



Hub State Spotlight: South Carolina

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The NCIT Newsletter offers Spotlights, a regular monthly feature that provides an ongoing opportunity to share the work happening at the state or community level, and foster connections among grantees. This document highlights the work of the South Carolina coalition.

South Carolina Prenatal-to-Three Goals

Our plan uses infant mental health or the social-emotional well-being of young children as the frame around which we have built our goals for increasing and building quality services for very young children and their families. The thinking behind that is that infant mental health or infants' social-emotional well-being is really the crux of all other aspects of their health, development, and well-being. So we felt that was a good frame around which to build our goals.

More broadly, it's policy and systems infrastructure building. It's looking at skill building for the child and family workforce sectors. There's a layer of programmatic intervention, scaling up, starting new, and scaling up existing programs that support that population – so things like Family Connects, mental health consultation in early care and education settings, Triple P, Help Me Grow, Safe Baby Courts.

South Carolina's PN3 Plan

Anticipated Impact on Children and Families of Proposed Achievement (over baseline)

	By 5/14/21	By 5/14/22	By 5/14/23	By 5/14/24	By 5/14/25	TOTAL
 Childcare Infants and toddlers will have access to high-quality infant and toddler care where providers have specialized training in relationship-based care that supports social-emotional development as the foundation of all learning.	300	700	1,000	1,500	1,500	5,000
 Infant Mental Health Department of Mental Health Centers will have a designated clinician with specialized training and job priorities to serve children under 3 years old.	150	515	665	665	735	2,730
 Teacher Well-being Infants and toddlers will experience improved social-emotional climate and quality of interactions in their child care classroom where the teachers participate in Be Well Care Well services.		1,350	1,350	1,350	1,350	5,400
 Developmental Screenings Help Me Grow will ensure infants and toddlers have access to ASQ screenings and families are offered the resources they need to support their child's development.	555	625	700	700	785	3,365
 Parent Coaching and Education Triple P (the Positive Parenting Program) will reach additional families under 3 through pilot and statewide expansions.	2,500	2,500	10,000	33,000	33,000	81,000
 Home Visiting: Infant and Toddler Trauma Infants, toddlers, and their families who have experienced trauma or stress will be invited to participate in Attachment Biobehavioral Catch-Up (ABC), a home-based parent/child treatment approach designed to help caregivers provide nurturing care and engage in synchronous interactions with their infants.	50	250	500	500	750	2,050
 Postpartum Home Visiting Family Connects will expand statewide to connect parents of newborns to the community resources they need.		400	5,750	11,500	11,250	28,900
 Newborn and Maternal Health and Nutrition There will be increased utilization and retention of WIC services to women with infants.		600	1,200	1,200	1,200	4,200
 Safe Baby Courts Infants and toddlers will benefit from implementation of Safe Baby Courts, a community engagement and systems change initiative focused on improving how the courts, child welfare agency, and related child serving organizations work together to improve and expedite services for young children who are under court supervision.		150	250	250	350	1,000
 Child Parent Psychotherapy Child Parent Psychotherapy will be available to help young children and families recover and heal after stressful and traumatic events.		150	400	400	750	1,700
TOTAL	3,555	7,240	21,815	51,065	51,670	135,345

Challenges to Achieving Our Goals

A lot of the challenges center on the relatively nascent state of the infrastructure for infant mental health. Kerrie and the South Carolina Infant Mental Health Association have done tremendous work building that infrastructure, but in many cases they were building it from scratch. They took the conversation from a place where you say “infant mental health” and people just look at you funny to saying it and they understand what you’re talking about, or are at least further along that path.

There are also the challenges inherent in a startup; you’re coaching folks through the language and connecting it to everything they do. One of the real strengths of this though is that infant mental health impacts everything relating to the zero-to-three space; it is core to the brand development. And that serve and return, or as I like to say in every conversation I possibly can, positive reciprocal verbal face-to-face interactions between safe and familiar adults and the child.

It’s the secret sauce: if you look at the research literature in education or in home visiting or abuse and neglect prevention or any number of domains relating to early childhood work, you can almost tie a direct

line between the efficacy of that intervention and how much it facilitates positive reciprocal, verbal face-to-face interactions with the adults and how much they're enabled to do that. And so, while it's a challenge to build that, it's also ripe and fertile ground because it's so relevant to what so many people are trying to get after.

We're also contending with COVID in the world. It's posing challenges in that we are up against a lot of other priorities. We're trying to touch and engage all of these different child- and family-serving workforce sectors and say, "Babies are important. Babies are important." And for a long span of time, they've been saying, "Yeah, yeah. We know, we know." Attention is slowly shifting, but with COVID and a crisis situation, what's right in front of their face is what gets attention right now. So, prioritizing this work in the face of everything else is a bit of a challenge.

Our Stakeholders

It's a broad group of stakeholders. One of the things that has been a real strength for us in this work is that there were several coalitions with overlapping membership. So there were some pretty good relationships already established between various sectors that you would normally think of as sort of natural silos. There was a common agenda that had a lot of the nonprofit sector.

For state agencies, there's an advisory council that includes everybody who interacts with little kids, including the Departments of Social Services, Mental Health, Health and Environmental Control, and Health and Human Services (which is the Medicaid agency), First steps, IDEA Part C, and Home Visiting – in other words, everyone who works with infants.

There is a family engagement component with Save the Children Action Network. They already have a family engagement path there. They're deepening it specifically to look at, for instance, building coalitions of alumni – either adult alumni who've benefited from some of the services as a kid or parents who have sent their kids to benefit from some of them. In addition, the state First Steps agency has a lot of family engagement work taking place.

The state's First Steps agency is a birth-to-five-focused agency that handles some of the state's home visiting, privately provided preschool and daycare supports, and early care and education support. So it's like other nonprofit and government agency hybrids that you see in some states. I think they modeled it after North Carolina, about 20 years ago.

SC First Steps has a state office and county affiliates. Each county has its own First Steps. When we were developing our plan, we leaned a lot on those local First Steps offices to engage their community, to get some feedback and input – and we'll continue on that path.

Supporting Families of Infants and Toddlers and Pregnant Women Who Face Significant Barriers to Supports and Services

When you see the overall framework, a lot of the services that we're looking at use something we've started calling targeted universalism or tiered universalism. So it's something that has a universal touchpoint. So for instance, Help Me Grow, Family Connects, Triple P, and the infant mental health competencies are all designed to have at least some touchpoint with every family and then tier the response to that family, meeting them where they are. So that's one way they reach the full community and then provide either more intensive or tailored services based on the needs of the individual families.

As an example, infant health consultation has been shown to interrupt some of the inequities that show up in early care and education settings. Some of our programs are designed to address and interrupt some of those inequities.

Getting Started

We've done a lot of work with small communities focused on this work. To quote former Mayor Bennett of Spartanburg, SC, "This type of work moves at the speed of trust." And so it can sometimes be frustrating and painstaking to build those relationships in an authentic way because we all have things we want to check off the list. We want to get certain things done and that's not necessarily what everybody else in the community wants to get done. And so it really matters to have that trust established. And if it's not established, take the time to do that because otherwise you can have the best, prettiest, most research-based well-funded plan and it'll all fall flat if the community doesn't trust it.

Last Words

This work takes doggedness and a vision. There is a nugget from the systems change literature: it takes three things all at once – a clear idea of what things could be, a clear idea of what things are, and still showing up to work every day. It's easy to do any two of those things but doing all three day-in and day-out over the long haul is challenging. And it is especially hard in the context of COVID. It's not that COVID is really derailing any of our plans. It's just showing up every day in the context of all of the daily challenges.