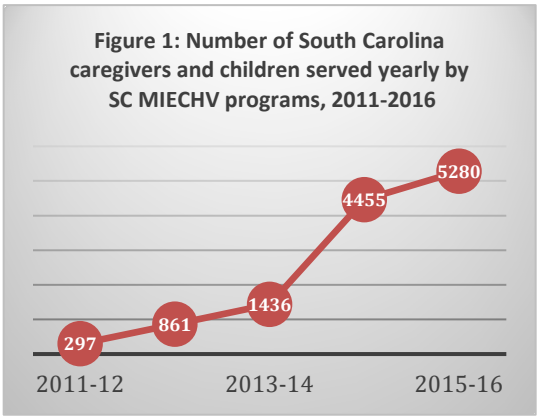
EXECUTIVE SUMMARY
JANUARY 9, 2017

INTRODUCTION
Children's Trust of South Carolina (SC), a state leader in improving the health and well-being of SC families and children, serves as the lead agency for the SC Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. The aim of the SC MIECHV program is to provide voluntary home visiting services to at-risk families with the intent of preventing child abuse and neglect, and improving health, development, and early learning outcomes of its participants.

The SC MIECHV program is locally implemented by different agencies across the state, including health departments, non-profit organizations, hospital-based and other clinics, and primary medical homes. Each local agency selects a MIECHV-approved, evidence-based home visiting model for implementation. In the 2015-2016 reporting year, 16 MIECHV-funded agencies delivered services through five different evidence-based home visiting models (Nurse-Family Partnership, Healthy Families America, Parents as Teachers, Healthy Steps, and Family Check-Up) to reach participants in 41 of the 46 SC counties.

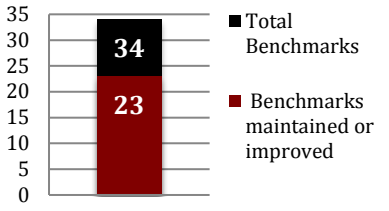


In total, 6,261 caregivers and children have enrolled in SC MIECHV programs since program inception in 2011. In the first reporting year of the program (2011-2012), SC MIECHV implementing sites served 297 caregivers and children statewide (Figure 1). Enabled by Expansion funding awarded in 2013, the SC MIECHV programs enrolled over 2,900 new parents and children, and served almost 4,500 new or continuing caregivers and children in the 2014-2015 reporting year. In the current reporting year (2015-2016), an additional 1,630 new caregivers and children were enrolled and a total of 5,280 caregivers and children were served. The slight decrease in the trajectory of growth this year may be attributed to three causes. First, one of the 17 original sites chose not to continue as a MIECHV-funded site, thus their participants were lost to the program. Second, some sites have begun to reach their capacity for enrollment. As of the end of the reporting year, two of the 16 sites were at 100% capacity; two sites were at 95% capacity; three sites were above 85% capacity. Third, there has been a slowing of growth in the Healthy Steps program, likely because of the anticipated phase out of the program by October 2017.

The SC MIECHV program continued to serve some of SC's most vulnerable families. This year, almost 70% of enrolled households lived below 100% of the Federal Poverty Level, 11% of caregivers were under 20 years of age; 58% of caregivers had a high school diploma equivalent or less, and 15% of families spoke a primary language other than English.

Each year, South Carolina is required to report on 34 federal performance measures across six different construct categories, including maternal and infant health, child abuse and maltreatment and emergency department use, school readiness, crime and domestic violence, family economic self-sufficiency, and coordination of community referral services. In Year 5, South Carolina showed specific improvements in each of the six benchmark categories, and overall maintained or demonstrated overall positive improvement in 23 of the 34 individual performance measures (68%, Figure 2). The progress that the SC MIEHCV program continues to make in improving the health, behavior, education, and economic self-sufficiency of the families it serves is particularly notable as the numbers served continue to grow.

Figure 2: Federal benchmark measures maintained or improved in Year 5



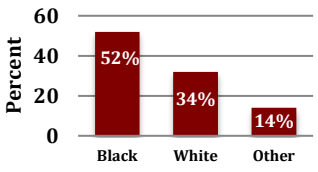
In Year 5, home-visiting specialists across the 16 implementing sites made 17,549 home visits to enrolled parents and children. The collective impact of these MIECHV-supported visits is noteworthy for the measurable differences they make in the lives of SC children and families.

The remainder of this brief highlights selected key findings for the reporting Year 5, which covers MIECHV enrollment and services from October 1, 2015 through September 30, 2016.

Program Demographics and Utilization

Among all caregivers served in Year 5, 52% identified as black or African American, 34% as white, and 14% as another race, multiracial or unreported (Figure 3). Approximately 19% self-identified as Hispanic or Latino.

Figure 3: Percent of MIECHV Enrollees by Race

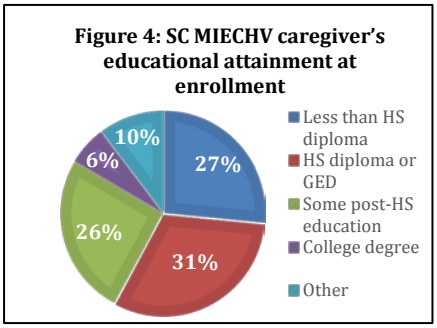


The majority of caregiver enrollees were between 20 and 34 years of age (75%); 13% were 35 or older; 12% were expecting or parenting teens. Twenty-six caregivers were 14 years old or younger at enrollment.

Approximately 25% of children served by SC MIECHV programs in the reporting year were under one year of age, and 64% were between one and two years of age. The remaining 11% of children were three years of age or older.

Medicaid was the primary source of health insurance for 80% of caregivers at program enrollment, and approximately 10% had no documented source of health insurance at enrollment. Medicaid was also the primary source of health insurance for children enrolled in MIECHV programs (92%); 4% of children had no health insurance at program enrollment.

The majority of enrolled families were economically vulnerable, with 58% of caregivers having no more than a high school diploma or GED certificate (Figure 4). Almost 76% of caregivers were unemployed or working part-time jobs at enrollment. Approximately 72% of caregivers were single, and an additional 4% were separated, divorced, or widowed. Almost 70% of families were living below 100% of the Federal Poverty Level.

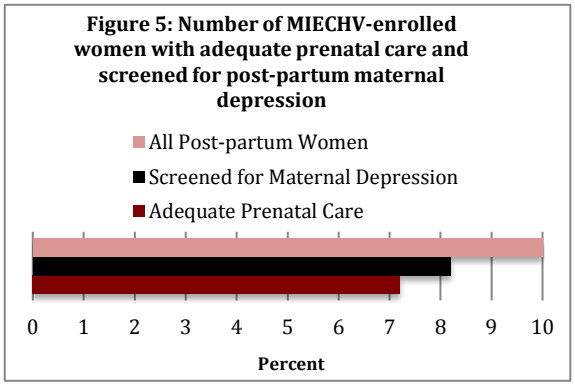


Given the MIECHV focus on legislatively-mandated vulnerable populations, the SC MIECHV programs are working with appropriately at-risk families and children to improve their long-term health and economic trajectories.

Selected Benchmark Findings

South Carolina reports on 34 federal performance measures spanning six different constructs, including maternal and newborn health, child maltreatment and emergency department use, school readiness, criminal activity, economic self-sufficiency, and coordination of referral services. In Year 5, South Carolina maintained or demonstrated positive improvements in 23 of 34 performance measures aimed at improving the health and well-being of families and children.

MIECHV programs have been instrumental in providing important health services and screenings for enrollees. Of the female caregivers with no routine doctor visit in the last year, just over one in three mothers (31%) had a visit within 12 months of enrollment. Among expectant, MIECHV-enrolled mothers, 72% received adequate or better prenatal care, just lower than the SC state average of 75.4% (March of Dimes, 2014). Eight out of every ten post-partum women (82.2%) were screened for maternal depression within eight weeks of birth (Figure 5).

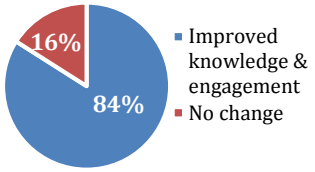


Selected health behaviors addressed by MIECHV programs can affect the well-being of both mothers and their children. Among female caregivers that used tobacco products at enrollment, one in five (19%) reduced or quit smoking by 12 months after enrollment. Almost 66% of new mothers initiated breastfeeding after delivery, an improvement from last year's 62%, and just short of the overall statewide average for all SC mothers (71%) (CDC, 2016). In addition, fewer MIECHV-enrolled women experienced a repeat pregnancy within 12 months of a live birth compared to last year (1%, compared to 3% last year). More parents reported coping well or very well with the demands of parenthood and raising children (62%, compared to 55% last year).

Early and periodic screening, diagnostic, and treatment (EPSDT) is key to ensuring a child receives appropriate preventative health, developmental, and specialty services. This year more MIECHV-enrolled children received the recommended number of well-child visits during their first year of life than last year (94% vs. 91%).

A strong foundational knowledge of child development, and engaged parenting behaviors are essential precursors to school readiness. In improved scores compared to last year (84%, compared to 76% last), four out of every five MIECHV-enrolled caregivers demonstrated quantifiable improvement in scores reflecting support for child learning and development, knowledge of child development and the developmental progress, and parenting behaviors that strengthen parent-child relationships (Figure 6).

Figure 6: MIECHV-enrolled caregivers with improved child development knowledge and engagement behaviors



The SC MIECHV programs also work to facilitate the upward mobility of participating families. This year, more families were identified as having specific needs at enrollment (33%, compared to 28%), and among those who were referred for services, 93% received those services. This year approximately 52% of families reported an increase in income or related benefits after 12 months of MIECHV enrollment. Among families who had no health insurance at program enrollment, more obtained health insurance during the course of their participation in the MIECHV program (56%, compared to 51% last year). Furthermore, 24% of mothers improved their level of educational attainment.

The early identification of and intervention for developmental delays is crucial to a child's long-term well-being and school success. Among MIECHV-enrolled children who reached 12 months of age during program enrollment and were identified with possible developmental delays in communication, general cognitive skills, gross and fine motor skills, social and emotional behaviors patterns, and positive approaches to learning, the majority received appropriate and timely referrals.

Particular progress was noted in benchmark area related to the prevention of child injuries, abuse, and neglect. Fewer cases of suspected child maltreatment were reported this year among MIECHV-enrolled families than last year (4.1% this year, versus 11.3% last year). Fewer of those cases were substantiated (1.8% this year, versus 4.9% last year). The number of first-time victims of child maltreatment remained low at 1.1%. In addition, there were fewer incidences of child injury requiring medical care this year (3.6% versus 7.9%). Both mothers and children had lower rates of emergency department use when compared to last year (33% vs. 50% for mothers; 42% vs. 56% for children).

Not only did the MIECHV implementing agencies work to expand health service use and improved health and well-being outcomes among participants, the agencies also continued to build a continuum of services and partners within their respective communities. During the reporting year, lead sites almost doubled their total number of formal agency agreements with other community resources from 46 to 86. As a sign of improved service coordination, documented information sharing with other community partners nearly doubled from the previous reporting year (238 to 447).

OPPORTUNITIES FOR CONTINUED IMPROVEMENT

The Year 5 report suggests opportunities to target several benchmark areas that did not see improved performance from the previous year. Most notably, a focus on reporting completed referrals will be important. The majority of the children identified with developmental delays were referred for services and the percent of referrals improved in four of the six delay areas evaluated; however, the overall rate of referral for developmental delays was 63%. While this rate of referral

may reflect parental choice or availability of services in a particular community, opportunities to improve referrals for identified developmental delays may exist. Similarly, among families identified at enrollment with a specific need that required services, 87% received a referral for those services. Among those who received a referral, almost all received appropriate services (93%); thus, increasing the number of referrals made for identified needs could better serve MIECHV-enrollees. Because referrals occur after a need is identified, referrals may also be generally under-reported in the data system. A further examination of referral practices and reporting will be important.

A second opportunity for improving the health of MIECHV-enrolled caregivers is a continued focus on improved caregiver self-care. The percent of smoking mothers who enrolled in a MIECHV program and reduced or quit smoking declined this year (19% this year, compared to 22% last year). The number of MIECHV-enrolled mothers who had not had a routine doctor's visit within 12 months of enrollment, who subsequently had a visit also declined from the previous reporting year (31% this year, compared to 39% last year). Finally, the number of post-partum mothers who were screened for depression fell slightly from 88% to 82%. Promoting improvement in these areas of maternal self-care will be important to maintaining maternal health and ultimately to improved child well-being of MIECHV-enrollees.

IN CONCLUSION

In 2015-2016, Children's Trust has continued its oversight of a system of home visitation that provides a continuum of services and support for families at various levels of vulnerability across the state of South Carolina. In Year 5 of the program implementation, Children's Trust provided effective leadership and guidance for their implementing agencies by offering multiple individual and collective learning opportunities for home visitors and site staff. These opportunities included a year-long continuous quality improvement (CQI) learning collaborative that addressed developmental screening and family engagement, and a statewide MIECHV retreat for all lead implementing site staff. During Year 5, Children's Trust also sponsored multiple other professional development opportunities and provided routine support for technical assistance, along with re-convening the SC Home Visiting Consortium to engage other organizations across the state that provide home visiting. Such collaborative leadership is crucial as Children's Trust continues to coordinate a SC MIECHV program that includes a diversity of models, locations, and services across the state.

Overall, the MIECHV program in SC continues to make important progress in improving the health and economic well-being of South Carolina's most vulnerable families.

References

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