The OnMed CareStation is the first of its kind in SC and allows patients to have a consultation with a certified clinician at their convenience through videoconference technology.

The work of SCSU and the IMM Program have shown great success in supporting community organizations and engaging community members to raise awareness on the importance of maternal and infant health, addressing health disparities, and promoting overall well-being in SC. The program's mission and activities have reached over 12,000 people in the state of SC and even outside of the state.

"This impactful retreat would not have been possible without the generous support of the IMM Grant Program. Your investment allowed 23 mothers to experience a fully funded, healing-centered wellness retreat—providing the emotional support, education, and community connection they deeply needed." – Girl Get Up Society, IMM Grantee

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 2024.

[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.