Understanding the South Carolina Home Visiting Needs Assessment
Use the “chat” feature to ask questions

Webinar recording will be available in 24 hours

A link to the recording will be emailed to all registered participants
Today’s Agenda

1. Introduction of Home Visiting + Needs Assessment Process
2. 2020 SC Home Visiting Needs Assessment: Key Findings
3. 2020 SC Home Visiting Stakeholder Survey: Key Findings
4. Next Steps: Applying the Findings to Your Work
5. Q & A with presenters
Goals for Today

1. Provide background and context to the 2020 Needs Assessment process
2. Present findings and information relevant to your work
3. Explore implications these findings have for home visiting in South Carolina
Introduction to Home Visiting & the Needs Assessment Process
Bipartisan Budget Act of 2018

- Extended appropriated federal funding for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program
- Requirement to conduct statewide home visiting needs assessment by October 1, 2020
Home Visiting Supports Prevention

Home visiting improves child well-being through the coordination and delivery of health, child development, early learning, child abuse and neglect prevention, and family support services.

Strengthening the home visiting infrastructure decreases risk factors and increases protective factors for children at risk for child abuse and neglect.
2020 South Carolina Home Visiting Needs Assessment

Key Findings
Home Visiting Growth in South Carolina, 2010-2020

Overall

HFA, NFP, PAT only

Number of programs

2010

2020
2020 Needs Assessment

- Identify communities with concentrations of defined risk factors
- Assess the quality and capacity of home visiting services in the state
Identifying Communities with Concentrations of Risk

- Socioeconomic Status
- Adverse Perinatal Outcomes
- Substance Use Disorder
- Crime
- Child Maltreatment

Risk of current child abuse
Very high or high risk of child abuse
Some elevated risk of child abuse
Low risk for child abuse
Identifying Communities with Concentrations of Risk
Identifying Quality and Capacity of Existing Home Visiting Programs
Identifying Quality and Capacity of Existing Home Visiting Programs

- At least 1 Home visiting model in every SC county
- Range of models per SC county: 1 - 5
- Range of clients per SC county: 1 - 473
- Total number of clients served annually: 3,770
Identifying Quality and Capacity of Existing Home Visiting Programs

Caregiver Enrollment in Home Visiting by County 2020 Estimate
Identifying Quality and Capacity of Existing Home Visiting Programs

Caregiver Enrollment in Home Visiting by Eligibility per County 2020 Estimate
# Statewide Home Visiting Stakeholder Survey

<table>
<thead>
<tr>
<th>Who Was Surveyed</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home visiting program administrator/manager/supervisor</td>
<td>40</td>
<td>38.83%</td>
</tr>
<tr>
<td>State agency or organization</td>
<td>27</td>
<td>26.21%</td>
</tr>
<tr>
<td>Home visitor</td>
<td>19</td>
<td>18.45%</td>
</tr>
<tr>
<td>Local nonprofit or advocacy organization</td>
<td>9</td>
<td>8.74%</td>
</tr>
<tr>
<td>Public health professional</td>
<td>2</td>
<td>1.94%</td>
</tr>
<tr>
<td>Social or other support service provider (social worker, community health worker, etc.)</td>
<td>2</td>
<td>1.94%</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>1.94%</td>
</tr>
<tr>
<td>K-12 educator or other school staff</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Home visiting participant</td>
<td>1</td>
<td>1%</td>
</tr>
</tbody>
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(Online from July 9 to August 10, 2020)

<table>
<thead>
<tr>
<th>Model</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents as Teachers</td>
<td>28</td>
</tr>
<tr>
<td>Nurse-Family Partnership</td>
<td>18</td>
</tr>
<tr>
<td>Other*</td>
<td>9</td>
</tr>
<tr>
<td>Healthy Families America</td>
<td>7</td>
</tr>
<tr>
<td>Parent-Child+</td>
<td>3</td>
</tr>
<tr>
<td>Early Head State (Home-Based)</td>
<td>3</td>
</tr>
<tr>
<td>Healthy Start</td>
<td>2</td>
</tr>
<tr>
<td>Early Steps to School Success</td>
<td>1</td>
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</tbody>
</table>
Families’ Perspectives: Interviews & Focus Groups

34 Interviews and 6 Focus Groups
Barriers Families Face Accessing Home Visiting Services

- Unsure about having a home visitor come into their home
- Lack of awareness of home visiting services
- Competing family priorities (e.g., work, school, etc.)
- Lack of availability of services
Families Face Many Challenges and Have Continued Need

<table>
<thead>
<tr>
<th>Hardest to Access</th>
<th>Major Unmet Needs</th>
<th>Barriers in Accessing Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Transportation</td>
<td>• Transportation*</td>
<td>• Lack of transportation</td>
</tr>
<tr>
<td>• Basic needs</td>
<td>• Childcare*</td>
<td>• Lack of availability of</td>
</tr>
<tr>
<td>• Childcare</td>
<td>• Mental Health*</td>
<td>services</td>
</tr>
<tr>
<td>• Health care</td>
<td>• Job needs*</td>
<td>• Lack of awareness of</td>
</tr>
<tr>
<td></td>
<td>• Basic needs</td>
<td>available services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Competing family priorities</td>
</tr>
</tbody>
</table>

*low community capacity to address

More items identified as “major problems” in **rural** areas compared to urban
Barriers Home Visiting Programs Face in Addressing Service Gaps or Providing Services

- Finding referral partners
- Reaching families in rural areas
- Family engagement
- Lack of family awareness of home visiting services
Barriers Home Visiting Programs Face in Addressing Service Gaps or Providing Services

50% perceive the need for home visiting services exceeds their home visiting program's capacity

47% say their program does not have a waiting list
There is a perception that there are “a lot” of home visiting programs in our geographic service areas; however, with home visiting programs requiring prenatal enrollment or enrollment shortly after birth, there are few to no home visiting resources available for many families who would benefit from home visiting after children are 1 month old.

FEEDBACK FROM SURVEY PARTICIPANT
Ways to Improve Outreach to Families

1. Funds
2. Promotion and education
3. Hiring qualified minority or bilingual staff
4. Virtual visits
5. Universal home visiting and care coordination
6. Community health workers
7. Statewide referral system
Perspectives on Community Readiness and Capacity to Implement Home Visiting

Communities have low levels of infrastructure and leadership prioritization, but high levels of buy-in.
Resources Needed for Expansion of Home Visiting Programs

1. Local care coordination
2. Increase recognition and awareness of home visiting
3. Workforce redevelopment and support, including salaries
4. A range of models to meet diverse needs of families
5. More transportation options
6. Virtual home visiting options
7. Increased funding for home visiting programs
Overall Report Findings
Conclusions

• Home visiting programs provide a service that is much needed by South Carolina families
• There are high levels of buy-in at the community level
• Home visitors in SC are largely representative of the populations they serve, indicating a commitment to health equity across programs
Opportunities

• Only 10% of families in need in at-risk counties are receiving home visiting services

• Infrastructure and leadership prioritization for home visiting programs are low

• Meeting families’ needs requires addressing deficiencies in the state’s socio-economic infrastructure
Identified Home Visiting Needs in SC

- Reaching more rural families
- Coordinating services and referrals while providing a range of services
- Addressing the social determinants of health
- Raising awareness
Applying the Findings to Your Work
What does this mean for you?
Innovative Leadership in Prevention

- Strategic Planning
- Decision Making
- Calls to Action
- Capacity Building
About Children’s Trust

Children’s Trust of South Carolina is the statewide organization focused on the prevention of child abuse and neglect. We provide funding, resources and training to help local program partners build strong families and positive childhoods.
Building a Better South Carolina

Our Mission
Strengthening families, organizations and communities to prevent child abuse and neglect.

Our Vision
A South Carolina where every child thrives.
How We Prevent Abuse and Neglect

- Leading Prevention Trainings
- Supporting Programs
- Providing Resources
- Building Coalitions
Potential Uses for Organizations and Collaboratives

- **Home Visiting Consortium**: Concerted planning on workforce development, data collection & advocacy.

- **Birth Outcomes Initiative**: Identifying interventions to support system outcomes.

- **Thriving Families**: Data to inform partner engagement and strengthen systemic approaches.

- **Early Childhood Advisory Council**: Coordinate outcomes and data with other state needs assessments and plans.
Potential Uses

Local system and programmatic development
Partner engagement, advocacy, planning.

Grant Writing and Funding Opportunities

Communication and Messaging
Platform and material development
Questions and Answers
Final Thoughts

1. Seek opportunities to expand discussions
2. Advocate and strategically plan for expanded home visiting and early childhood initiatives
3. Connect with the SC Home Visiting Consortium
4. scHomeVisiting.org
Thank you