Greenville County Care Coordination Collaborative

Childhood Homelessness Project
History of the Collaborative

W.K. Kellogg Foundation launched collaborative initiative: Diffusing Successful Innovations to Promote Vulnerable Children's Healthy Development

Help Me Grow South Carolina was one of 5 sites nationwide selected to participate in the collaborative initiative.

Community Foundation of Greenville, Margaret Linder Southern Endowment provided the initial funding to support the Collaborative initiative.

Greenville County Care Coordination Collaborative Launch, August 27, 2015
• 80 Members
  Representing 33 unique organizations
• Quarterly Meetings
  Average attendance: 40 participants
Greenville County Care Coordination Collaborative
March 26th from 8:30am to 10:00am

Patewood Memorial Hospital’s Terrace Café
175 Patewood Memorial Drive Greenville, SC 29615
Collaborative leaders, in partnership with the Riley Institute at Furman, developed the GC3 Survey to:

• Understand the work done in the community
• Identify gaps in the available services and barriers to accessing existing services
• Determine what members hope to gain from their participation in the collaborative and how the work of the collaborative will impact the work they do in the community
• Assess how willing individuals and organizations are to make changes in their work based on their participation in the GC3
The Greenville County Care Coordination Collaborative (GCC) was established in 2015 to address multi-system-wide barriers to care for children, work collaboratively to address these barriers, and develop strategies to improve system-level care coordination. The Collaborative’s ultimate goal is to change systems and policies to maximize the use of available, appropriate, and affordable services for children and their families.

As part of this work, Collaborative leaders in partnership with the Riley Institute at Furman, developed the GCC Survey to:

- Understand the care coordination work done in the community
- Identify gaps in the available services and barriers to accessing existing services
- Determine what members hope to gain from their participation in the Collaborative and how the work of the Collaborative will impact the work they do in the community
- Assess how willing individuals and organizations are to make changes in their work based on their participation in the GCC

**Overview**
Development and administration of an online survey in September and October 2015 to the 80 representatives of the 33 organizations that comprise the GCC.

**Survey Response Rate**
62% or 54 respondents

**Final Results**
released January 2016 in the report "The Greenville County Care Coordination Collaborative Study: Implementing a Community-Wide Collaborative Effort for Children"

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**Results**

**43% of respondents were organizational leaders**

Services Provided to Children by Concern Area

- Physical Development
- Emotional/Mental Health
- Education/Medical
- Other

The most common services organizations provided were direct care and screenings and/or referrals.

**Likelihood That You or Your Organization Will Make Changes Based on GCC Participation**

- 40% of respondents indicated their willingness to make organizational changes, whereas only 58% thought their organization was likely to do so.

**Survey Impacts**

The GCC Survey results sparked a discussion with a large grant-making organizational partnership in Greenville about how funding can:

- Create competition that negatively impacts collaboration
- Inhibit the implementation of best practices due to a need to achieve deliverables outlined in grant applications

Among professionals who serve children and families, the GCC helped to:

- Increase knowledge of community resources
- Strengthen professional relationships
- Improve care coordination services

Because of strengthened relationships among those who serve children and families in Greenville County, Collaborative professionals created and implemented a number of new community initiatives. One example is the development of a joint effort of the Greenville Health System’s Children’s Hospital, Family Connection South Carolina, and the Greenville County School District to provide educational workshops on childhood development topics to parents in the community.

National presentations of the survey results generated significant interest in using the instrument in other collaborative initiatives across the country.
Follow-up Survey
Increased knowledge about the resources available for children and families

92% of Respondents Either Strongly Agree or Agree

50% Strongly Agree
42% Agree

Improved Connections Among Child-Serving Sectors

92% of Respondents Either Strongly Agree or Agree

- Strongly Agree: 29%
- Agree: 63%
- Neither Agree/Disagree: 9%
• **Become a collective voice** for policy and advocacy in the community.

• **Identify community needs and address them** and identify shared goals and accomplish them.

• Facilitate movement from knowing about other organizations to the **actual implementation of inter-organizational collaboration**.
Collaborative Project

The goal of this work is to strengthen the links between local organizations and build their capacity to transform sporadic innovation into a sustained strategy.

Key strategies will include **multi-sectoral collaborations**. The learnings from this work are intended to **inform local, state, regional policy and practice**.
• Strong collaborative relationships are vital
• Address pivotal issues that impact the entire community
• Create opportunities that enable a shift in the curve for the whole population
• Meet the community and population we serve where they are
• Creative initiatives can improve health, well-being, and outcomes for children and families
Challenges, such as adverse childhood experiences (ACEs) and housing instability, cause toxic levels of stress that inhibit adult functioning and negatively impact child development with lifelong implications.

- Gabriel McGaughey
Child Well-being Director and Director of the Institute for Child and Family Well-being
Children’s Hospital of Wisconsin
Child health is a state of physical, mental, intellectual, social and emotional well-being and not merely the absence of disease or infirmity.

Healthy children live in families, environments, and communities that provide them with the opportunity to reach their fullest developmental potential.
no place to sleep

Greenville County Care Coordination Collaborative Childhood Homelessness Project
Health and Housing

Caitlin Hay
Institute for the Advancement of Community Health
Institute for Child Success
In 2015-2016, nearly 1.3 million students in the U.S. were homeless.
Prevalence in South Carolina

**Sleeping Location of Homeless Students**

- **Doubled up**
- **Hotel/motel**
- **Shelters**
- **Unsheltered/Not meant for human habitation**

**SC Student**

**Greenville Students**
“lacks a fixed, regular, and adequate nighttime residence”
- Department of Housing and Urban Development
Quality
- Are there environmental hazards such as lead or mold?

Stability
- Is the family undergoing frequent moves?

Affordability
- Over 30% of income?

Inadequacy
- Does the home have complete facilities?
Lead

- Exposure to lead can lead to developmental delay, behavior problems, poor social-emotional development, anemia, and even coma or death.
- Household lead exposure most often comes in two forms
  - Lead paint in homes
  - Lead in drinking water
## Mold and asthma

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<thead>
<tr>
<th></th>
<th>United States</th>
<th>South Carolina</th>
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</thead>
<tbody>
<tr>
<td>Asthma prevalence among children in 2017</td>
<td>6,100,000</td>
<td>93,000</td>
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</table>
Negative health outcomes due to pregnant mothers

- 4 percent of U.S. mothers experience homelessness in the 12 months before a pregnancy
- Negative health outcomes include:
  - Difficulty breastfeeding
  - Low birthweight
  - Increased hospitalizations
  - Developmental delays
- Importance of mothers health
Emotional/ mental health

- Importance of mother-child attachments
- Erosion of social capital
- Negative affect of stress on children
GREENVILLE COUNTY CARE COORDINATION COLLABORATIVE
(GCCCC)

CHILDHOOD HOMELESSNESS PROJECT
WHAT IS

GREENVILLE COUNTY CARE COORDINATION COLLABORATIVE (GCCCC)
Percent of Total State Homelessness, by County

- Richland – 21%
- Horry – 18%
- Greenville – 15%
## Ages Impacted (Statewide)

<table>
<thead>
<tr>
<th>Geographic Location</th>
<th>Under 18 yrs</th>
<th>18 to 24 y-o</th>
<th>Over 24 yrs</th>
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<tbody>
<tr>
<td>State</td>
<td>13%</td>
<td>7%</td>
<td>80%</td>
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<tr>
<td>Upstate consortium</td>
<td>15%</td>
<td>5%</td>
<td>80%</td>
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<tr>
<td>Upstate as proportion of total state</td>
<td>34%</td>
<td>24%</td>
<td>30%</td>
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</table>
GCPS Students

1,089 Students

High
204

Middle
252

Elementary
627

9% of SC’s homeless student population
Sleeping locations of homeless GCPS students 2017-18

- Living with Friends and family: 76%
- Hotels: 15%
- Emergency Shelters: 8%
- Places not meant for human habitation: 1%
Homelessness By School’s Zip Code

- Red “hotspots” of number of homeless students per GCPS report, all ages
- By zip code of school, not student residence
- Each red has 88+ homeless students
Cleveland & Marietta, 29635 & 29661
Housing quality concerns – incomplete facilities High vacancy rate
Cleveland household size – not quite overcrowding

Greenville, 29605
Large proportion of the County’s children
Blythe Academy -highest number of homeless students in district

Greer, 29650 & 29651
Recent move-ins (since 2015)
Large rental market
Skyland Elementary – 2nd highest rate of homeless students
Matrix of Housing Indicators

- Housing cost burden
- Housing quality
- Age of structure – proxy for environmental hazard
- Value-to-income ratio
Greenville County is an Owner’s Market
Household Size - Renters
Housing Cost Burden
Age of Facilities
No Phone Access (Proxy: Housing Quality)
Value to Income Ratio
Broad Takeaways

1. Language
   • “Homeless”
     • Inconsistent definition
     • Stigma

2. Data
   • Lack of specificity
   • Need for hyper-local information
   • No centralized system

3. Ownership
   • Programmatic decentralization
   • Public officials/policy makers
   • Systems

4. Housing
Questions?

ICS Contacts:
Megan Carolan
Director of Policy Research
mcarolan@instituteforchildsuccess.org

John Young Shik Concklin
Palmetto Fellow
jconcklin@instituteforchildsuccess.org

GCCCC Contact:
Loretta Crowley
Manager, Community Pediatrics
The Bradshaw Institute for Community Child Health & Advocacy
Loretta.Crowley@prismahealth.org