

South Carolina Home Visiting Needs Assessment Update 2020

Executive Summary



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Introduction

With passage of the Bipartisan Budget Act of 2018, extended appropriated federal funding for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program was approved with a requirement for program awardees to conduct a statewide needs assessment no later than October 1, 2020. As the gubernatorial designated lead entity for South Carolina's MIECHV program, the Children's Trust of South Carolina partnered with two entities to complete this assessment: the Rural and Minority Health Research Center and the Core for Applied Research and Evaluation, both at the Arnold School of Public Health, University of South Carolina.

The first assessment of home visiting needs in South Carolina was completed by the South Carolina Department of Health and Environmental Control (DHEC), Maternal and Child Health Bureau, Title V Program on September 20, 2010. **Since then, the overall number of home visiting sites has grown 26% in the state, and the number of sites implementing three of the main evidence-based home visiting models (i.e., *Healthy Families America, Nurse-Family Partnership, and Parents as Teachers*) has increased 65%.**

Home visiting programs address critical areas of child well-being, including the coordination and delivery of critical health, child development, early learning, child abuse and neglect prevention, and family support services. This assessment focused on four areas of need within home visiting: (1) identification of communities with concentrations of defined risk factors; (2) assessment of the quality and capacity of home visiting services; (3) assessment of the state's capacity for providing substance use disorder treatment and counseling services; and (4) current coordination with other recent maternal and child health focused needs assessments.

Findings

Communities with Concentrations of Risk

Using established criteria that included a mix of socio-economic indicators, perinatal health and substance use disorder measures, child maltreatment data, and existing engagement in home visiting to identify risk, **44 of South Carolina's 46 counties were identified in this needs assessment as at-risk due to poor prenatal, maternal, newborn, or child health outcomes.**

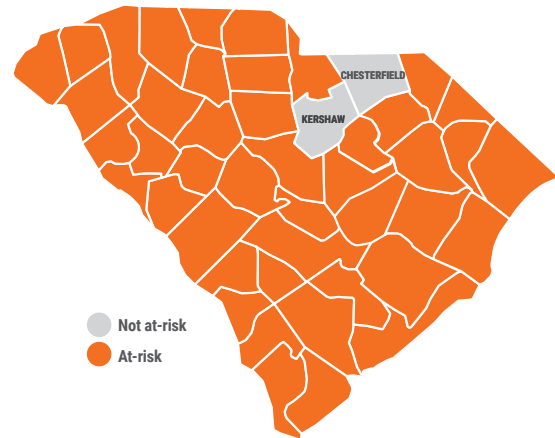


Figure 1. South Carolina At-Risk Counties, 2020 Home Visiting Needs Assessment

Quality and Capacity of Existing Home Visiting Programs

For over a decade, access to home visiting services has been available to families across South Carolina. Seven main home visiting models currently operate in the state. The MIECHV program currently supports three models of evidence-based home visiting: ***Healthy Families America, Nurse-Family Partnership, and Parents as Teachers***. In addition, South Carolina First Steps also provides Parents as Teachers through its network of local partnerships. Four additional models currently have widespread adoption and buy-in in South Carolina: ***Early Head Start-Home-Based Option, Early Steps to School Success*** (a Save The Children program), ***Healthy Start***, and ***ParentChild+*** (formerly the Parent Child Home Program).

Overall, based on examination of these seven models' reach, **every county in South Carolina is served by at least one home visiting model**, with a range of models per county of 1-5. Furthermore, every county is served by at least one evidence-based home visiting model eligible for MIECHV funding. Despite this comprehensive geographic coverage, **there is wide variation in the number of clients served by county, ranging from 1 to 473** in the most recent program year(s). An estimated 3,770 clients total are served annually across all models. Statewide, just **10% of families in need in at-risk counties were found to be receiving home visiting services.**

To add context to these findings, a statewide home visiting stakeholder survey was administered in conjunction with an analysis of previously conducted family interviews to further describe the quality and capacity of the existing programs. In general, home visiting programs perform a service that is much needed by South Carolina families through providing valuable information to families about growth and development, parenting advice and skills, home safety, support for parents, and books and other supplies. Services are also convenient and helpful for the whole family. Programs are flexible, adapting to new situations rapidly when needed to provide services continuously to families, as evidenced by the utilization of virtual visits necessitated by the COVID-19 public health emergency in 2020. **Home visitors in South Carolina are largely representative of the populations they serve, indicating a commitment to health equity across programs. Local communities have high levels of buy-in for implementation of home visiting programs but low levels of infrastructure and leadership prioritization.**

The ability of home visiting programs to meet families' needs is limited as a result of deficiencies in the state's socioeconomic infrastructure, including lack of transportation, child care, mental health services, job needs, and other basic life needs. Certainly, the COVID-19 pandemic has already and will continue to exacerbate these concerns, especially among families experiencing poverty. Although home visiting programs face many barriers, **suggestions for ways to improve efforts to reach families that have great needs include:**

- Allocating more funds for home visiting programs
- Promotion and education of home visiting services to families in the community
- Hiring qualified staff who represent minority populations and/or are bilingual
- Adapting services to include options for virtual visits
- Providing universal home visiting and care coordination
- Using community health workers as a liaison between programs and the community
- Creating a single statewide referral system

Capacity for Providing Substance Use Disorder Treatment and Counseling Services

With regards to availability of substance use disorder treatment services for families served through home visiting, **South Carolina has demonstrated capacity to provide care for a variety of needs in the outpatient setting statewide.** Treatment in the inpatient setting appears to

be closely aligned with population areas of need, as most of these locations are in urban areas. Families continue to experience barriers to accessing services, including (1) lack of transportation, (2) lack of availability of services, (3) lack of awareness of available services, (4) competing family priorities, (5) lack of child care, (6) lack of insurance, (7) lack of prenatal education related to substance use, and (8) stigma. There is great potential for increased collaboration between the substance use disorder treatment system and home visiting stakeholders at the state level and locally, building on current provision of treatment for pregnant women and families of young children.

Coordination with Other Maternal and Child Health Needs Assessments

Collaboration opportunities also exist between home visiting and early childhood system stakeholders in South Carolina. Relationships between these entities have strengthened over the past decade, yet more needs to be done to ensure everyone at the state and local levels is aware of home visiting as a resource. **The South Carolina Home Visiting Consortium is a vehicle for further uniting home visiting and early childhood stakeholders in the state around this common purpose.** The Consortium engages home visiting stakeholders from across the state to strengthen the continuum of early childhood services through coordination, promotion, and advocacy.

Conclusion

The findings from this assessment provide an opportunity for coordination among home visiting and early childhood efforts in South Carolina, including the development of statewide strategies for the work of home visiting for the next 10 years. While home visiting programs across the state appear to meet the needs of families that can access their services, **additional resources are needed to assure equitable, adequate services are available to families in need in every county in the state.** Strengthening the home visiting infrastructure in South Carolina is an important preventive strategy that decreases risk factors and increases protective factors for children at risk for child abuse and neglect.



The South Carolina Home Visiting Needs Assessment Update 2020 was prepared as part of South Carolina's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. MIECHV is a program of Children's Trust of South Carolina and is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under CFDA # 93.870, Grant # X10MC32219. This information or content and conclusions are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

