HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

SOUTH CAROLINA

State Snapshot

FY 2021 Application / FY 2019 Annual Report

November 2020

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 FY 2021 Application / FY 2019 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	State Family or Youth Leader
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Funding by Source

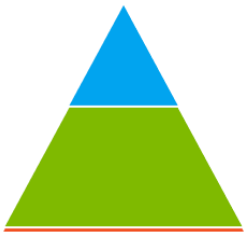
Source	FY 2019 Expenditures
Federal Allocation	$11,671,186
State MCH Funds	$14,958,589
Local MCH Funds	$6,356,507
Other Funds	$29,477,493
Program Income	$14,805,902

FY 2019 Expenditures

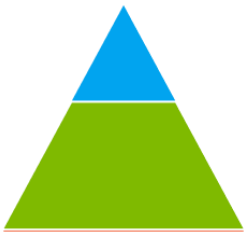
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$5,258,892	$28,145,855
Enabling Services	$6,247,342	$37,193,962
Public Health Services and Systems	$164,952	$258,674

FY 2019 Expenditures Federal



FY 2019 Expenditures Non-Federal



Percentage Served by Title V

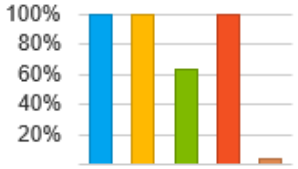
Population Served	Percentage Served	FY 2019 Expenditures
Pregnant Women	100.0%	$688,093
Infants < 1 Year	100.0%	$842,141
Children 1 through 21 Years	64.0%	$6,654,206
CSHCN (Subset of all Children)	100.0%	$12,602,187
Others *	4.0%	$66,016,912

*Others– Women and men, over age 21.

FY 2019 Expenditures

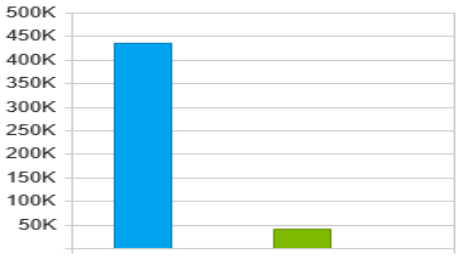
Total: $86,803,539

FY 2019 Percentage Served



Communication Reach

Communication Method	Amount
State Title V Website Hits:	437,314
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	41,676
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	Priority Need Type	Reporting Domain(s)
Improve utilization of preventive health visits to promote women's health before, during, and after pregnancy. NPMs • NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year ○ ESM 1.1: Number of downloads of the family services directory.	New	Women/Maternal Health

○ 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 ○ 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 SPMs ● SPM 1: Percent of women who received a post-partum check up.		
Improve access to risk-appropriate care through evidence-based enhancements to perinatal systems of care. NPMs ● NPM 3: Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU) ○ 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	Revised	Perinatal/Infant Health
Strengthen implementation of evidence-based practices that keep infants safe, healthy and prevent mortality. NPMs ● NPM 4: A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months ○ 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	New	Perinatal/Infant Health

separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding ○ 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 SPMs ● SPM 2: Percent of infants breastfed for at least the first 6 months.		
Increase developmental screenings and referral to early intervention services for children. NPMs ● 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 ○ ESM 6.1: Collaborate with partners to develop a state-wide developmental screening registry ○ ESM 6.2: A) Increase % of individuals identified as having a birth defect through the SCBDP who are referred to Babynet, and B) percent of referrals who are eligible for services who have scheduled an intake appointment	Continued	Child Health
Improve coordinated and comprehensive health promotion efforts among the child and adolescent populations. NPMs ● NPM 8.1: Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day ○ 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 ○ 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. ○ ESM 10.1: Number of telehealth providers that adopt a standard of care for adolescents ○ ESM 10.2: Percent of school districts that offer telehealth services and access to students	New	Child Health, Adolescent Health

• NPM 13.2: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year ○ ESM 13.2.1: 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
• NPM 11: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home
  ○ 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
	Continued	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	Revised	Cross-Cutting/Systems Building
Enhance and expand transition in care/services for CYSHCN from pediatric/adolescent to adulthood. NPMs • NPM 12: Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care ○ ESM 12.1: Percent of pediatric providers that use telehealth to assist CYSHCN transition to adult care	New	Children with Special Health Care Needs

Executive Summary

Program Overview

During FY2019, 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 famlies. National Performance Measures (NPMs) and State Performance Measures (SPMs) were selected to help achieve this goal, and information about DHEC's activities is shared below:

Women's/Maternal Health

Moving the needle: SC has made strides to significantly increase the percent of women who receive first trimester prenatal care, reduce the percent of women who smoke during pregnancy, and reduce the percent of infants born at a low birthweight. The rates of infant mortality and teen birth also decreased. Improvements in low birthweight, infant mortality and teen birth have been achieved through various partnerships, a strong perinatal regionalization system, a focus on educating and training on safe sleep practices, among others. Additionally, the percent of women who smoke during pregnancy has been steadily dropping over the past 10 years.

Population Needs: Despite these improvements, disparities persist among outcomes that disproportionately affect minority women and infants. DHEC will continue to work with partners like Healthy Start, Medicaid, and PASOs, who work with women in the community on this important issue.

Although the Maternal Mortality and Morbidity Review Committee was formed and given legal permission to work by SC state law in 2016, the Committee has persisted through several challenges to increase its case abstraction. More support from state and federal partners have assisted the Committee in increasing its review capacity.

Accomplishments: *NPM 1* was selected to help more women manage their reproductive health responsibly. Through partnerships with SC BOI, the SC Campaign to Prevent Teen Pregnancy, and the New Morning Foundation, DHEC has been afforded the opportunity to increase access to Long Acting Reversible Contraceptives across the state and educate women about reproductive life planning.

Perinatal/Infant Health

Moving the needle: SC has seen a reduction in rates of infant mortality; breastfeeding and infant/child vaccinations are increasing; and those without health insurance is decreasing. Improvements have been achieved through partnerships with the SC BOI, a strong perinatal regionalization system that provides risk-appropriate care, education and training on safe sleep practices, ongoing Baby-Friendly initiatives, and WIC efforts, among others.

Population Needs: While the 2017 rate of neonatal abstinence syndrome in South Carolina was 4.9 infants per 1,000 birth hospitalizations (*NOM 11*), NAS is likely being underreported in the hospital records. DHEC has completed a needs assessment in which a sample of obstetricians, neonatologists, and pediatricians around the state were interviewed to determine current practices, policies and protocols for screening and treatment of pregnant women and diagnosis and treatment for the infants. This information will be helpful and guide efforts to standardize NAS protocols statewide.

Accomplishments: DHEC has partnerships with organizations and agencies across the state to improve outcomes in Perinatal and Infant Health. For example, the SC BOI brings together community partners to discuss issues that impact moms and babies. Workgroups of the SC BOI include: Access to Care Coordination; Baby-Friendly/Safe Sleep; Behavioral Health; Data; Health Disparities; and Quality and Patient Safety. The work of the SC BOI's Baby Friendly group directly addresses *NPM 4.*

South Carolina also continues to maintain a successful and robust perinatal regionalization system that addresses *NPM 3.* Currently, there are four regional hospitals covering each of SC's perinatal regions. As a part of this effort, DHEC has been very involved in a vaginal birth simulation project, SIMCoach. This project helps women to avoid C-sections that are not medically necessary and helps medical providers get the practice they need to help women during high-risk deliveries.

Safe sleep continues to be a focus of the SC BOI. Unified messaging and materials have been created to educate the public about awareness and prevention strategies, addressing *NPM 5.*

Child Health

Moving the needle: The percentage of children without health insurance continues to fall, and child vaccinations are steadily increasing. Conversely, annual preventive dental visits have decreased. The Child Well-Being Coalition, State Child Fatality Advisory Committee, MD STARnet, State School Nurse Program, and Lead Screening Program as a collective seeks to strengthen the health, well-being, and resilience of our child population.

Population Needs: Although more people across SC want children to be screened for unhealthy development, the way children are being screened varies across the state. Only 36.9% of children received a developmental screening using a parent-completed screening tool according to survey results from the 2017-2018 NSCH.

Accomplishments: The Child Well-Being Coalition is prioritizing state and national performance measure as well as other key indicators across a child's lifespan. The coalition is comprised of multidisciplinary workgroups covering five child well-being domains: health, family, education, economy, and community. In early 2017, the SC Birth Defects Program successfully began work with Help Me Grow SC to increase developmental screening across SC, impacting *NPM 6.*

Adolescent Health

M*oving the Needle:* According to the 2017-2018 NSCH, 31.6% of children and 19% of adolescents were physically active at least 60 minutes per day. Adolescent motor vehicle mortality, uninsured children, teen birth, and diagnoses of autism spectrum disorder and ADD/ADHD have all declined. Conversely, adolescent suicide has increased, and annual preventive dental visits have decreased. The Child Well-Being Coalition, State Child Fatality Advisory Committee, MD STARnet, State School Nurse Program, and Lead Screening Program as a collective seeks to improve the well-being and resilience of our children and adolescents.

Population Needs: To help more young people get the exercise they need, DHEC is working with school boards and administrations. Educating leaders about the importance of exercise in youth and open-use agreement has been challenging. And although fewer teens are having babies, disparities persist among minority teens when compared to white teens.

Accomplishments: Through DHEC's Chronic Disease Bureau and the state's obesity reduction collective impact workgroup, SCale Down, *NPM 8.2* has been selected as a measure to address.

Children and Youth with Special Health Care Needs

Moving the Needle: Nearly 50% of children and youth with and without special health care needs are challenged with finding a medical home (*NPM 11)*. CYSHCN remains vigilant in recognizing the need to build and maintain capacity of frontline and program staff and building stronger partnerships with outside organizations to ensure all CYSHCN patients have access to care and necessary resources.

Population Needs: The percentage of infants identified through Newborn Screening with sickle cell disease who receive care coordination services through the CYSHCN program decreased in FFY19. This decrease illustrates a need to look at new activities to strengthen our approach in the upcoming year. We know early intervention with care coordination can make a difference in outcomes for this vulnerable population and recognize the need to continue the successful partnership with Family Connection of SC to further impact *SPM 4*.

Cross-Cutting/Life Course

Accomplishments: Reducing racial and ethnic disparities in social determinants of health, including insurance coverage and other barriers to healthcare continue to be of great concern and were key in the development and completion of our Sickle Cell Disease State Plan last year. The plan provides a framework in developing systematic and coordinated strategies that address the lack of resources available to treat and care for patients with sickle cell disease.

The Perinatal/Infant Quality Improvement Expansion Grant was awarded to DHEC to support oral health in pregnant women and infants and will seek to improve the outcome of *SPM 5.* Nurses providing newborn home visits continue to screen for tobacco and refer to the SC Tobacco Quitline. In early 2017, the Medicaid program began reimbursing providers for smoking cessation interventions for all Medicaid recipients, to positively influence *NPM 14.* And health equity is the basis of *SPM 3*; the Bureau of Population Health Data Analytics and Informatics' efforts to intermingle health equity strategies and informatics across agency initiatives are significant and paving the way for all other DHEC areas to adopt a health equity policy.

How Federal Title V Funds Support State MCH Efforts

All MCH Title V Block Grant programs in South Carolina are administered through the MCH Bureau within DHEC. MCH programs administered through DHEC are funneled through five bureaus and 4 public health regions.

Within the MCH Bureau, state and federal funds cover activities and staffing across three divisions: Women's Health; Children's Health & Perinatal Services; and Children and Youth with Special Health Care Needs. Funded programs include: care coordination, medical equipment (e.g., cochlear implants, hearing aids, severe orthodontia, and hemophilia factor), Camp Burnt Gin, NBS follow-up, newborn hearing screening, lead screening and intervention, school nurse liaison, perinatal regionalization, infrastructure, epidemiology support, and health promotion and nutritional education, among other efforts. Title V also provides funding for an MCH Program Manager in each DHEC region who oversees and coordinates services at the local level.

Other service integration occurs across the regions in DHEC's 76 facilities. Currently, there are nearly 400 individuals partially or fully funded under the MCH Title V Service Block Grant. This represents both clinical and non-clinical staff that service MCH and Preventative Health programs.

MCH Success Story

Access to community level data is key to helping decision makers, public health professionals, and city officials better understand the health behaviors and outcomes of their residents. DHEC staff within the Bureau of Population Health Data Analytics and Informatics embarked on a "Data Walks" road show across the state for key city and county leadership. Data Walks are a display of large-scale posters including graphs, charts and maps presented by DHEC experts to effectively paint a picture of a county's population and health status. These Data Walks provide an opportunity to convene local leaders, promote discussion around various health issues, and facilitate selection of priority areas.

In June of 2019, a Data Walk held in rural Saluda County, proved to be a great success and resulted in the selection of Maternal and Infant Care as one of the county's top health priorities. Along with key Title V staff, a multi-sector committee was formed to address MCH issues, and they soon discovered there were 4 infant deaths in the Spanish-speaking, Guatemalan, community. This has encouraged the committee to actively find ways to reach this population, as well as impact the overall population outcomes in the county. Saluda County partners have been able to sustain their motivation to keep the process moving, including their work as part of a Community Health Improvement Plan (CHIP) to identify action steps that they can take as a community.

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 2019.

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.