

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

GC3 Survey



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: Implementing a Community-Wide Collaborative Effort for Children

Help Me Grow South Carolina and The Riley Institute at Furman University



Children's Hospital
Greenville Health System



Introduction

Help Me Grow South Carolina established the Greenville County Care Coordination Collaborative (GC3) to identify multi-system-wide barriers to caring 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 GC3 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 GC3

Method

Overview

Development and administration of an online survey in September and October 2015 to the 86 representatives of the 33 organizations that comprise the GC3.

Survey Response Rate
62.8% or 54 respondents

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

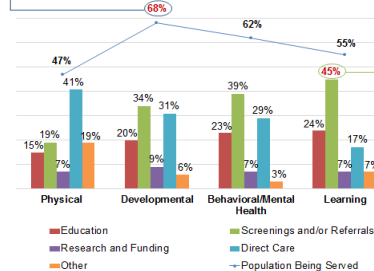
Results

43% of respondents were organizational leaders

Services Provided to Children by Concern Area

68% of respondents work in an organization that serves children with a developmental concern

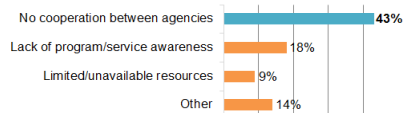
45% of respondents who work in an organization that serves children with a learning concern provide screenings and/or referrals.



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

Barriers Impacting the Development of a Coordinated System of Care

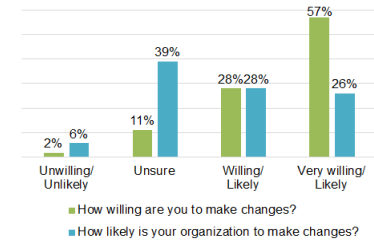
Over 40% of respondents reported that a lack of cooperation and collaboration between care coordination agencies prevented the development and use of a unified system of care in Greenville County.



Results

45% of respondents were aware of other organizations offering similar services

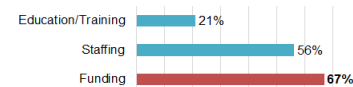
Likelihood that You or Your Organization Will Make Changes Based on GC3 Participation



85% of respondents indicated their willingness to make organizational changes, whereas only 54% thought their organization was likely to do so.

43% of those who felt unsure about the likelihood of organizational change were organizational leaders

Barriers to Changing the Way an Organization Operates



From a given list of issues, 67% of respondents selected "funding" as a barrier to changing the way their organization or program currently operates.

Results

Ways the GC3 Could Support Change Efforts

Coded responses to an open-ended question about how the GC3 could support respondent efforts to make organizational changes reveal that:

31% say the GC3 could increase knowledge of the work of other agencies and provide a list of useful care coordination resources

26% say the GC3 could increase collaboration between organizations and agencies

Survey Impacts

The GC3 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 GC3 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.

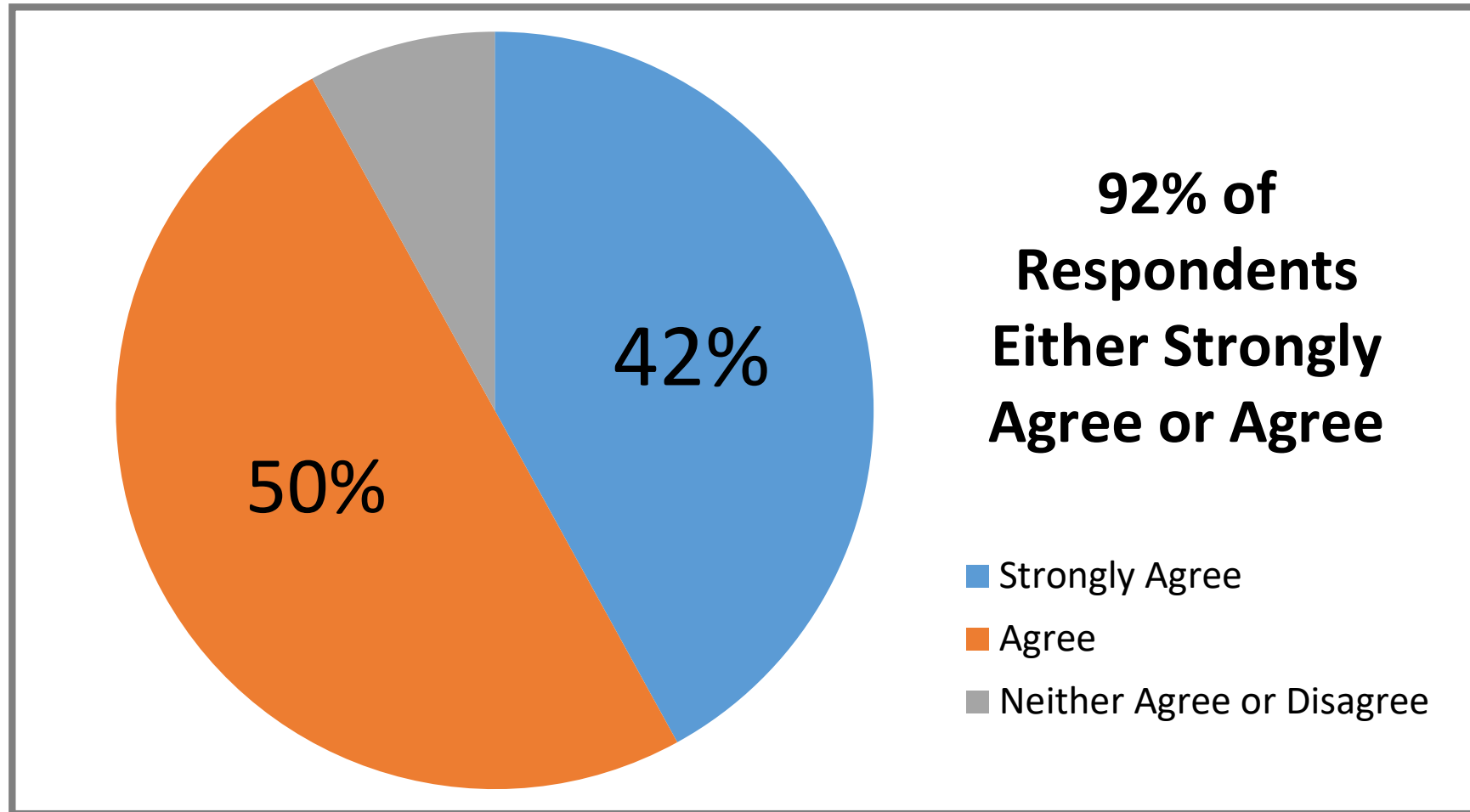
National presentations of the survey results generated significant interest in using the instrument in other collaborative initiatives across the country.



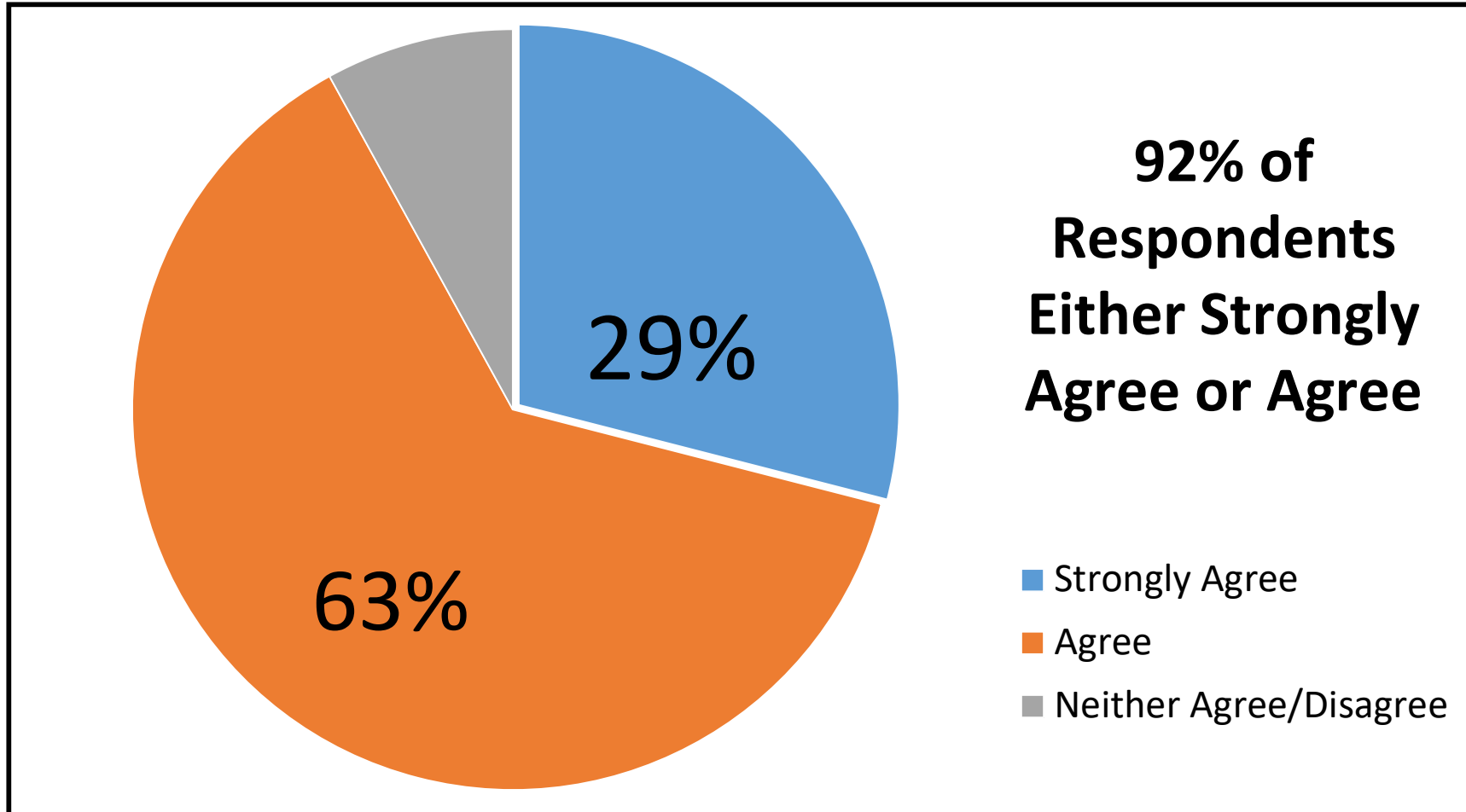


Follow-up Survey

Increased knowledge about the resources available for children and families



Improved Connections Among Child-Serving Sectors



- **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



World Health Organization

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.



Greenville County Care
Coordination Collaborative
Childhood Homelessness Project

Health and Housing

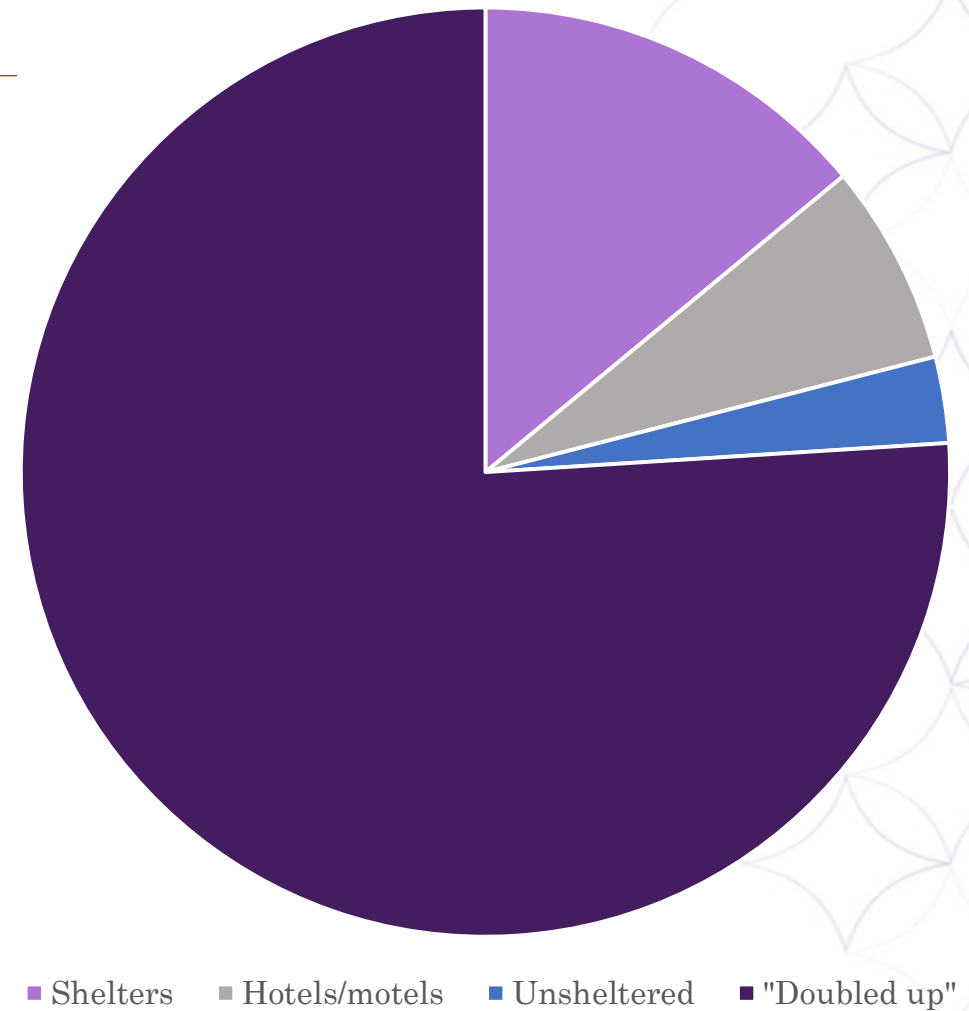
Caitlin Hay

Institute for the Advancement of Community Health

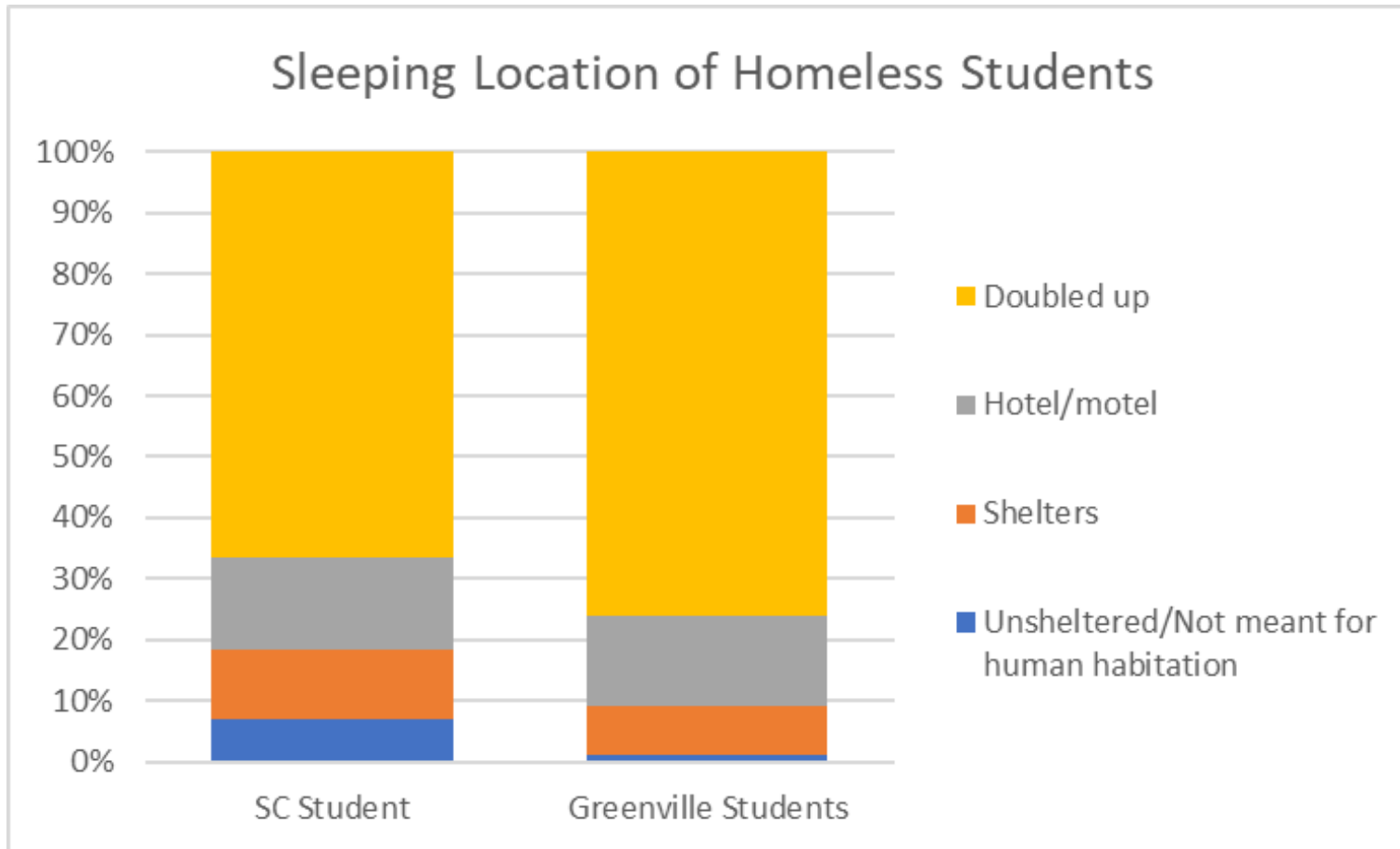
Institute for Child Success

Prevalence in U.S.

In 2015-2016, nearly 1.3 million students in the U.S. were homeless.



Prevalence in South Carolina



“lacks a fixed, regular, and
adequate nighttime residence”

- Department of Housing and Urban Development

Stability

- Is the family undergoing frequent moves?

Affordability

- Over 30% of income?

Quality

- Are there environmental hazards such as lead or mold?

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

	United States	South Carolina
Asthma prevalence among children in 2017	6,100,000	93,000

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





INSTITUTE *for* CHILD SUCCESS

GREENVILLE COUNTY CARE COORDINATION COLLABORATIVE
(GCCCC)

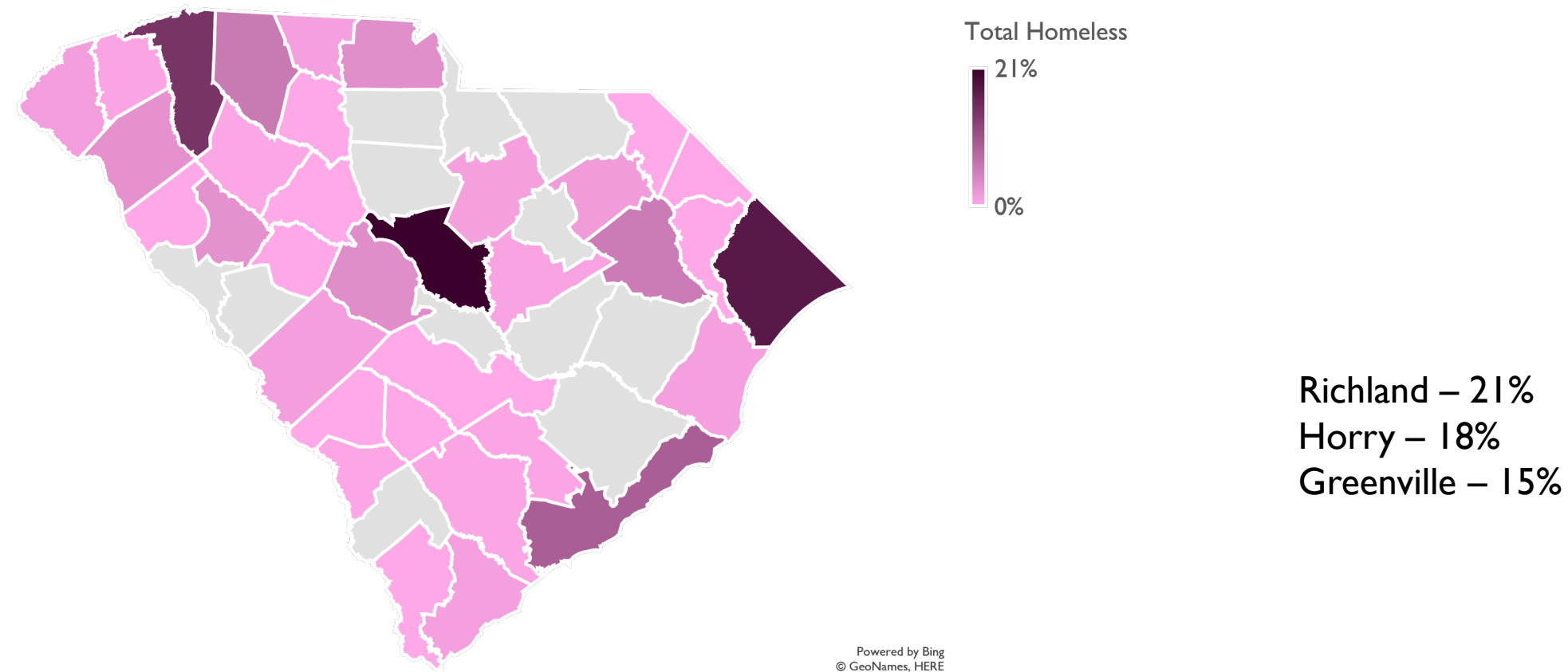
CHILDHOOD HOMELESSNESS PROJECT

WHAT IS

GREENVILLE COUNTY
CARE COORDINATION
COLLABORATIVE
(GCCCC)



Percent of Total State Homelessness, by County

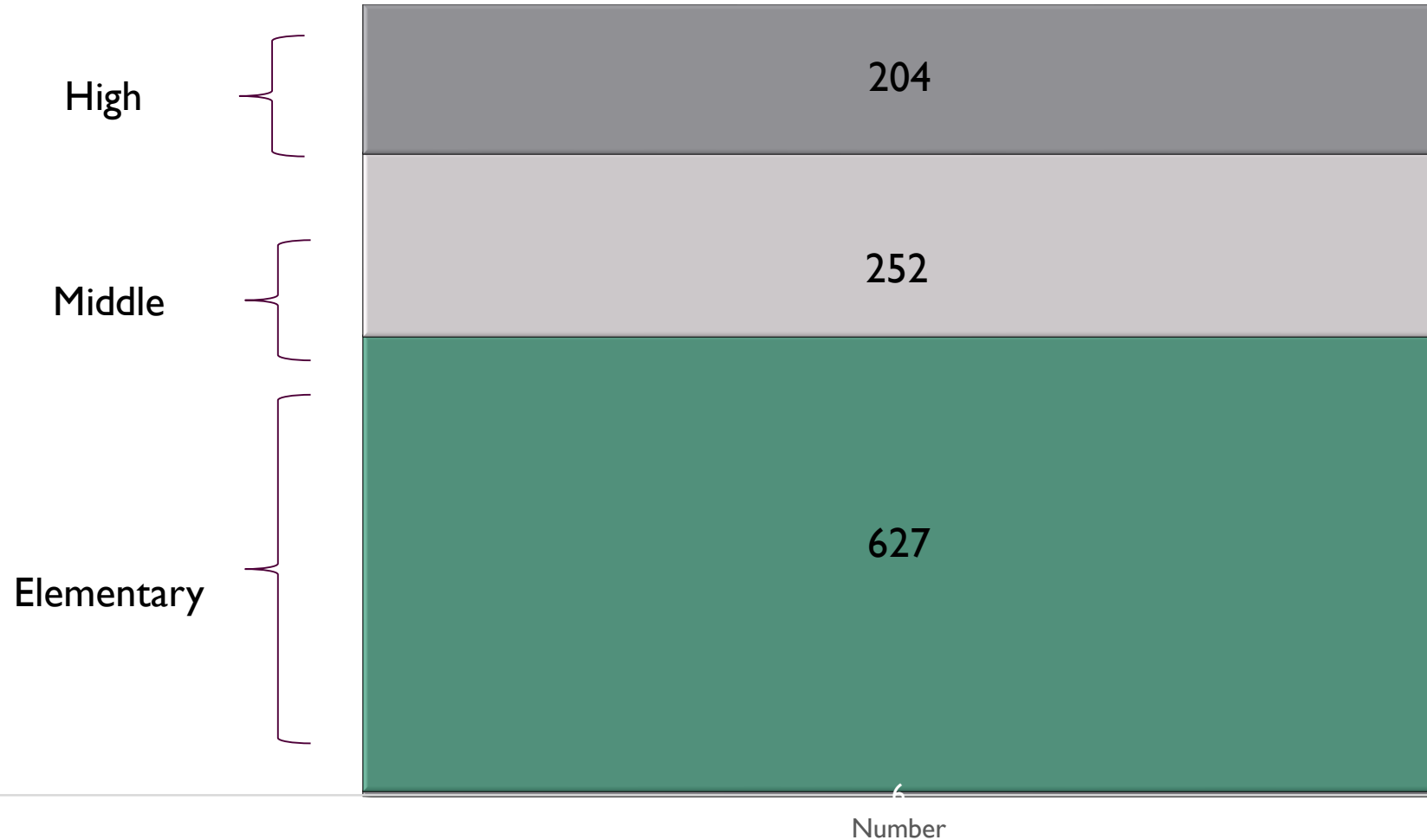


Ages Impacted (Statewide)

Geographic Location	Under 18 yrs	18 to 24 y-o	Over 24 yrs
State	13%	7%	80%
Upstate consortium	15%	5%	80%
Upstate as proportion of total state	34%	24%	30%

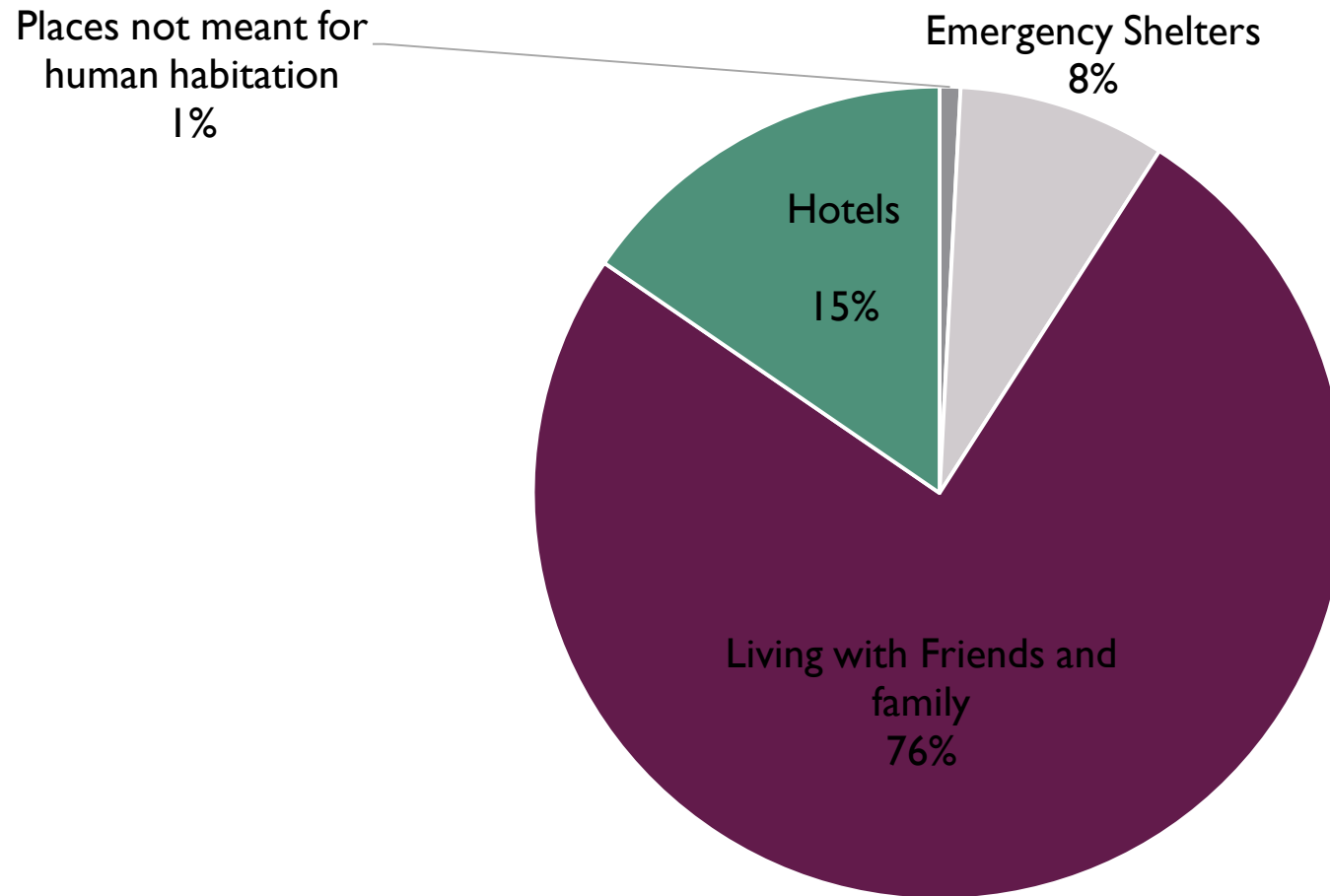
GCPS Students

1,089 Students



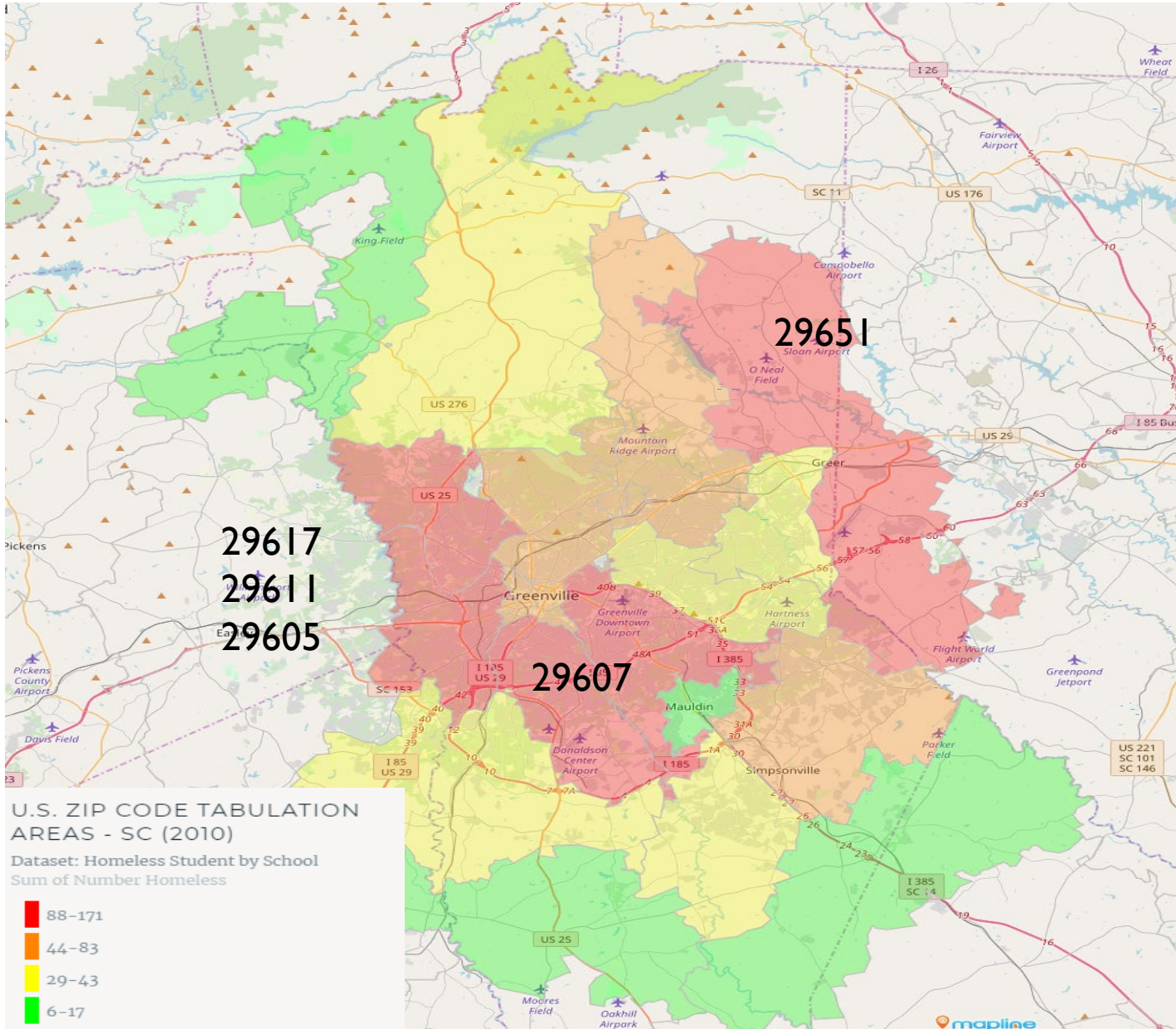
9% of SC's homeless student population

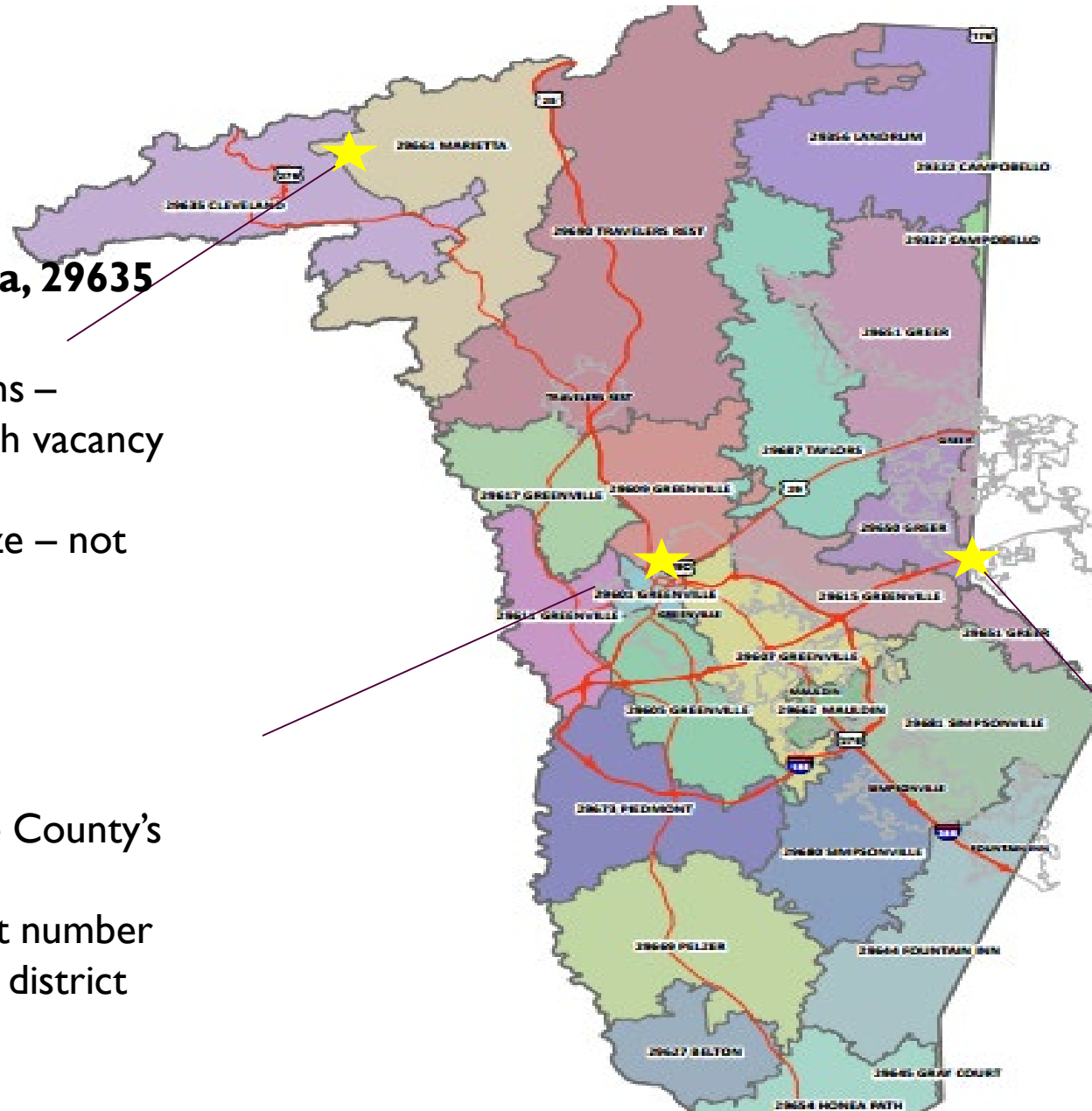
Sleeping locations of homeless GCPS students 2017-18



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

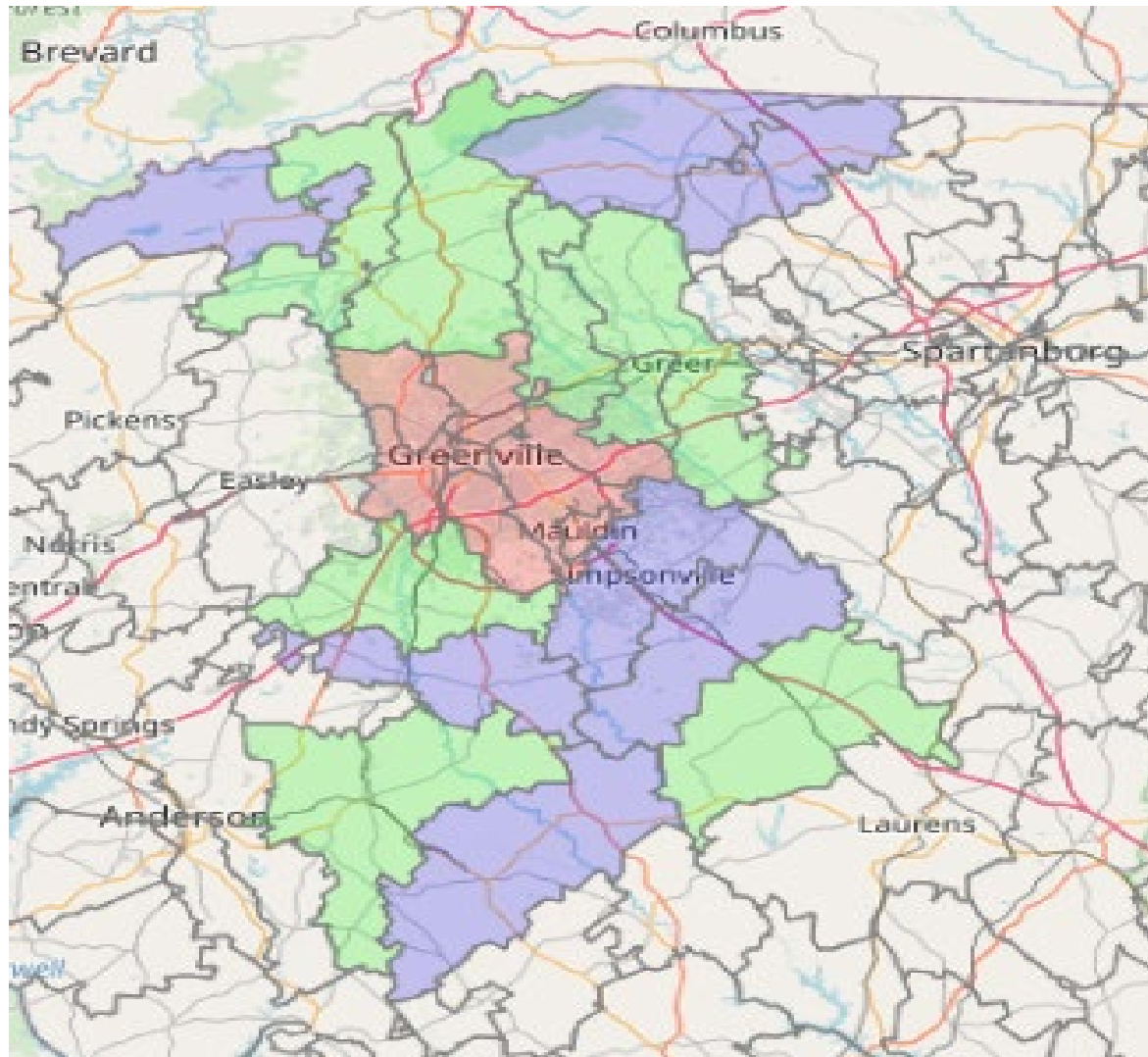


Age of structure –
proxy for
environmental hazard



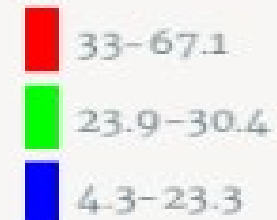
Value-to-income ratio

Greenville County is an Owner's Market

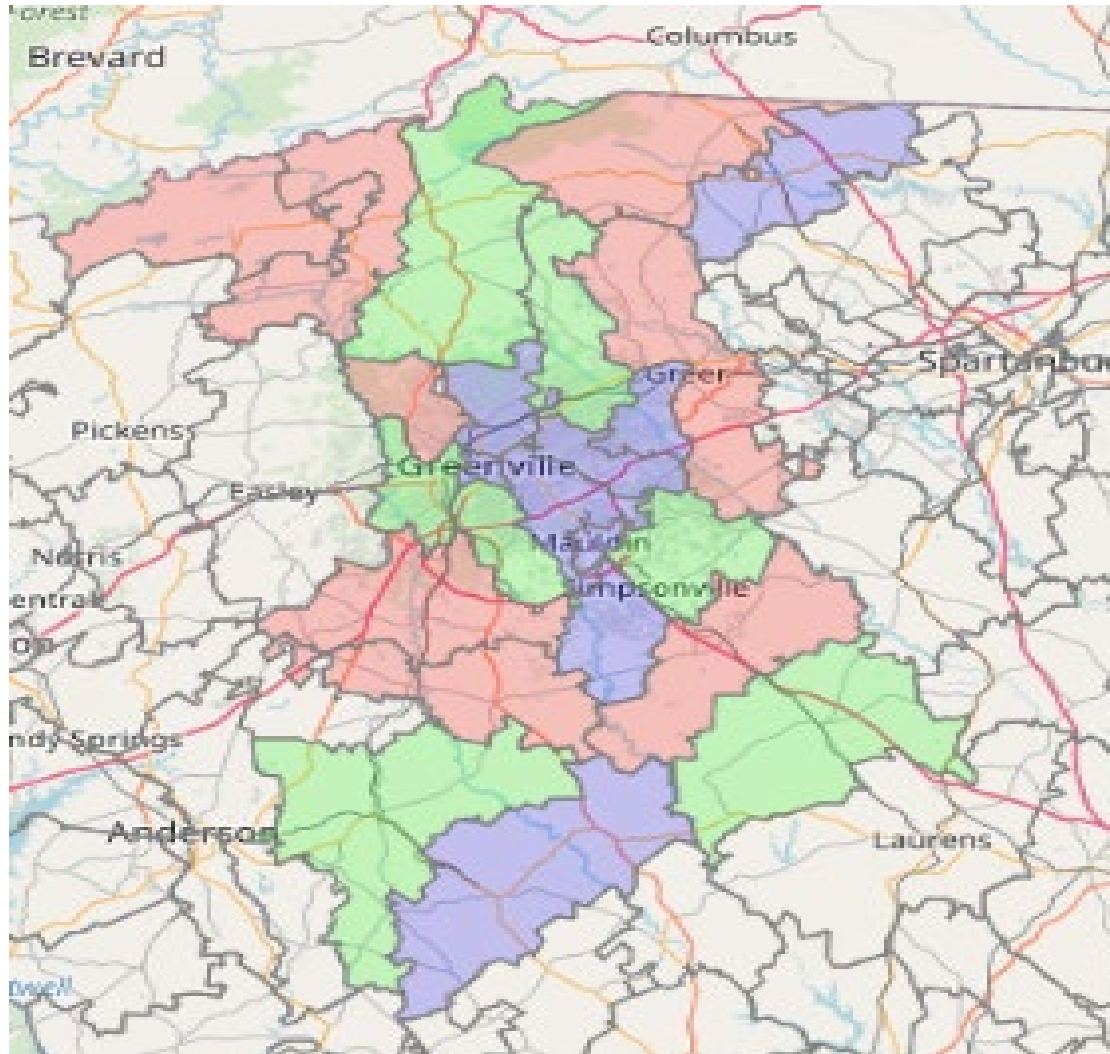


U.S. ZIP CODE TABULATION AREAS - SC (2010)

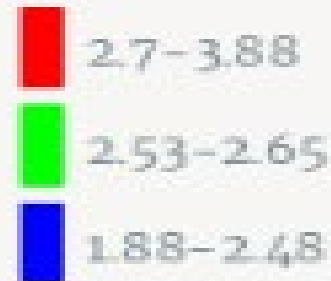
Sum of Percent of units Renter-occupied



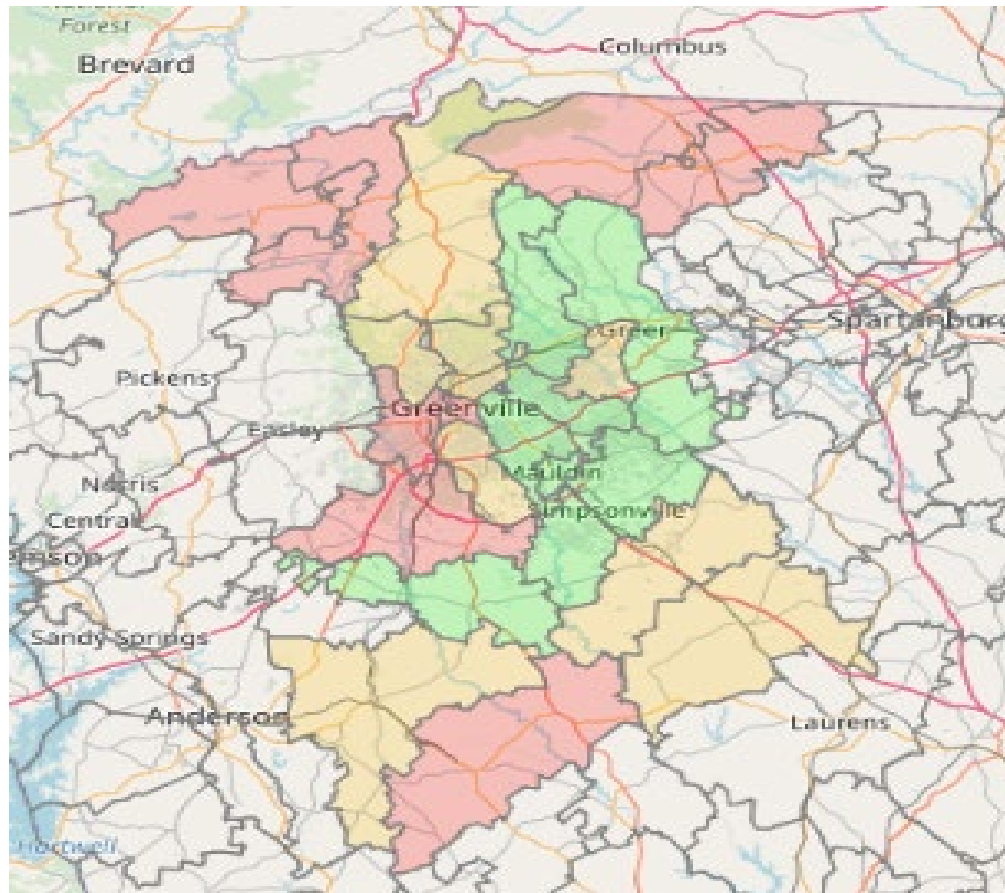
Household Size - Renters



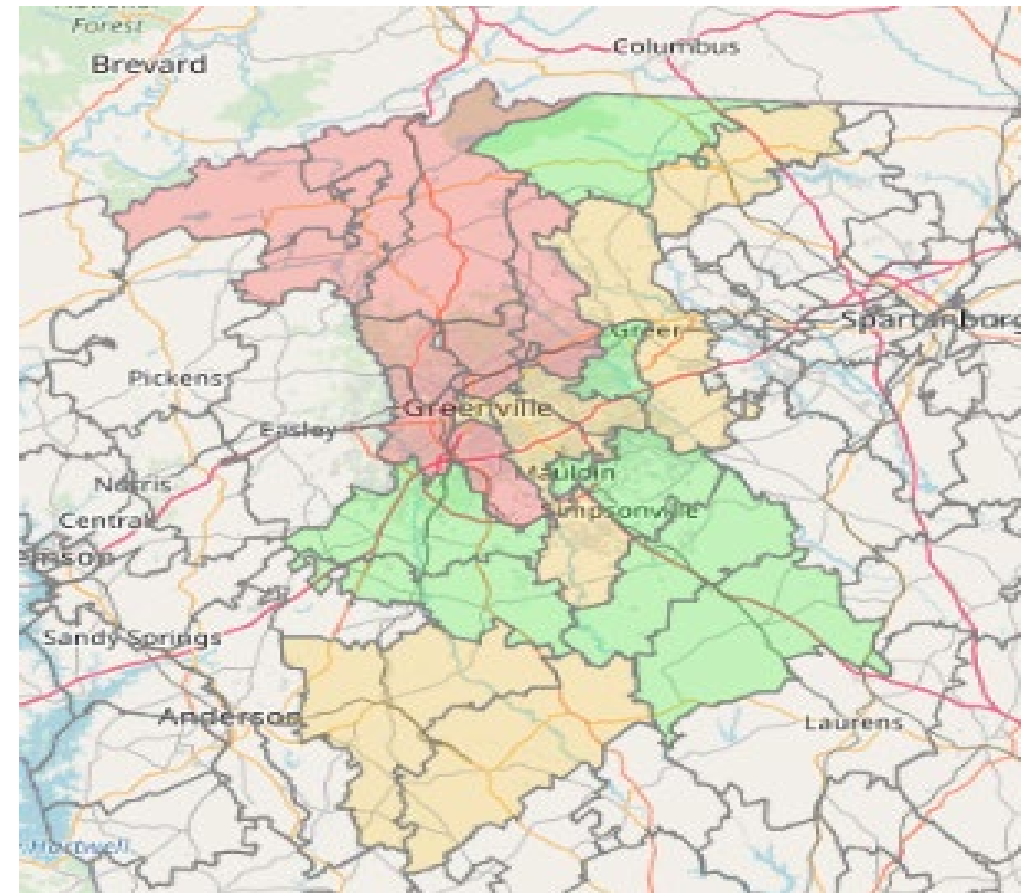
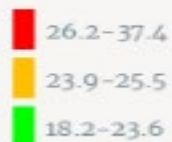
Sum of Average household size of renter-occu



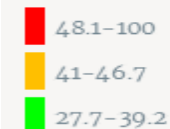
Housing Cost Burden



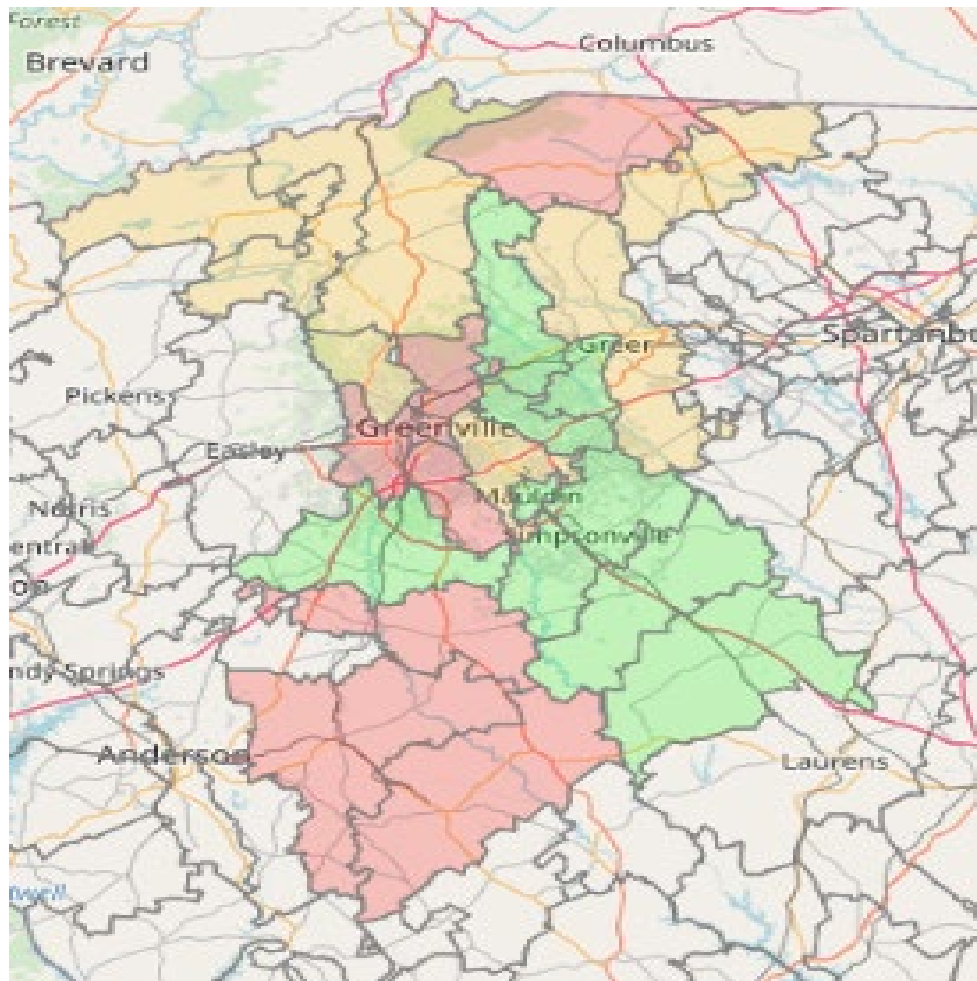
Sum of Monthly owner costs (mortgage included)



Sum of Rent costs - 30 percent or more



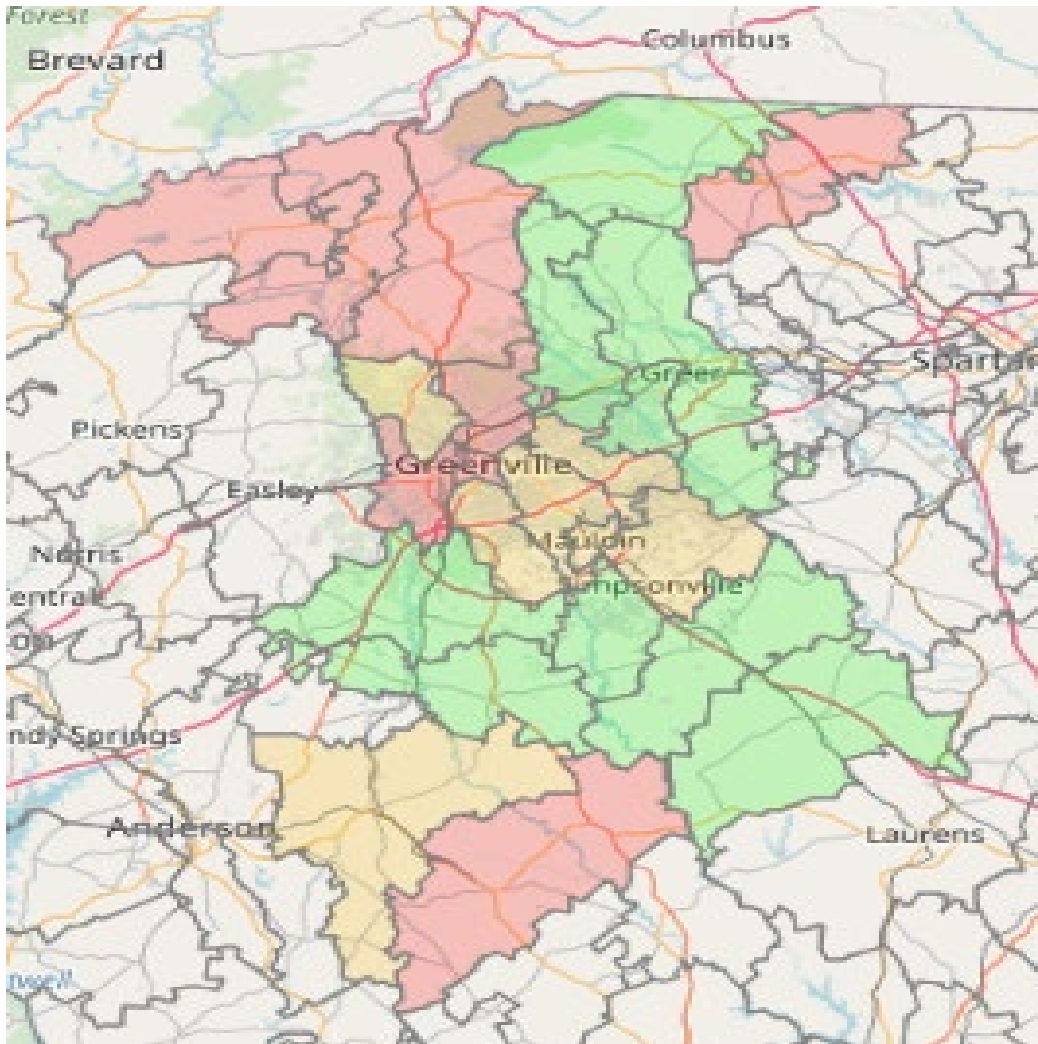
Age of Facilities



Dataset: Full Housing GVL indicators
Sum of Percent built before 1960



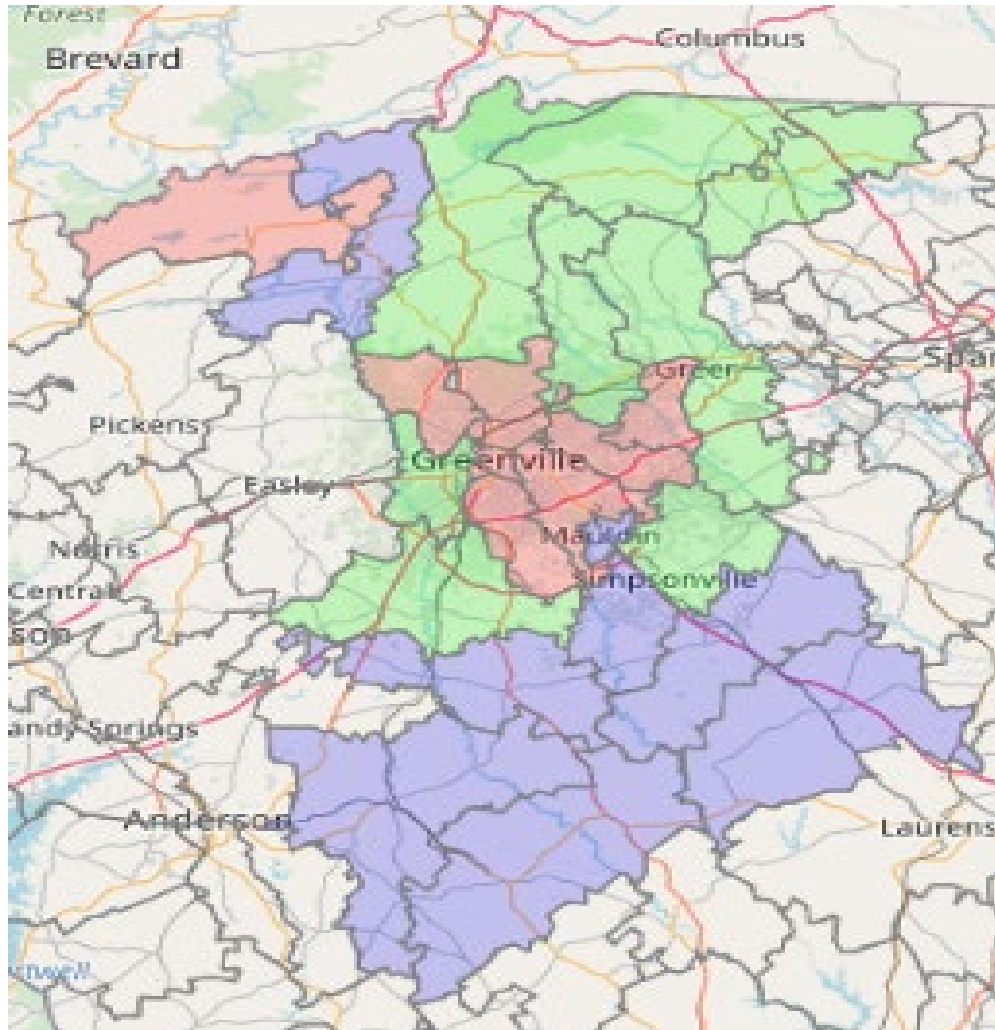
No Phone Access (Proxy: Housing Quality)



Dataset: Full Housing GVL indicators
Sum of Percent; No telephone service available



Value to Income Ratio



Sum of Ratio, Housing value to income



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?

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