

2015 South Carolina  
Child Well-Being Data Reference Book  
Joint Citizens and Legislative  
**Committee on Children**



# Joint Citizens and Legislative Committee on Children

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STATE OF SOUTH CAROLINA  
JOINT CITIZENS AND LEGISLATIVE COMMITTEE ON CHILDREN

My Fellow South Carolinians:

On behalf of the Joint Citizens and Legislative Committee on Children and its staff from the Children's Law Center of the USC School of Law, we are pleased to provide you with this 2015 Child Well-being Data Reference Book as a supplement to the 2015 Annual Report, which contains findings and recommendations for action on a variety of issues impacting the well-being of South Carolina's children. This document will supply you with much of the research to support the annual report.

The Committee on Children studies issues and makes legislative and policy recommendations designed to improve the well-being of children in South Carolina. Annually, the Committee on Children conducts public hearings and collects data to support its policy and legislative work. The data are reported in this child well-being data reference book.

The data contained herein indicates that the children of our state face challenges to their health, safety, and education.

We urge you to put this information to good use as you consider the implications of the data and contemplate policy recommendations for future study and action.

Our thanks to all those who contributed to compiling this report. May it serve our children well.

Michael L. Fair

Shannon S. Erickson

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## HOW TO USE THIS CHILD WELL-BEING DATA REFERENCE BOOK

A number of indicators were selected for inclusion in this report to enhance understanding of the well-being of children in the categories of safety, health, education, responsibility, and support. These indicators were selected based on an extensive review of literature and discussion with leaders of child-serving state agencies to address priority areas and measure progress across childhood lifespan. Each year the Child Well-Being Data Reference Book evolves to inform child welfare professionals in their efforts to keep children safe, healthy, educated, responsible, and supported.

**Definitions:** Data are presented in counts, percentages, or rates. The analyses are presented as percent change over two different time periods.

*Count:* the number of cases identified that year. This measure is most useful for determining the impact, or burden, that a condition places on communities or institutions.

Example: In 2012, 101,938 children sustained non-fatal injuries. In 2006, the earliest year, 104,580 children sustained non-fatal injuries.

*Percent:* a proportion multiplied by 100. This is a standardized measure that is most useful for comparing across populations, such as other states or at the national level.

Example: In 2011, 70% of children in South Carolina were immunized with the 4313314 vaccination series; or 70 out of every 100 children were vaccinated.

*Rate:* a proportion multiplied by a relevant constant, typically between 1,000 and 100,000. Like a percent, this is another standardized measure that is most useful for comparing to other states or national level data. A rate is more useful for comparing less-common conditions or when more precise estimates are desired.

Example: In 2010, for every 10,000 individuals in South Carolina, 36.9 of them were victims of family violence.

**Tables:** There are five summary tables, one for each set of indicators: safety, health, education, responsibility, and support. Data from the earliest year are presented in column 1, and are within the range from 2005 – 2009 depending on the particular indicator. Data from the most recent year are presented in column 2, and are within the range of 2011 to 2013, depending on the indicator.

**Graphs:** Indicators with data from at least three consecutive years are also presented as line graphs, which are useful for observing trends over time. Bar graphs were used to visualize data with multiple subgroups, such as age-groups or types of abuse. In each graph, the year is on the horizontal axis (x-axis) and the count, percent, or rate is on the vertical axis (y-axis).

**Relevance:** A brief interpretation of the observed trend in South Carolina, and a comparison with national levels is included below each graph.

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### I. Demographics

In 2014, South Carolina was ranked 45<sup>th</sup> in the nation on overall child well-being by the Annie E. Casey Foundation in its annual *KIDS COUNT Data Book*.<sup>1</sup> There are nearly 1.1 million children living in South Carolina,<sup>2</sup> the most recent available data show that:

- More than 56,000 children were born in South Carolina<sup>3</sup> (2013)
- 614 children died in South Carolina<sup>4</sup> (2013)
- More than 98,000 children suffered non-fatal injuries requiring a hospital or emergency room visit (2013)
- More than 290,000 children lived in poverty, which is 27% of the child population<sup>5</sup> (2013)
- Over 707,000 children were enrolled in Medicaid<sup>6</sup> (2014)
- Approximately 420,000 children were living in single-parent families, which is 42% of the child population<sup>7</sup> (2013)
- 57% of all students received subsidized school meals to have access to adequate nutrition<sup>8</sup> (2014)
- 22,686 children were the subject of a child abuse or neglect investigation<sup>9</sup> (2014)
- 3,471 children lived in foster care for some period of time<sup>10</sup> (2014)
- 16,429 juvenile delinquency cases were referred to the Department of Juvenile Justice<sup>11</sup> (2014)
- 25,246 children received mental health treatment<sup>12</sup> (2014)
- 93,542 children received special education services<sup>13</sup> (2013)
- 20% of all students who started school did not graduate with their peers<sup>14</sup> (2014)
- 4,811 infants were born to teens<sup>15</sup> (2013)
- 26.3% of youth aged 16 through 19 were employed<sup>16</sup> (2013)

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<sup>1</sup> The Annie E. Casey Foundation. The 2014 KIDS COUNT Data Book, <http://www.aecf.org/resources/the-2014-kids-count-data-book/> (last visited, Dec. 17, 2014).

<sup>2</sup> U.S. Census, Quick Facts 2013 Estimate of Children under 18, <http://quickfacts.census.gov/qfd/states/45000.html> (last visited, January 30, 2015).

<sup>3</sup> S.C. Department of Health and Environment Control, <http://scangis.dhec.sc.gov/scan/index.aspx> (last visited, December 17, 2014).

<sup>4</sup> S.C. Department of Health and Environment Control, <http://scangis.dhec.sc.gov/scan/index.aspx> (last visited, December 17, 2014).

<sup>5</sup> U.S. Census, Small Area Income and Poverty Estimates, <http://www.census.gov/did/www/saipe/data/index.html> (last visited December 17, 2014)

<sup>6</sup> S.C. eHealth Medicaid Statistics, Children on Medicaid, <http://www.schealthviz.sc.edu/medicaid-enrollment> (last visited, December 17, 2014).

<sup>7</sup> National KIDS COUNT, <http://datacenter.kidscount.org/data/tables/106-children-in-single-parent-families?loc=1&loct=2#detailed/2/2-52/false/36,868,867,133,38/any/429,430> (last visited December 17, 2014).

<sup>8</sup> S.C. Department of Education, E-Rate - Free and Reduced Meal Eligibility Data 2013-14, <http://ed.sc.gov/data/erate/> (last visited January 2, 2015).

<sup>9</sup> Fostering Court Improvement, [http://www.fosteringcourtimprovement.org/state\\_websites.php](http://www.fosteringcourtimprovement.org/state_websites.php) (last visited March 23, 2015).

<sup>10</sup> Fostering Court Improvement, [http://www.fosteringcourtimprovement.org/state\\_websites.php](http://www.fosteringcourtimprovement.org/state_websites.php) (last visited January 7, 2015).

<sup>11</sup> S.C. Department of Juvenile Justice, Report Card for 2014, <http://www.state.sc.us/djj/pdfs/2014-report-card.pdf> (last visited, January 20, 2015).

<sup>12</sup> S.C. Department of Mental Health. Children Receiving Mental Health Services. Number of District Children (Ages 0-17) Clients Served by County. Unpublished report generated in February, 2015.

<sup>13</sup> S.C. Department of Education, unpublished report, Children Receiving Special Education Services. Generated December 2014.

<sup>14</sup> S.C. Department of Education, unpublished report, Four Year High School Graduation Rate generated February 2015.

<sup>15</sup> S.C. Department of Health and Environment Control, Birth Certificate Data, <http://scangis.dhec.sc.gov/scan/bdp/tables/birthtable.aspx> (last visited, January 5, 2015).

## II. Safety Indicators of Child Well-Being

Keeping children safe from physical harm is essential to preventing, or mitigating the effects of, traumatic experiences that can negatively impact a child’s transition to adulthood. Safety indicators include measurements about child death, injury, and abuse and neglect.

Indicators	2010	2012	2014	Trend
Child Deaths	687	651	614 (2013)	<i>Decreasing</i>
Child Deaths per 10,000 Children in the Population	6 per K	5 per K	6 per 10K (2013)	<i>Decreasing</i>
Non-fatal Injuries	99,900	102,138	98,126 (2013)	<i>No trend</i>
<b>Child Abuse &amp; Neglect</b>				
Children Investigated for Abuse or Neglect	30,689	24,491	22,686	<i>Decreasing</i>
Children Subject of an Indicated Report (Child Victims)	12,020	11,669	11,557	<i>Decreasing</i>
Children Referred to a Community Based Prevention Services Organization	---	23,699 (2013)	19,828	<i>Decreasing</i>
Percent of Child Victims Re-victimized within 6 Months of Initial Report of Abuse or Neglect	3.0%	3.0%	3.1%	<i>Increasing</i>
Children in Foster Care	4,500	3,116	3,471	<i>No trend</i>

### A. Child Deaths

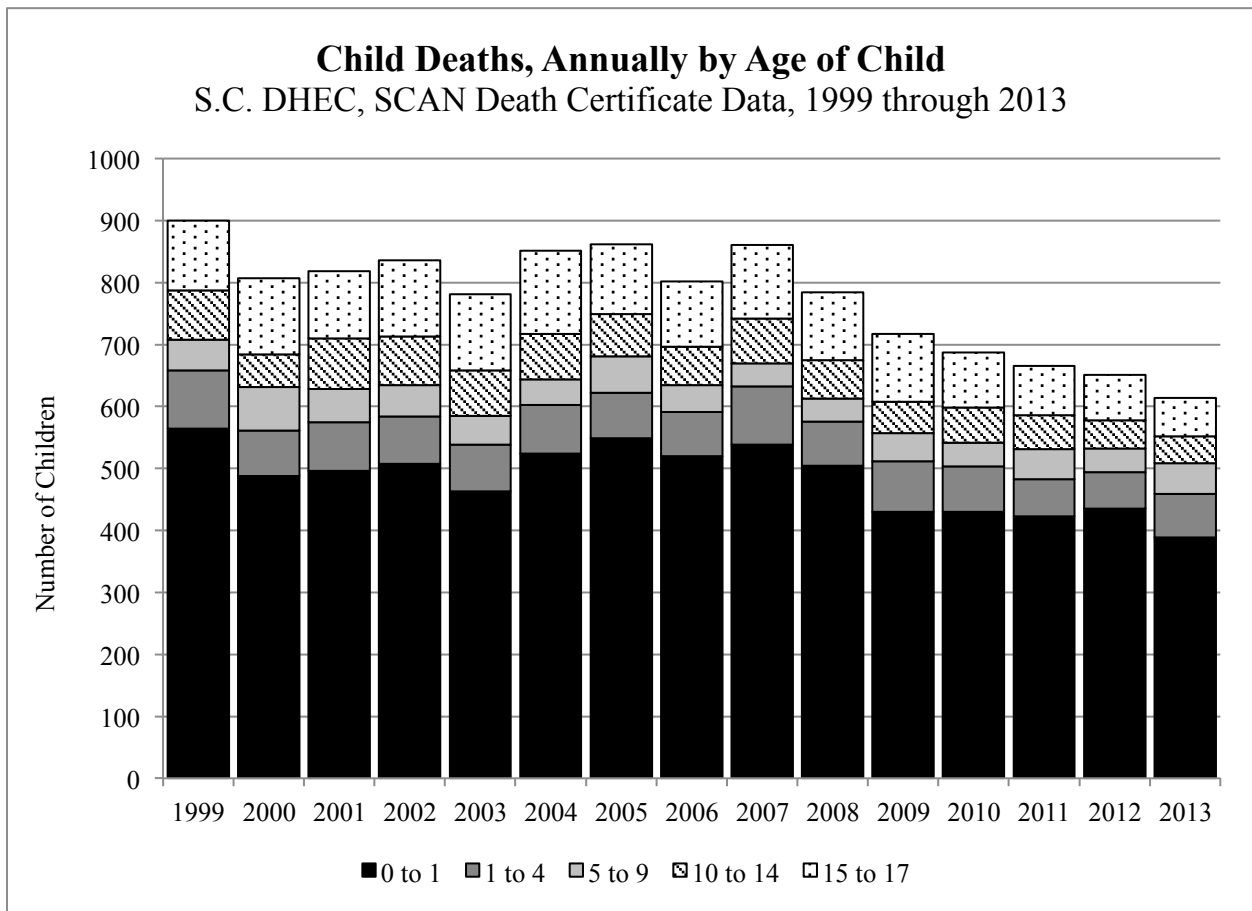
Child deaths include the number of children who die due to illness, accident, or maltreatment.<sup>17</sup> In South Carolina, there were 614 child deaths in 2013, which is a 6% decrease from 2012, and a 32% decrease from 1999. As the chart below reflects, infants (children from birth to age one) represent the largest number of child fatalities, consistently comprising over half of all child fatalities.

In 2013, the primary causes of death for infants were a result of conditions originating in the prenatal period, congenital malformations, deformations and chromosomal abnormalities, and unintentional injuries. For all other children, motor vehicle accidents, homicides, suicides and

<sup>16</sup> United States Census Bureau, American Fact Finder, <http://factfinder.census.gov/help/en/index.htm#glossary.htm> (last visited, January 6, 2015).

<sup>17</sup> S.C. Department of Health and Environment Control, Death Certificate Data, <http://scangis.dhec.sc.gov/scan/bdp/tables/death2table.aspx> (last visited, January 2, 2015).

cancers were the leading causes of deaths.<sup>18</sup> Nationally, there were 42,328 child deaths (aged 0-19 years) in 2013, which is a 2% decrease from 2012 and a 29% decrease from 1999.<sup>19</sup>



**B. Non-fatal Injuries**

Non-fatal injuries include accidental and intentional injuries that do not result in death, but require a hospital or emergency room visit. In 2013, there were 98,126 non-fatal injuries to children in South Carolina, a 4% decrease from 2012 and a 6% decrease from 2006. In 2013, children between the ages of 12 and 17 experienced the highest number of non-fatal injuries requiring hospitalization (37%), followed by children between the ages of 5 and 11 years (34%), and between 1 and 4 years (26%). Infants had the least non-fatal injuries (3%).<sup>20</sup> There appears to be a consistent seasonal trend in non-fatal childhood injuries requiring hospitalization or emergency room visits, with more children experiencing such injuries during the summer months.

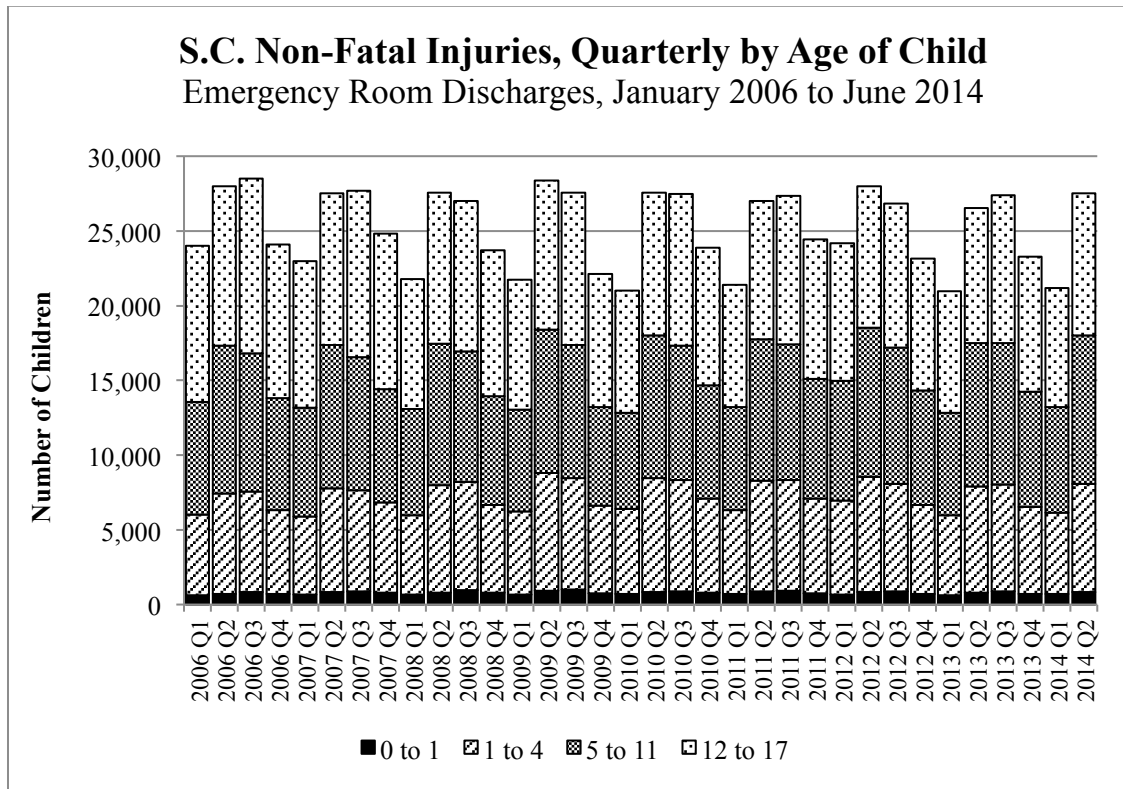
<sup>18</sup> S.C. Department of Health and Environment Control, Death Certificate Data, <http://scangis.dhec.sc.gov/scan/bdp/tables/death2table.aspx> (last visited, January 2, 2015).

<sup>19</sup> Centers for Disease Control and Prevention, National Vital Statistics Report, <http://www.cdc.gov/nchs/products/nvsr.htm> (last visited January 12, 2015).

<sup>20</sup> S.C. Office Research and Statistics. South Carolina Emergency Department Discharges. Unpublished report generated in January, 2015. Data included those admitted as inpatients.



Nationally, there were 7,647,559 non-fatal injuries to children aged 0 to 17 years in 2013, which is an 8% decrease from 2012 and a 15% decrease from 2001.<sup>21</sup> In 2013, the three leading causes of child injuries nationwide were falls, being struck by/against person or object or caught in or between objects,<sup>22</sup> and overexertion.<sup>23,24</sup>



**C. Children Experiencing Abuse or Neglect<sup>25</sup>**

When DSS receives a report of suspected child abuse or neglect, intake staff conducts a safety and risk assessment to determine whether a formal investigation is required, a referral to a Community Based Prevention Service (CBPS) organization is appropriate, or if no abuse is alleged, legally the report should be screened out.<sup>26</sup> If investigated, Child Protective Services staff at DSS will conclude the report is “indicated” whenever the evidence supports a decision

<sup>21</sup> Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, WISQARS online, non-fatal injury reports, <http://www.cdc.gov/injury/wisqars/nonfatal.html> (last visited February 6, 2015).

<sup>22</sup> Struck by / against or crushed includes Injury resulting from being struck by (hit) or crushed by a human, animal, or inanimate object or force other than a vehicle or machinery; injury caused by striking (hitting) against a human, animal, or inanimate object or force other than a vehicle or machinery.

<sup>23</sup> Overexertion refers to working the body or a body part too hard, causing damage to muscle, tendon, ligament, cartilage, joint, or peripheral nerve (e.g., common cause of strains, sprains, and twisted ankles). This category includes overexertion from lifting, pushing, or pulling or from excessive force.

<sup>24</sup> Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, WISQARS online, non-fatal injury reports, <http://www.cdc.gov/injury/wisqars/nonfatal.html> (last visited February 6, 2015).

<sup>25</sup> Abuse or Neglect includes harm that children experience at the hands of a parent, guardian, or other person responsible for the child’s welfare.

<sup>26</sup> DSS investigates all reports that identify either actual harm or risk factors that place the child at substantial risk of abuse or neglect. Referrals to Community Based Prevention Services are appropriate when the report does not allege actual harm, but the safety and risk assessments raise a moderate or low risk of abuse or neglect. All other reports are screened out, with no further action taken.

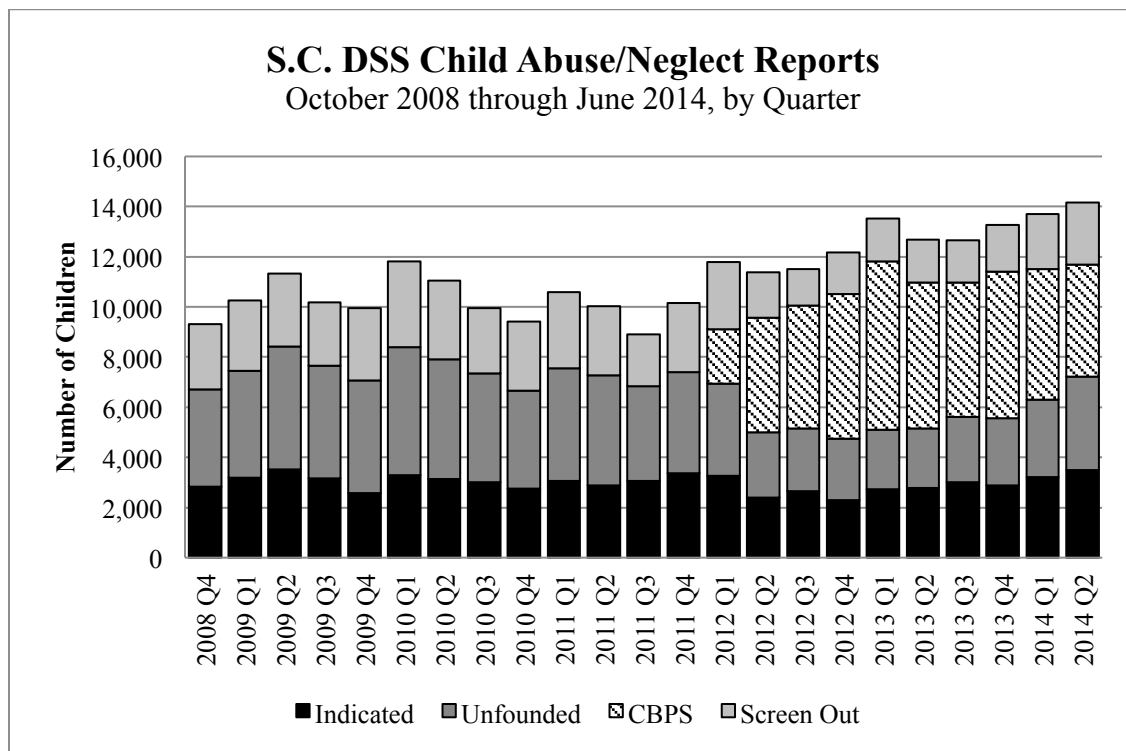
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that it is more likely than not that a child has been abused or neglected; otherwise, the report is “unfounded.”<sup>27</sup>

In South Carolina, DSS received nearly 49,983 reports of suspected child abuse or neglect from October 2013 to September 2014. Of those reports:

- Nearly 23,000 were investigated
  - 11,557 of the investigated cases were indicated
  - 11,129 of the investigations were unfounded
- Nearly 20,000 were referred to Community Based Prevention Services, an intake response implemented in South Carolina in 2012 to comply with federal law.

The chart below reflects the number of child abuse or neglect reports by quarter, broken down by the type of DSS intake response or disposition.



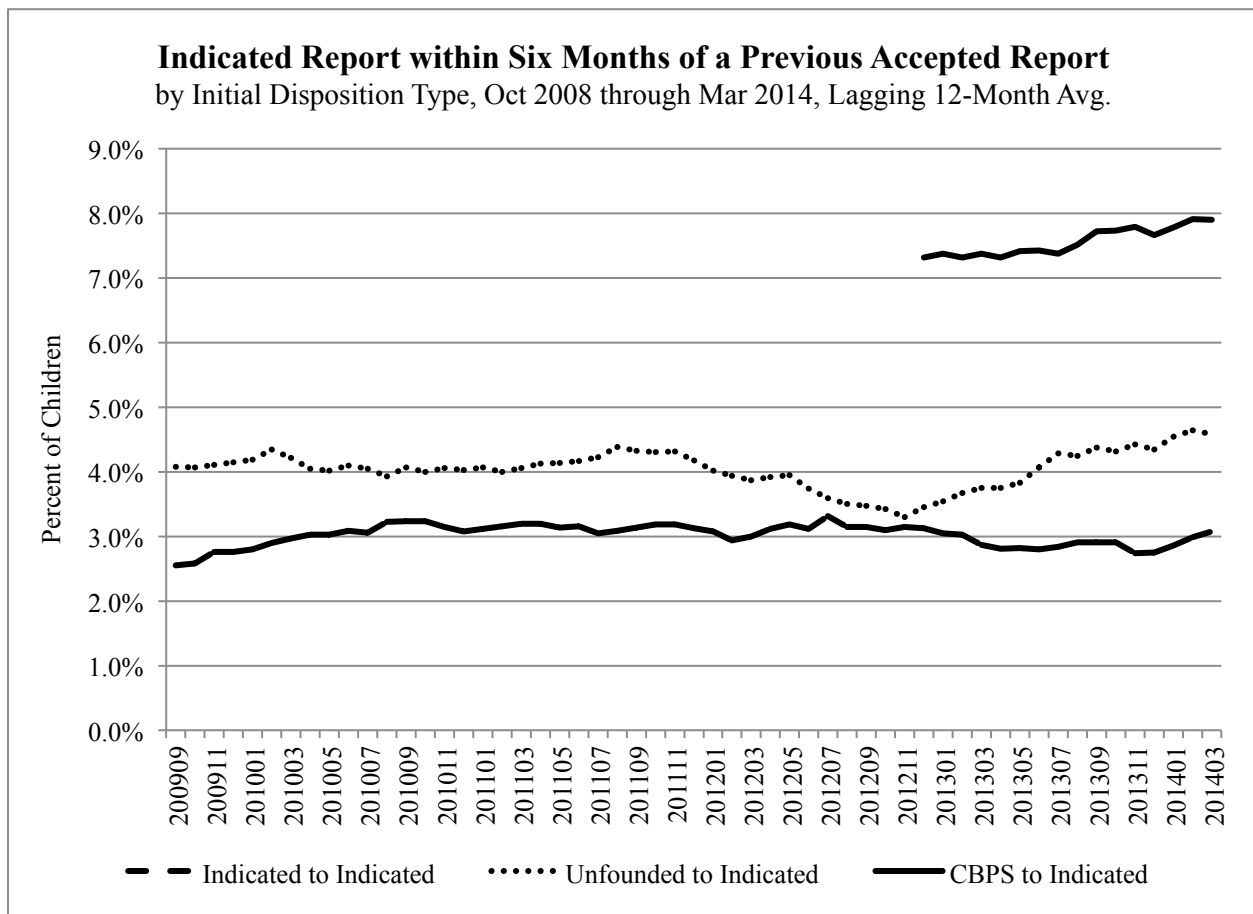
The most commonly accepted indicator of our state’s ability to protect children from abuse or neglect is the recurrence rate. This indicator examines the number of children who are the subject of an indicated report within six months of a previously accepted report to DSS. The prior report may have been either investigated or referred to Community Based Prevention Services (CBPS), but the subsequent report is indicated. Children who are the subject of an indicated report within

<sup>27</sup>See S.C. Code Ann. § 63-7-20

six months of a previous accepted report are experiencing ongoing abuse or neglect, and are at increased risk for poor outcomes as they transition to adulthood.<sup>28</sup>

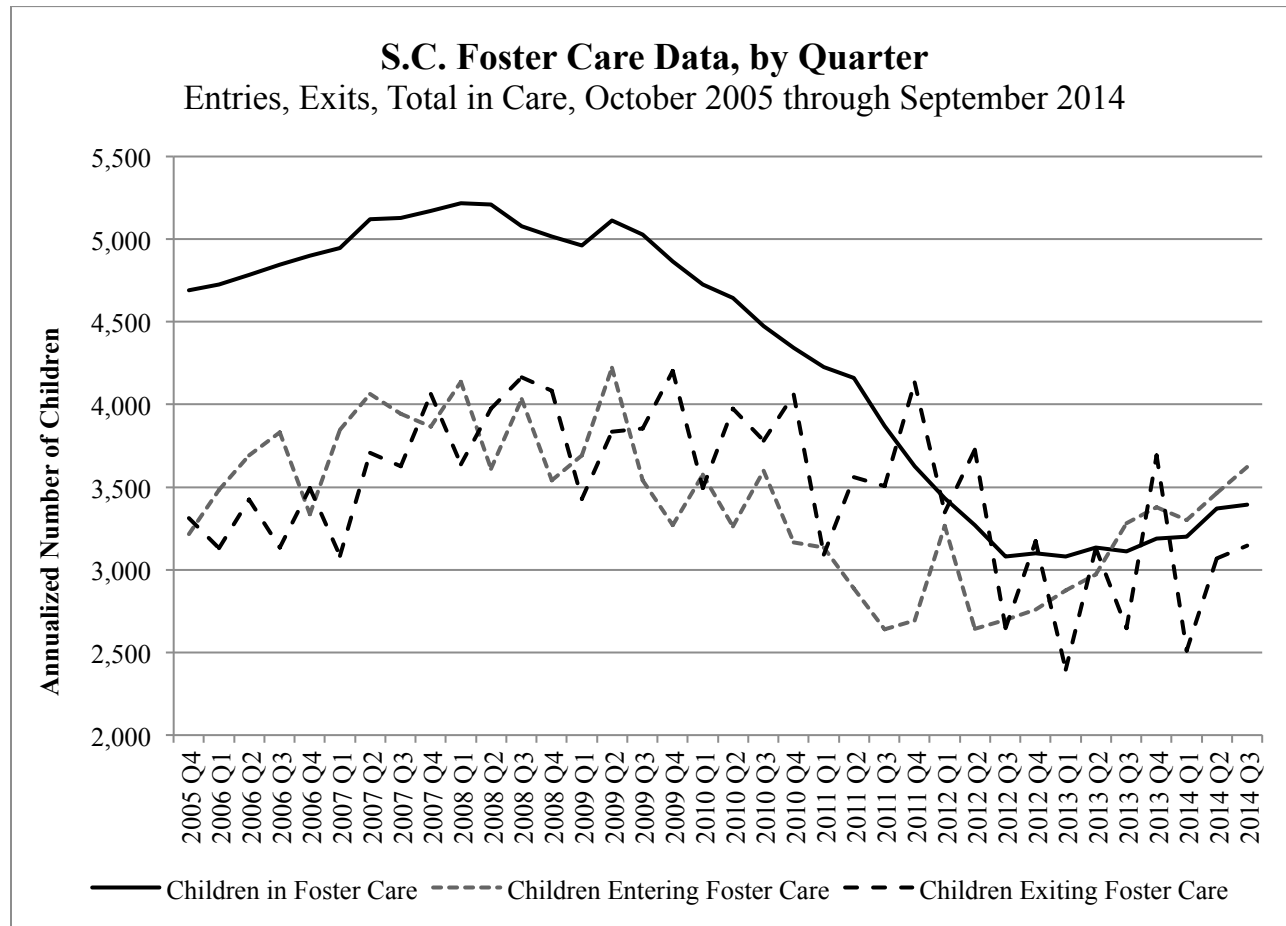
In South Carolina, from April 2013 to March 2014:

- 3.1% of children who were the subject of an indicated report of abuse or neglect had been the subject of a previous *indicated* report of abuse or neglect during the past six months;
- 4.6% of children who were the subject of an indicated report of abuse or neglect had been the subject of a *unfounded* report of abuse or neglect during the past six months; and
- 7.9% of children who were the subject of an indicated report of abuse or neglect had been the subject of a referral to *Community Based Prevention Services* within the past six months.



<sup>28</sup> Centers for Disease Control and Prevention, Understanding Child Maltreatment: Fact Sheet. [http://www.cdc.gov/violenceprevention/pub/CM\\_factsheet.html](http://www.cdc.gov/violenceprevention/pub/CM_factsheet.html) (last visited January 13, 2015).

Ordinarily, children who are victims of abuse or neglect receive services in their home, with their family. However, when children are unable to safely remain in their home, they may be removed from the physical custody of their caretaker, and placed in foster care.



The number of children in foster care represents the number of children in the legal custody of DSS who have been removed from the custody of parents or guardians and placed outside the home. The solid line represents the number of children in foster care on the last day of the reporting period. These children may be placed with foster care families, in group homes, with relatives, or other placements. The dotted line in the chart above represents the annualized number of children entering care during the reporting period. The dashed line represents the annualized number of children exiting care during the reporting period.

On September 30, 2014, there were 3,471 children in foster care in South Carolina, which is an 8% increase from the number of children in care on September 30, 2013. The chart reflects a 33% decrease in the number of children in care from the first quarter of 2008 to the third quarter

of 2014.<sup>29</sup> Nationally, there were 402,378 children in foster care during the 2013 federal fiscal year, a 4 % decrease from 2009.<sup>30</sup>

### III. Health Indicators of Well-Being

Healthy children generally miss fewer days of school, exhibit good eating and exercise habits, and live free from chronic conditions such as diabetes, cancer, and heart disease. Early and effective health interventions help children and their families avoid or lessen expensive medical costs. Health indicators include information on low birth weight babies, immunization, mental health diagnoses and treatment, and dental visits.

Indicators	2009	2011	2013	Trend
Children Born with Moderately Low Birth Weight	4,946	4,590	4,429	<i>Decreasing</i>
Children Born with Very Low Birth Weight	1,111	1,064	1,069	<i>No trend</i>
Immunizations of Children 19-35 Months	59.7%	69.8%	67.1%	<i>No trend</i>
Children Receiving Mental Health Services	27,447 (2010)	24,809	25,246 (2014)	<i>No trend</i>
Children on Medicaid who have Visited a Dentist	569,649	629,566	715,913 (2014)	<i>Increasing</i>

#### A. Low Birth Weight Babies

Low birth weight is divided into two categories: moderately low and very low. Moderately low birth weight babies weigh between 1,500 grams (three pounds, four ounces) and 2,499 grams (five pounds, eight ounces) at birth. Very low birth weight babies weigh less than 1,500 grams (three pounds, four ounces) at birth.<sup>31</sup> This indicator represents the moderately low and very low birth weight babies born to women in South Carolina hospitals.<sup>32</sup>

In South Carolina, 4,429 children were born in 2013 with a moderately low birth weight, which showed no significant difference from the previous year of 2012 but an 8 % increase from 1990. There were 1,069 children born in South Carolina with a very low birth weight in 2013, a 4% increase from 2012, and an 8% increase from 1990.<sup>33</sup> South Carolina had the fourth highest

<sup>29</sup> Fostering Court Improvement, [http://www.fosteringcourtimprovement.org/state\\_websites.php](http://www.fosteringcourtimprovement.org/state_websites.php) (last visited January 7, 2015).

<sup>30</sup> U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. The AFCARS Report, Preliminary FY’2013 Estimates as of July 2014. <http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport21.pdf> (last visited January 13, 2015).

<sup>31</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, Child Health USA 2013, Low Birth Weight, <http://mchb.hrsa.gov/chusa13/perinatal-health-status-indicators/p/low-birth-weight.html> (last visited, February 2, 2015).

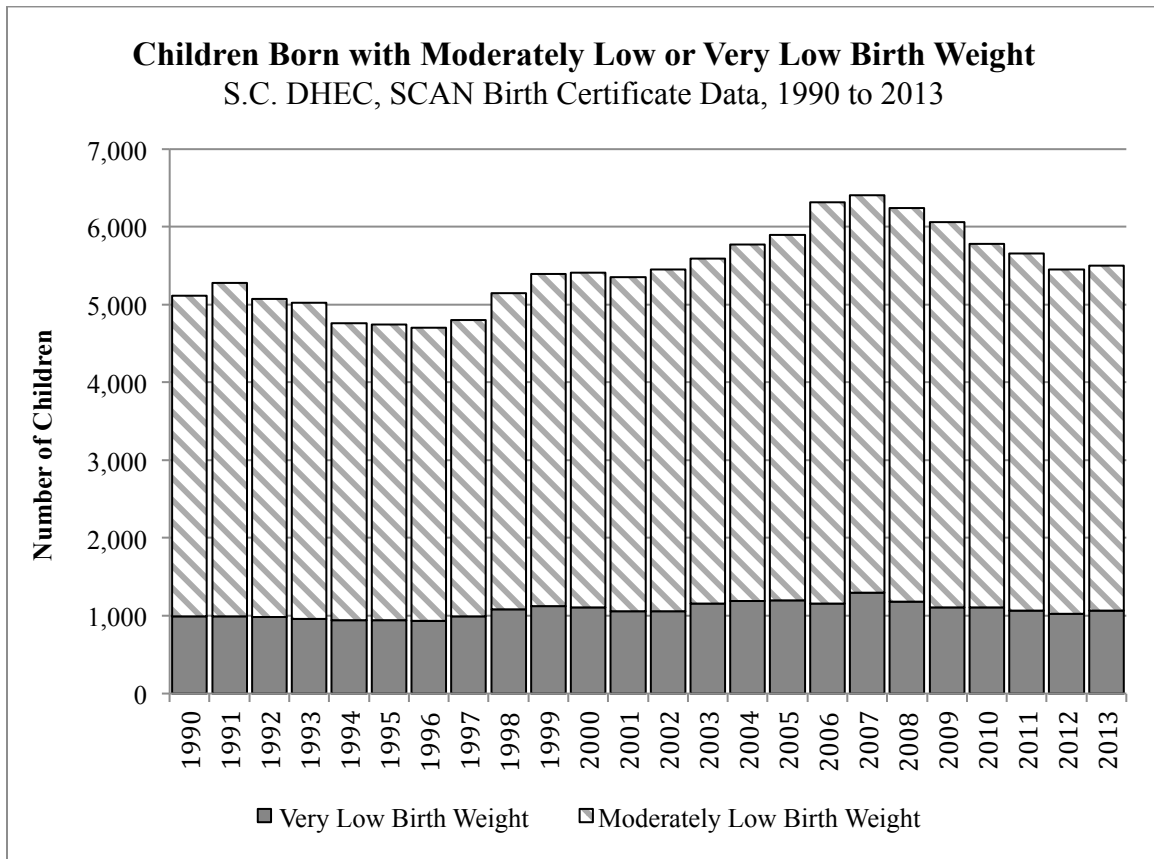
<sup>32</sup> S.C. Department of Health and Environmental Control, SCAN Birth Certificate Data, <http://scangis.dhec.sc.gov/scan/bdp/tables/birthtable.aspx> (last visited, January 27, 2015).

<sup>33</sup> S.C. Department of Health and Environmental Control, SCAN Birth Certificate Data, <http://scangis.dhec.sc.gov/scan/bdp/tables/birthtable.aspx> (last visited January 13, 2015).

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percentage (9.7%) of moderately birth weight among all states.<sup>34</sup> The national percentage was 8%.<sup>35</sup>

The infant mortality rate for very low birth weight infants was more than 100 times the rate for infants with birth weights of 2,500 grams or more.<sup>36</sup> Very low birth weight babies who survive are also more likely to experience long-range physical difficulties, developmental health problems and learning disabilities.<sup>37</sup>



### B. Immunizations

The Centers for Disease Control and Prevention (CDC) provides a thorough immunization schedule for children, beginning at birth and continuing into early adolescence.<sup>38</sup> The National Immunization survey estimates that in 2013, approximately 67% of children in South Carolina

<sup>34</sup> Centers for Disease Control and Prevention, Percentage Of Babies Born Low Birthweight By State (2013): [http://www.cdc.gov/nchs/pressroom/states/LBW\\_STATE\\_2013.pdf](http://www.cdc.gov/nchs/pressroom/states/LBW_STATE_2013.pdf) (last visited January 13, 2015).

<sup>35</sup> Centers for Disease Control and Prevention, Birthweight and Gestation, <http://www.cdc.gov/nchs/fastats/birthweight.htm> (last visited January 13, 2015).

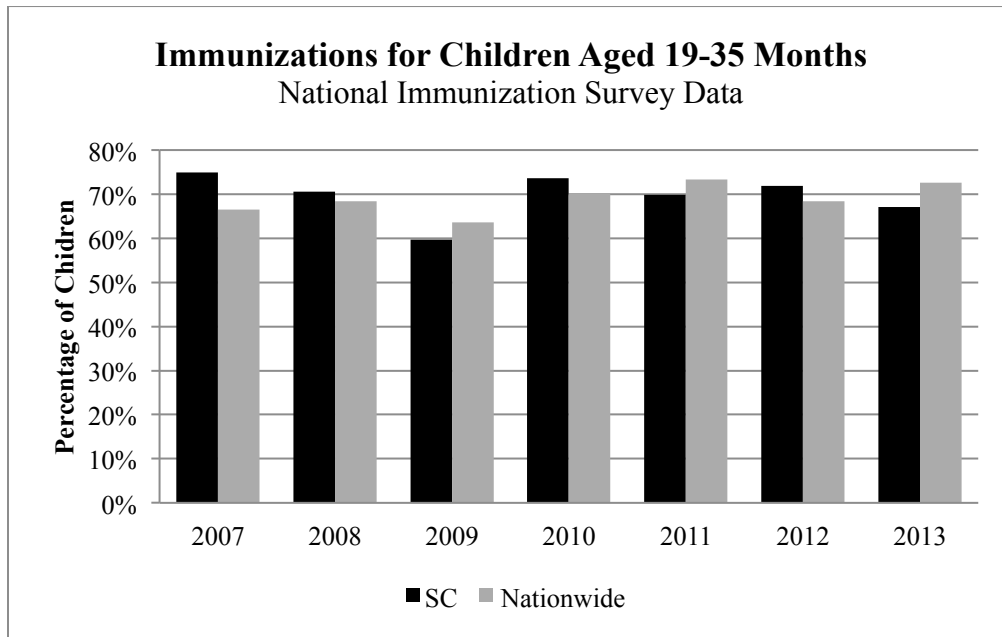
<sup>36</sup> Mathews, T. J., MacDorman, M. F. (2012). Infant mortality statistics from the 2008 period: linked birth/infant death data set. National Vital Statistics Reports, 60(5). Hyattsville, Maryland: National Center for Health Statistics. [http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60\\_05.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_05.pdf) (last visited, February 10, 2015).

<sup>37</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, Child Health USA 2008-2009, Very Low Birth Weight, <http://mchb.hrsa.gov/chusa08/hstat/hsi/pages/203v1bw.html> (last visited, February 2, 2015).

<sup>38</sup> Centers for Disease Control and Prevention, Immunization Schedules, <http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html> (last visited January 8, 2015).

between ages of 19 and 35 months were on schedule with the recommended immunizations. This is 6% below the national rate of 73%.<sup>39</sup> Children living in families with incomes below the federal poverty level had lower coverage than children living in families at or above the poverty level in some types of vaccination.<sup>40</sup>

Vaccination coverage varies across states. Recent budget cuts to state and local health departments, differences between immunization program activities, vaccination requirements for child-care centers, and vaccine financing policies by states contributed to the variances.<sup>41</sup>



### C. Children Receiving Mental Health Services

The Department of Mental Health provides its treatment services for people with mental illnesses. In South Carolina, 25,246 children<sup>42</sup> aged 0 to 17 were served in FY 2014, which is a 3% increase from 2013 and an 8% decrease from 2010.<sup>43</sup>

Nationally, it is estimated that 13 to 20 percent of children, or one out of five children in the U.S. experienced a mental health problem in a given year, which accounted for an estimate of \$247 billion spent on child mental health problems each year. ADHD was the most prevalent

<sup>39</sup> U.S. Vaccination Coverage Reported via National Immunization Survey (NIS). <http://www.cdc.gov/vaccines/imz-managers/coverage/imz-coverage.html> (last visited January 5, 2015). The recommended combination of vaccines is commonly referred to as the 4313314 combination (4 DTaP, 3 Polio, 1 MMR, 3 Hep B, 3 Hib, 1 Var, and 4 PCV).

<sup>40</sup> Those types of vaccination include 4 doses of DTaP, the full Hib series, 4 doses of PCV, 2 doses of HepA, and rotavirus vaccine.

<sup>41</sup> Morbidity and Mortality Weekly Report (MMWR), National, State, and Local Area Vaccination Coverage Among Children Aged 19–35 Months — United States, 2012, September 13, 2013 / 62(36);733-740. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6236a1.htm> (last visited January 8, 2015).

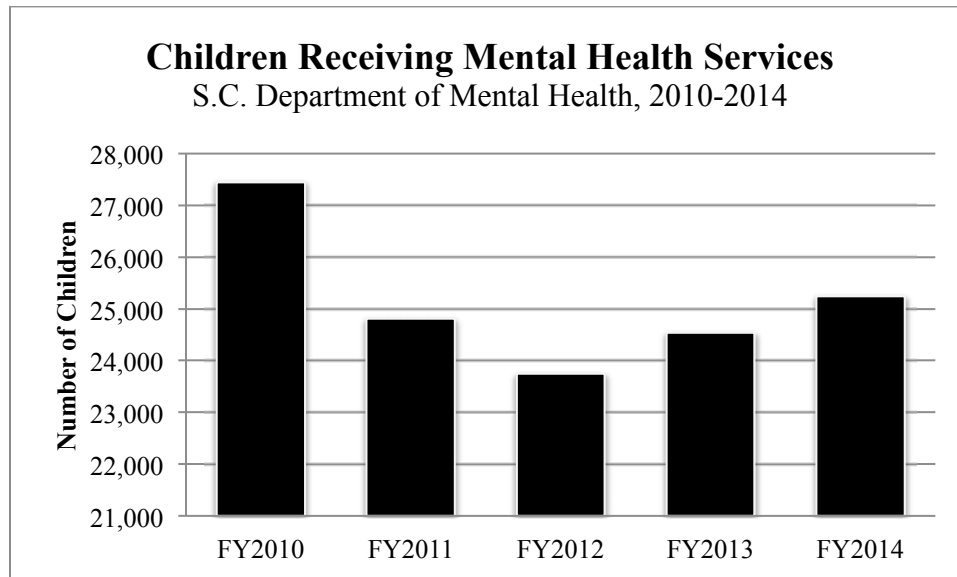
<sup>42</sup> Numbers may be duplicated if children received services in other counties from different facilities.

<sup>43</sup> S.C. Department of Mental Health. Children Receiving Mental Health Services. Number of District Children (Ages 0-17) Clients Served by County. Unpublished report generated in February, 2015.

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diagnosis among children aged 3 to 17 years, other prevalent mental health problems included behavioral or conduct problems, anxiety, depression and autism spectrum disorders.<sup>44</sup>

According to the 2012 National Survey of Children's Health, one in two children (49.9%) in South Carolina who needed mental health services did not receive them. This is well above the national rate of 39%. This unmet need is particularly pronounced among young children (aged 2 to 5) living in low-income families and children who are currently uninsured. South Carolina was ranked the 4<sup>th</sup> highest among all the states in unmet mental health needs of children. These data make clear that efforts are needed to promote the adequacy, availability, and accessibility of mental health services to South Carolina children.<sup>45</sup>



### D. Children on Medicaid who have Visited a Dentist

Medicaid covers dental services for all child enrollees as part of a comprehensive set of benefits, referred to as the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. Dental services for children must minimally include relief of pain and infections, restoration of teeth, and maintenance of dental health. In 2014, there were 715,913 visits to the dentist for children qualifying for Medicaid aged 0-18, representing approximately two visits per pediatric dental patient. This is a 4% increase from 2013, and a 46% increase from 2008.<sup>46</sup>

Tooth decay (cavities) is the single most common childhood disease. Hundreds of thousands of children nationwide go untreated each year.<sup>47</sup> Untreated oral diseases are associated with eating,

<sup>44</sup> Centers for Disease Control and Prevention, Children's Mental Health, <http://www.cdc.gov/Features/ChildrensMentalHealth/> (Last visited, February 13, 2015).

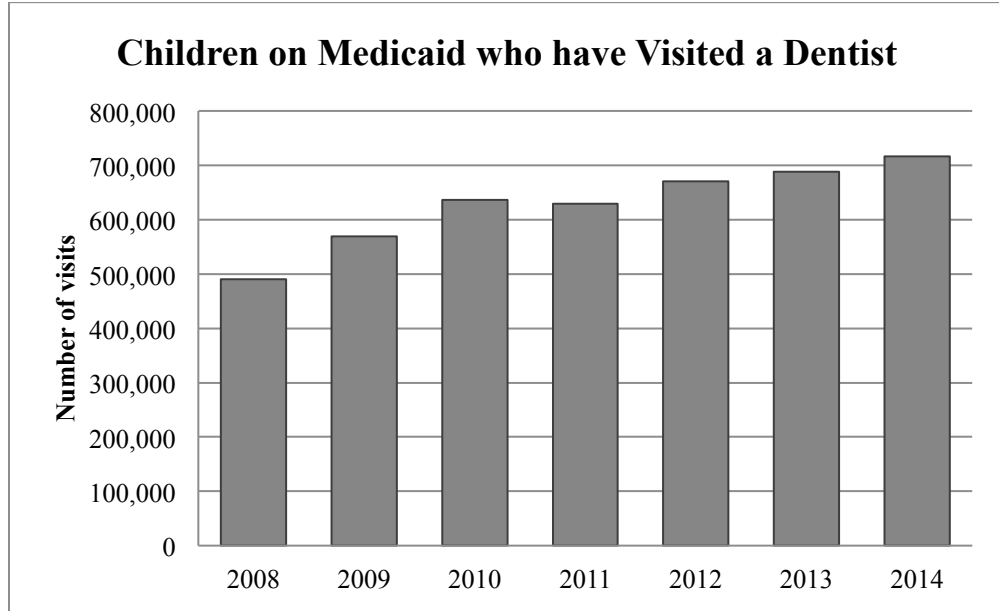
<sup>45</sup> Data Resource Center for Child & Adolescent Health, 2011/12 National Survey of Children's Health, <http://www.childhealthdata.org/browse/survey/results?q=2504&r=1> (last visited, February 13, 2015).

<sup>46</sup> South Carolina eHealth Medicaid Statistics, Medicaid Benefits and Services, Pediatric Dental Visits, <http://www.schealthviz.sc.edu/pediatric-dental-visits> (last visited January 5, 2015).

<sup>47</sup> American Academy of Pediatric Dentistry. Every Child Deserves a Dental Home. <http://www.aapd.org/foundation> (last visited, January 8, 2015).



speaking, sleeping and systematic health problems.<sup>48</sup> Children with poor oral health are more likely to miss school due to dental pain and have poor school performance.<sup>49</sup> Children from the low income families were less likely to receive dental care. Expanding access to dental benefits is key to improving the oral health of this population.<sup>50</sup>



<sup>48</sup> Department of Health and Human Services. Oral Health in America: a Report of the Surgeon General. <http://silk.nih.gov/public/hck1ocv.@www.surgeon.fullrpt.pdf> (last visited, February 6, 2015).

<sup>49</sup> Jackson, S. L., Vann Jr, W. F., Kotch, J. B., Pahel, B. T., & Lee, J. Y. (2011). Impact of poor oral health on children's school attendance and performance. *American Journal of Public Health*, 101, 1900-1906.

<sup>50</sup> Kenney, G. M., McFeeters, J. R., & Yee, J. Y. (2005). Preventive dental care and unmet dental needs among low-income children. *American Journal of Public Health*, 95, 1360.

## IV. Education Indicators of Child Well-Being

Education affects many areas of child well-being and future success as an adult. Educational indicators can reflect how well the state is preparing children for success in school and training its future workforce. Education indicators include information on publicly funded pre-K, children with identified special education needs, high school graduation rate, and standardized test scores.

Indicators	2010	2012	2014	Trend
Children Enrolled in Public Pre-K	24,473	25,811	27,391	<i>Increasing</i>
Children with Identified Special Education Needs	94,216	93,450	93,542 (2013)	<i>No trend</i>
High School Graduation Rate <sup>51</sup>	72%	77%	80%	<i>Increasing</i>
<b>3<sup>rd</sup> Grade PASS Scores</b>				
Percent of Students Scoring “Not Met” for English and Language Arts	19%	20%	21%	<i>Increasing</i>
Percent of Students Scoring “Not Met” for Math	30%	27%	28%	<i>No trend</i>
<b>8<sup>th</sup> Grade PASS Scores</b>				
Percent of Students Scoring “Not Met” for English and Language Arts	36%	30%	33%	<i>No trend</i>
Percent of Students Scoring “Not Met” for Math	37%	31%	30%	<i>Decreasing</i>

### A. Children Enrolled in Publicly Funded Pre-Kindergarten

Children participating in public three- and four-year-old pre-kindergarten are included in this indicator. In South Carolina, 27,391 children enrolled in publicly funded pre-K programs in 2014, which is an 18% increase from 2008, and a 2% increase from 2013.<sup>52</sup> This number includes children attending private pre-kindergarten programs only if those programs are paid for using South Carolina Child Development Education Pilot Program (CDEPP) funds.

Nationally, approximately 2.3 million children aged three and four enrolled in public nursery school in 2012, a 13% increase from 2005 and a 3% decrease from 2011.<sup>53</sup> Research showed that children participating in high-quality center-based care, preschool, and prekindergarten programs were more likely to have better pre-academic skills and language performance at age four and a

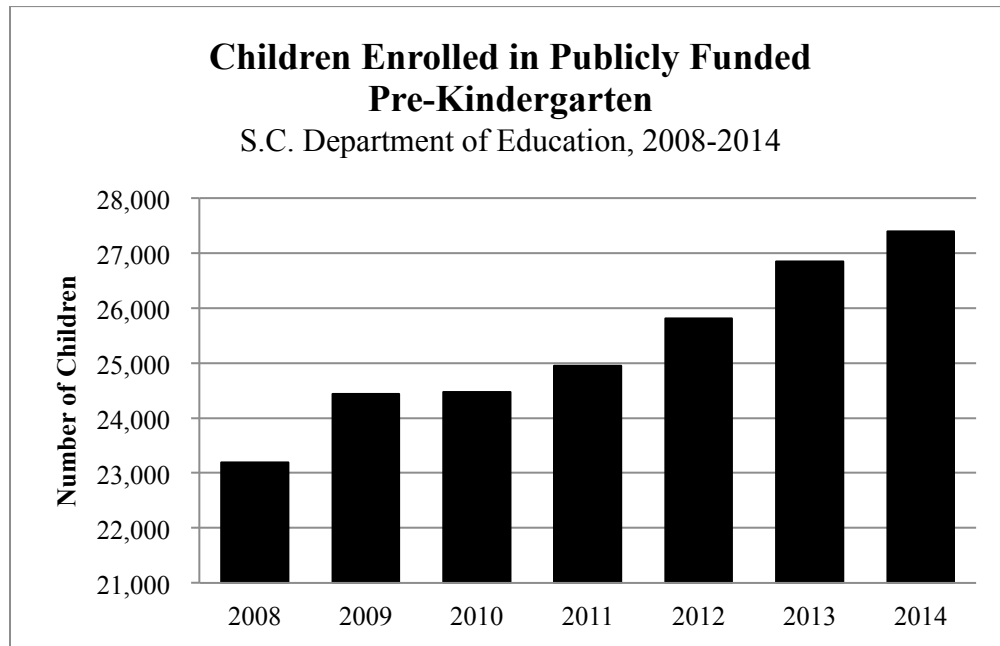
<sup>51</sup> Percent of students receiving a regular high school diploma within 4 years of entering high school.

<sup>52</sup> S.C. Department of Education. Children Enrolled in 3 and 4 Year Olds Pre-Kindergarten. Unpublished report generated in February, 2015.

<sup>53</sup> U.S. Department of Education. National Center for Educational Statistics.

[http://nces.ed.gov/programs/digest/d13/tables/dt13\\_202.10.asp](http://nces.ed.gov/programs/digest/d13/tables/dt13_202.10.asp) (last visited, February 3, 2015).

half years old, perform better in math and reading in the early grades of elementary school,<sup>54</sup> were more likely to attend a four-year college, and were less likely to have a teen pregnancy.<sup>55</sup> An increase in the recognition of the importance of early childhood education and funding for public prekindergarten programs is needed to improve school readiness, especially among children from low-income families.<sup>56</sup>



### B. Children with Identified Special Education Needs

Children with disabilities may be eligible for special education services through an individual education program (IEP). Special education eligibility categories include autism, deaf and hard of hearing, deaf and blind, developmental delays, emotional disability, intellectual disabilities, multiple disabilities, orthopedic impairments, other health impairments, specific learning disabilities, speech and language impairment, traumatic brain injury, and visual impairments. In South Carolina, there were 93,542 children ages under 18 years in 2013 with an Individualized Education Plan (IEP) to address their special education needs. Of these children:

- 41% had specific learning disabilities;
- 21% had a speech or language impairment;

<sup>54</sup> NICHD Early Child Care Research Network. (2002). *Early child care and children's development prior to school entry: Results from the NICHD study of early child care*. American Educational Research Journal, 39: 133-164. <http://www.jstor.org/stable/10.2307/3202474> (last visited, February 2, 2015).

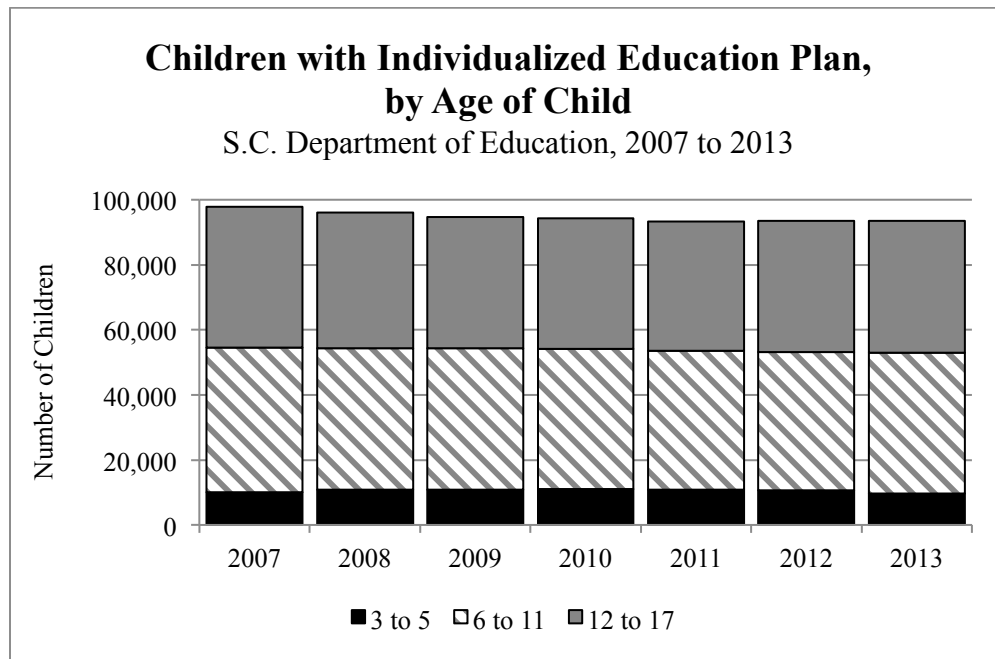
<sup>55</sup> Campbell, F., Ramey, C. T., Pungello, E., Miller-Johnson, S., & Sparling, J. J. (2002). Early childhood education: Young adult outcomes from the Abecedarian Project. <http://larrycuban.files.wordpress.com/2011/03/campbell-et-al.pdf> (last visited, February 2, 2015).

<sup>56</sup> Barnett, W. S., Lamy, C., & Jung, K. (2005). *The effects of state prekindergarten programs on young children's school readiness in five states*. New Brunswick, NJ: National Institute for Early Education Research.

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- 8% had a developmental delay;
- 6% had autism; and,
- 6% had an intellectual disability.<sup>57</sup>

Nationally, 6.4 million or 8% of children aged three to 21 years old were served under the Individuals with Disabilities Education Act (IDEA), which represents 12.9% of children enrolled in public school.<sup>58</sup> Boys were more likely to have an identified learning disability than girls. Children in families with an income of less than \$35,000, children in single-mother families, and children with poor health status were at a higher risk of having learning disabilities.<sup>59</sup>



### C. Third and Eighth Grade PASS Scores

The Palmetto Assessment of State Standards (PASS) is administered to public school students in the third and eighth grades to assess knowledge and mastery of state standards. Scores are reported in three categories: *met*, *unmet*, and *exemplary*. This indicator is comprised of English and Language Arts (ELA) and Math scores for third-grade and eighth-grade students.

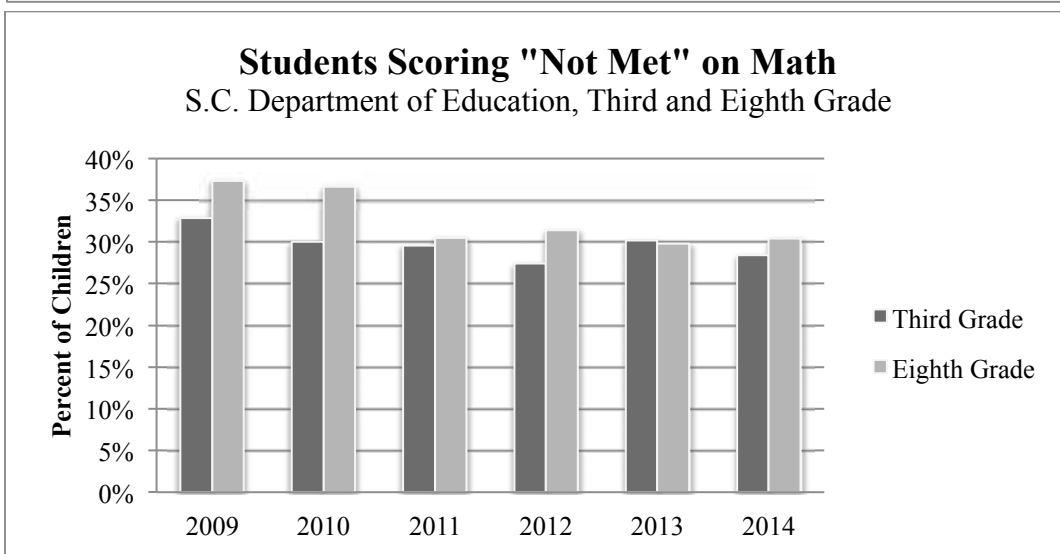
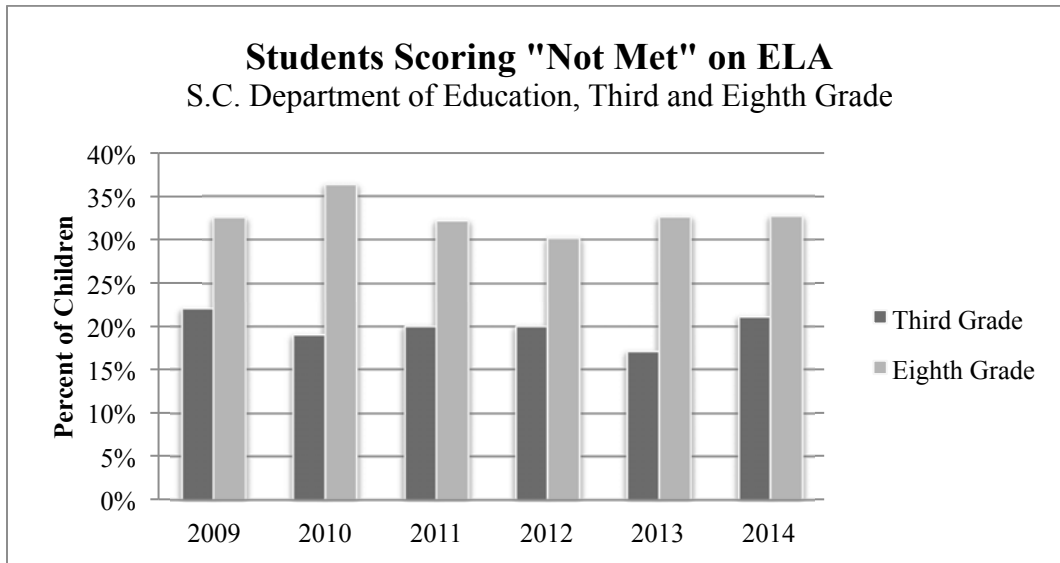
In 2014, approximately 21% of third-grade students scored "not met" for ELA and 28% scored "not met" for math. For eighth-grade students, approximately 33% scored "not met" for ELA and

<sup>57</sup> S.C. Department of Education. Children Receiving Special Education Services. Unpublished report generated in December 2014. The data was the most recent available data by December 2014, which remained the same with the data published in 2014 Data Reference Book.

<sup>58</sup> National Center for Educational Statistics, Children 3 to 21 years old served under Individuals with Disabilities Education Act (IDEA), [http://nces.ed.gov/programs/digest/d14/tables/dt14\\_204.30.asp](http://nces.ed.gov/programs/digest/d14/tables/dt14_204.30.asp) (last visited, February 2, 2015).

<sup>59</sup> Centers for Disease Control and Prevention. National Center for Health Statistics. [http://www.cdc.gov/nchs/data/series/sr\\_10/sr10\\_258.pdf](http://www.cdc.gov/nchs/data/series/sr_10/sr10_258.pdf) (last visited, January 8, 2015).

30% of students were “not met” for math. There was not significant change compared to scores in 2013.<sup>60</sup>



#### D. High School Graduation Rates

The graduation rate for South Carolina students in public schools was calculated using data provided by the Department of Education. This indicator reflects the percentage of eligible students who graduated on time with their age group. Since 2010, the statewide high school graduation rate has increased from 72% to 80% in 2014.<sup>61</sup>

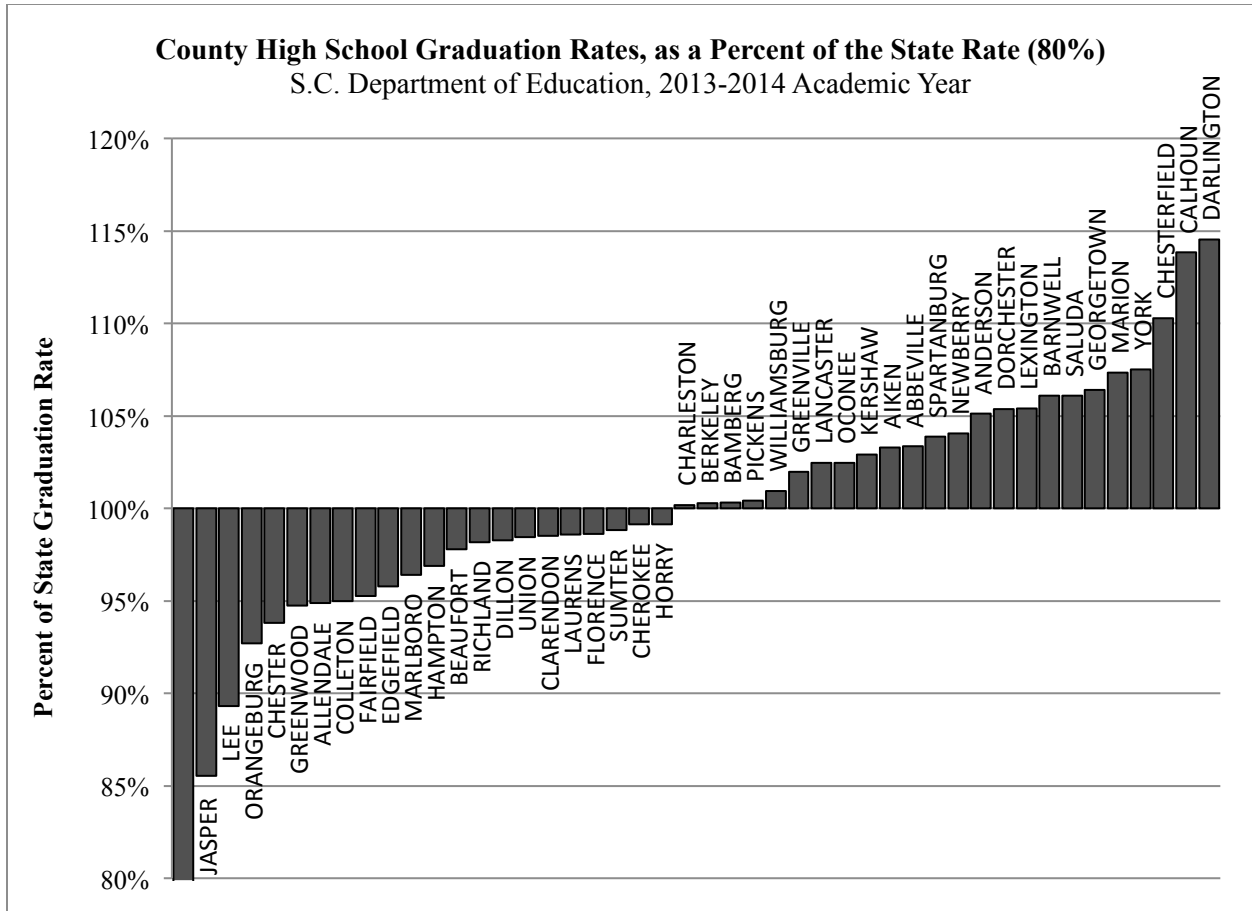
The following chart reflects the South Carolina high school graduation rate at the county level in 2014, shown as a percentage of the state rate. The county high school graduation rate is as low as

<sup>60</sup> S.C. Department of Education. Palmetto Assessment of State Standards (PASS) Test Scores. <http://ed.sc.gov/data/pass/2014/> (last visited, January 5, 2015).

<sup>61</sup> S.C. Department of Education. Four Year High School Graduation Rate. Unpublished report generated in February, 2015.

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62% in McCormick County and as high as 92% in Darlington County. According to the most recent data available, the national high school graduation rate was 80% in 2012. The high school graduation rates for economically disadvantaged students (72%), students with limited English proficiency (59%), and students with disabilities (61%) were all lower than the average national rate.<sup>62</sup>



<sup>62</sup> National Center for Educational Statistics. Public High School Four-Year On-Time Graduation Rates and Event Dropout Rates: School Years 2011-12, [http://nces.ed.gov/pubs2014/2014391/tables/table\\_02.asp](http://nces.ed.gov/pubs2014/2014391/tables/table_02.asp) (last visited, February 3, 2015).

## V. Responsibility Indicators of Child Well-Being

When children are responsible, contributing members of a community, they are less likely to commit crimes and more likely to stay in school and have positive social interactions. Responsibility in children is nurtured by participation in constructive activities, connections with helpful adults, and the encouragement of positive interests. There are many ways to measure responsibility in children; however, very little of this data are currently captured in South Carolina. Responsibility indicators include information on employment, births to teens, children in treatment for drug and alcohol abuse, and juvenile crime.

Indicators	2009	2011	2013	Trend
Percent of Youth Employment	25.6%	22.1%	26.3%	<i>No trend</i>
Births to Teens	7,726	6,100	4,811	<i>Decreasing</i>
Children in Treatment for Drug and Alcohol Abuse	5,364	4,219	4,678	<i>No trend</i>
Juvenile Offenses	23,111	18,114	16,429 (2014)	<i>Decreasing</i>

### A. Youth Employment

This measure represents youth aged 16 through 19 years who are gainfully employed outside the home, as reported by U.S. Census Bureau.<sup>63</sup> In South Carolina, the youth employment rate among youth aged 16 through 19 was 26.3% in 2013, which is a 2% increase from the previous years of 2012, and a 7% decrease from 2007. Nationally, youth employment rate was 27.7% in 2013, a 0.9% increase from the previous year and a 7% decrease from 2007. The youth employment rate in South Carolina has been consistently lower than the national rate since 2007.<sup>64</sup>

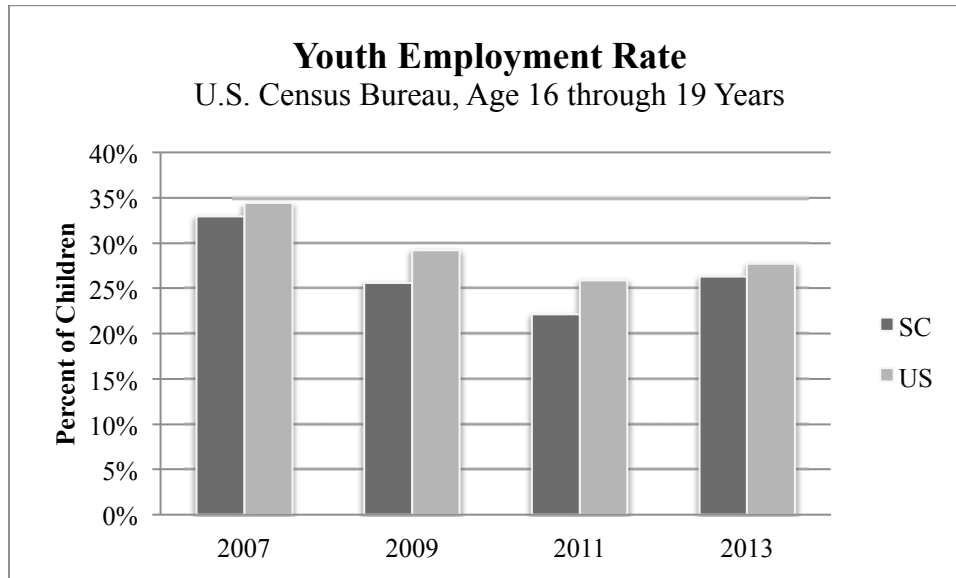
According to the U.S. Bureau of Labor Statistics, high school graduates not enrolled in college were more likely than graduates enrolled in college to be working or looking for work. High school dropouts had a lower labor participation rate than high school graduates not enrolled in college.<sup>65,66</sup>

<sup>63</sup> United States Census Bureau, American Fact Finder, <http://factfinder.census.gov/help/en/index.htm#glossary.htm> (last visited, January 6, 2015).

<sup>64</sup> United States Census Bureau, American Fact Finder, <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t> (last visited, January 6, 2015).

<sup>65</sup> Bureau of Statistics, U.S. Department of Labor. College Enrollment and Work Activity of 2012 High School Graduates. [http://www.bls.gov/news.release/archives/hsgec\\_04172013.pdf](http://www.bls.gov/news.release/archives/hsgec_04172013.pdf) (last visited, January 8, 2015).

<sup>66</sup> Bureau of Labor Statistics, U.S. Department of Labor. (2010). America's youth at 22: School enrollment, training, and employment transitions between ages 21 and 22. [http://www.childtrends.org/?indicators=youth-employment#\\_edn2](http://www.childtrends.org/?indicators=youth-employment#_edn2) (last visited, January 8, 2015).



**B. Births to Teens**

This indicator reflects the number of live births to girls aged 10 to 19 years. In South Carolina, there were 4,811 births to teens in 2013, which is a 14% decrease from 2012, and a 52% decrease from 1990. The birth rate was higher among black teens (38.8 per 1,000 births) than white teens (22.7 per 1,000).<sup>67</sup>

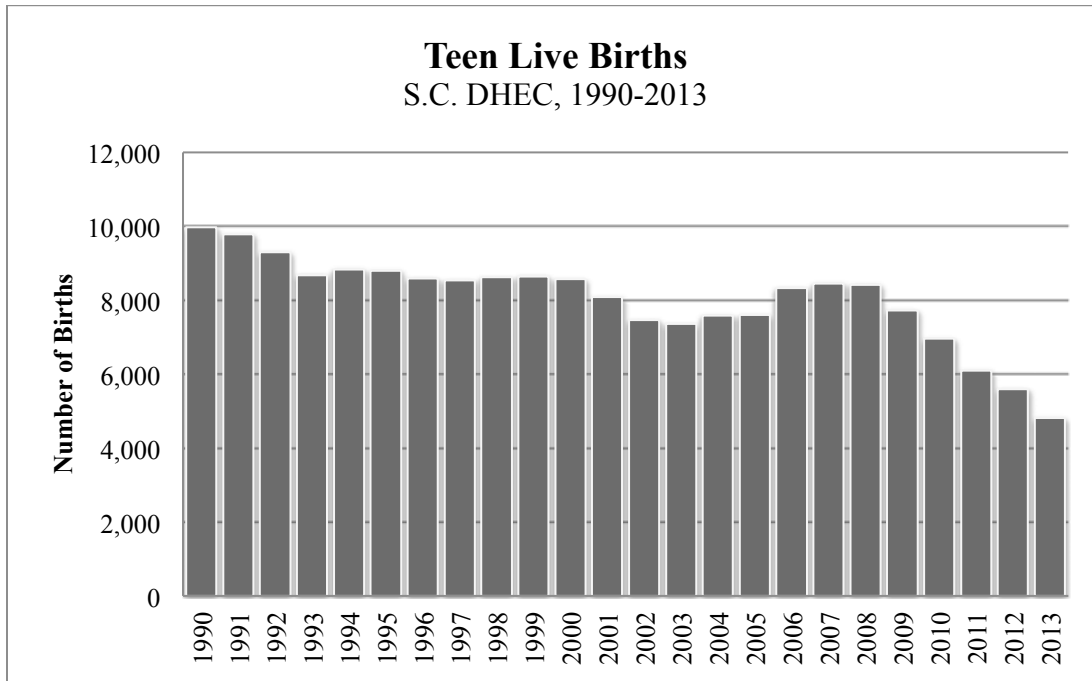
Nationally, the birth rate for teenagers aged 15-19 years reached its historical low at 27 births per 1,000 girls in 2013, which is a 10% decrease from 2012.<sup>68</sup> South Carolina birth rate for girls aged 15 to 19 years was 31.6 per 1000, higher than the national rate.<sup>69</sup>

<sup>67</sup> S.C. Department of Health and Environment Control, Birth Certificate Data, <http://scangis.dhec.sc.gov/scan/bdp/tables/birthtable.aspx> (last visited, January 5, 2015).

<sup>68</sup> Hamilton, B.E, Martin, J.A., Osterman, M.J.K., & Curtin, S.C. (2014). Births: Preliminary data for 2013. National Vital Statistics Reports, 63(2). Hyattsville, MD: National Center for Health Statistics, [http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_02.pdf) (last visited, February 10, 2015).

<sup>69</sup> S.C. Department of Health and Environment Control, Birth Certificate Data, <http://scangis.dhec.sc.gov/scan/bdp/tables/birthtable.aspx> (last visited, January 5, 2015).





### C. Children in Treatment for Drug and Alcohol Abuse

This indicator presents the number of children under the age of 18 who received inpatient, residential, or outpatient treatment for drug and alcohol abuse.

In South Carolina, there were 4,678 child admissions for treatment of drug and alcohol abuse from July 2012 to June 2013, and more than half (53%) of these admissions were due to a primary problem of marijuana abuse and 8% were due to alcohol abuse. According to the most recent data available, from January 2014 to June 2014, there were 2,734 child admissions, which accounted for 15% of total admissions during that period of time in South Carolina.<sup>70</sup>

Nationally, there were 120,030 admissions for treatment of substance and alcohol abuse in 2012 for children ages 12 or older, which represented 6.9% of the total admissions. Approximately 75% were for treatment of marijuana abuse and nearly 14% were related to alcohol abuse.<sup>71</sup>

Research showed that teenagers are more impulsive, aggressive, emotionally volatile, more likely to take risks, reactive to stress, vulnerable to peer pressure, prone to focus on short-term payoffs and underplay longer-term consequences of risk behaviors such as alcohol and drug consumption.<sup>72,73</sup> Teenagers are especially at risk for developing serious alcohol and drug

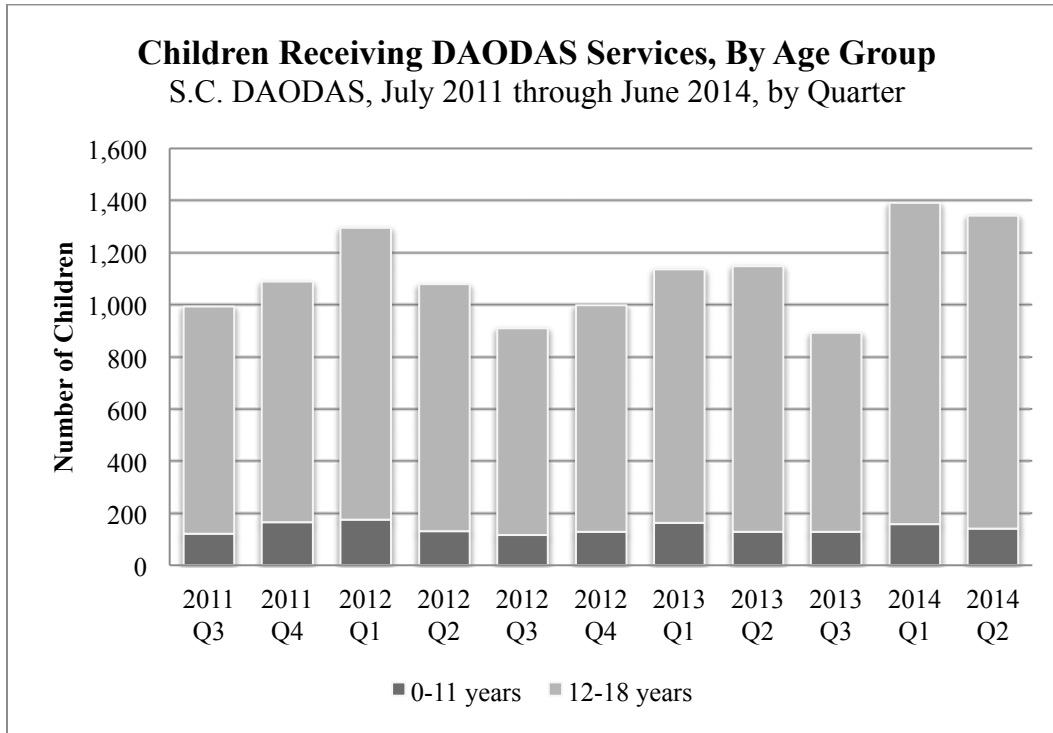
<sup>70</sup> S.C. Department of Alcohol and Other Drug Addiction Services, unpublished reports generated in January 2015. The most recent data available. FY 2013 Q4 data omitted in the bar graph due to dual clinical record system operation impacting the state's ability to unduplicate client entry activity.

<sup>71</sup> Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 10.17.13. Population: U.S. Bureau of the Census, Population projections data 2000-2050. [http://www.samhsa.gov/data/sites/default/files/TEDS2012N\\_Web/TEDS2012NTOC.htm](http://www.samhsa.gov/data/sites/default/files/TEDS2012N_Web/TEDS2012NTOC.htm) (last visited January 12, 2015).

<sup>72</sup> "The Teen Brain: Still Under Construction," National Institute of Mental Health, <http://www.nimh.nih.gov/health/publications/the-teen-brain-still-under-construction/index.shtml> (last visit, November 5, 2014).

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problems when they are depressed, with a family history of substance use disorder, lack of parental supervision and support, associating with drug-abusing peers, having low self-esteem or low self-control.<sup>74,75</sup> In South Carolina, many children receive services for “non-drug problems.” These are most commonly related to children receiving services for parent or caregiver dependency issues.



### D. Juvenile Offenses

This indicator shows the number of juvenile delinquency cases involving the Department of Juvenile Justice. A child referred to DJJ may be formally prosecuted by the solicitor in a family or circuit court, diverted to an alternative program, or the charge may be dismissed. A juvenile may have multiple charges over the course of an annual reporting period.

In South Carolina, there were 16,429 juvenile offenses in 2014, which is a 2% decrease from the previous year of 2013, and a 33% decrease from 2007. Of all the juvenile offenses, 69% of cases involved males and 58% involved African-American children. The average age was 15 years old.

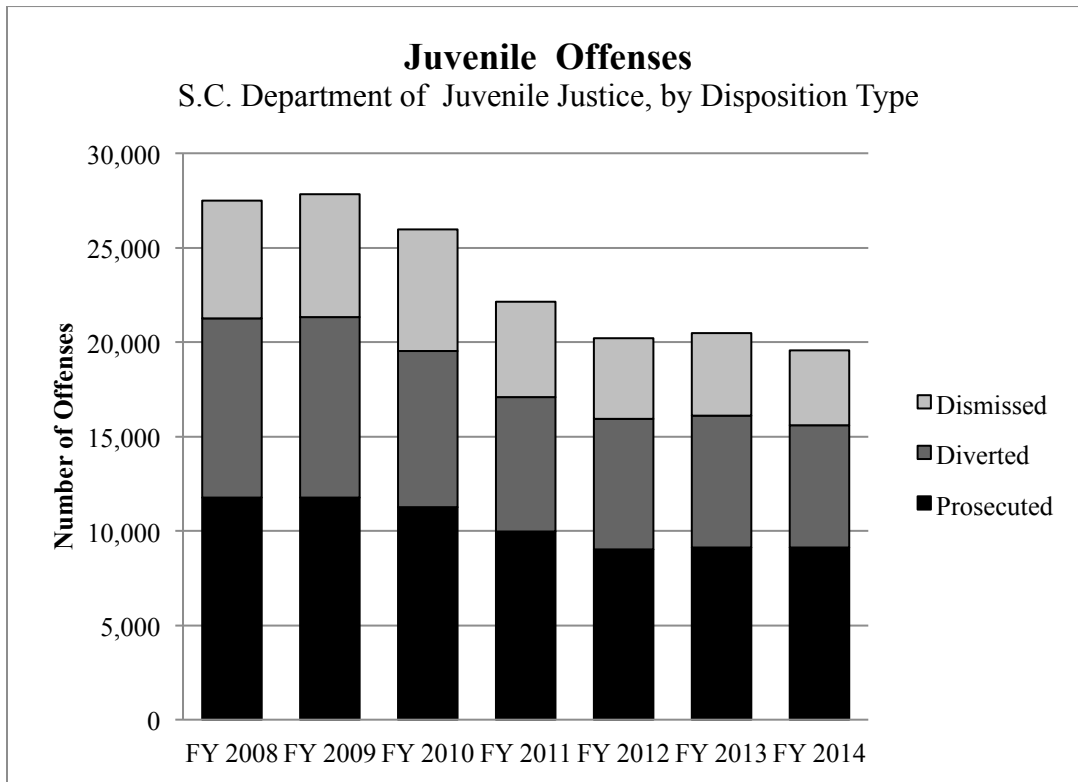
<sup>73</sup> Winters, K. C., Adolescent Brain Development and Drug Abuse, supported by Archie & Bertha Walker Foundation, RKMC Private Foundation, and Mentor Foundation. [http://www.mentorfoundation.org/uploads/Adolescent\\_Brain\\_Booklet.pdf](http://www.mentorfoundation.org/uploads/Adolescent_Brain_Booklet.pdf) (last visit, November 5, 2014).

<sup>74</sup> American Academy of Child and Adolescent Psychiatry, Teens: Alcohol And Other Drugs, [http://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/Facts\\_for\\_Families\\_Pages/Teens\\_Alcohol\\_And\\_Other\\_Drugs\\_03.aspx](http://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/Facts_for_Families_Pages/Teens_Alcohol_And_Other_Drugs_03.aspx) (last visited, February 9, 2015).

<sup>75</sup> National Institute on Drug Abuse, Preventing Drug Use among Children and Adolescents, [http://www.drugabuse.gov/sites/default/files/preventingdruguse\\_2.pdf](http://www.drugabuse.gov/sites/default/files/preventingdruguse_2.pdf) (last visited, February 9, 2015).

The three most frequent offenses associated with referrals to DJJ were assault and battery (3<sup>rd</sup>), shoplifting and disturbing schools.<sup>76</sup>

Nationally, in 2011, courts with juvenile jurisdiction handled an estimated 1,236,200 delinquency cases, a 7% increase since 1985 and a 34% decrease since the peak year of 1997. Person offense cases and public order offense cases accounted for most of the growth in the delinquency caseload between 1985 and 2011. Of all the delinquency cases handled by juvenile courts, 72% of cases involved males and 76% involved white children.<sup>77</sup>



<sup>76</sup>S.C. Department of Juvenile Justice, Report Card for 2014, <http://www.state.sc.us/djj/pdfs/2014-report-card.pdf> (last visited, January 20, 2015).

<sup>77</sup>Puzzanchera, Charles, and Sarah Hockenberry, 2014. *Juvenile Court Statistics 2011*. Pittsburgh, PA: National Center for Juvenile Justice. <http://ojjdp.gov/ojstatbb/njcda/pdf/jcs2011.pdf> (last visited, January 26, 2015).

## VI. Support Indicators of Child Well-Being

When children have adequate emotional and financial support, they have a better opportunity to reach their full potential.

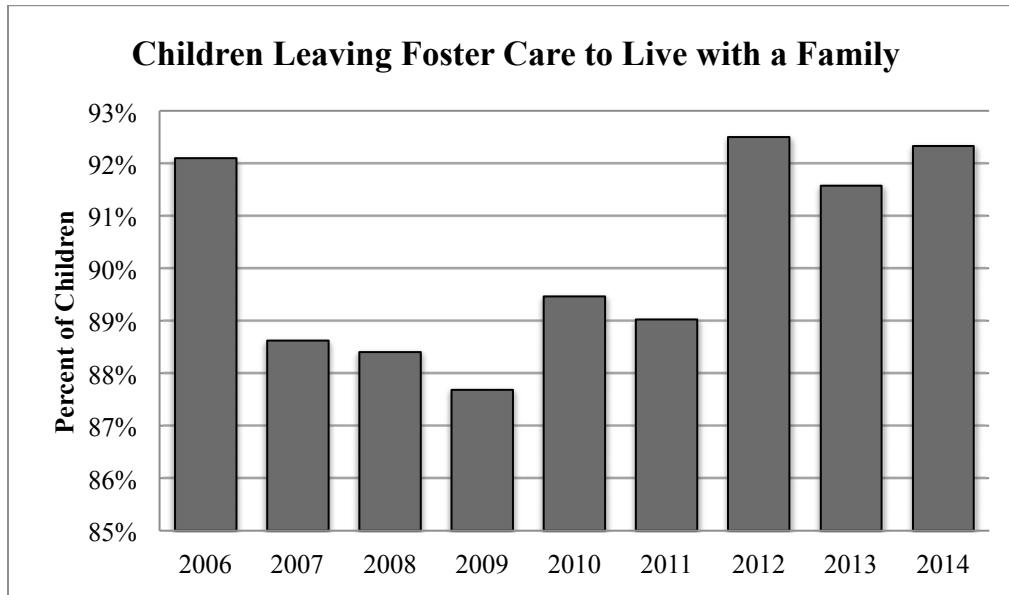
Indicators	2010	2012	2014	Trend
Percent of Children Leaving Foster Care to Live with a Family	89.5%	92.5%	92.3%	<i>No trend</i>
Percent of Children Living in Poverty	26%	26.8%	27.3% (2013)	<i>Increasing</i>
Percent of Students Receiving Free and Reduced Meals	56%	57%	57%	<i>Increasing</i>
Children Participating in WIC	288,945	286,986	240,541	<i>Decreasing</i>
Child Support Cases	230,438	219,775	210,321	<i>Decreasing</i>
Children on Medicaid	570,024	607,681	707,979	<i>Increasing</i>

### A. Children Leaving Foster Care to Live with a Family

When a child cannot safely remain in their home because of abuse or neglect, DSS is given legal custody, and the child is placed in foster care. Foster care is meant to be a temporary placement, lasting only until the child can safely return to their parent/caretaker or, in some instances, until a new family can be found. This indicator represents the percent of children who leave DSS custody and who are either returned to their original caregiver or are adopted, appointed a guardian, or placed permanently with a relative.<sup>78</sup> During the 2014 Federal Fiscal Year, 92% of children who left foster care were either reunified with their family or placed with a new family through adoption or guardianship. The national rate was 87% as of July 2014.<sup>79</sup>

<sup>78</sup> S.C. Department of Social Services, unpublished report generated March 2013. Children Leaving Foster Care for Positive Closure Reason.

<sup>79</sup> U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. The AFCARS Report, Preliminary FY'2013 Estimates as of July 2014. <http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport21.pdf> (last visited, January 8, 2015).



## B. Children in Poverty

This indicator is a Census Bureau estimate of the number of persons whose household income falls below the poverty threshold. In 2013, the poverty threshold for a family of two parents and two children was \$23,624.<sup>80</sup>

In South Carolina, there were 290,346 children (27.3%) in poverty in 2013. This is a 9% increase from 2000 and a 0.5% increase from the previous year of 2012. Nationally, there were 16,086,960 children (22.2%) in poverty in 2013, a 6% increase from 2000 and a 0.4% decrease from the previous year of 2012. The percent of children living in poverty in South Carolina has been consistently higher than the national percentage since 1995, according to the data available.<sup>81</sup>

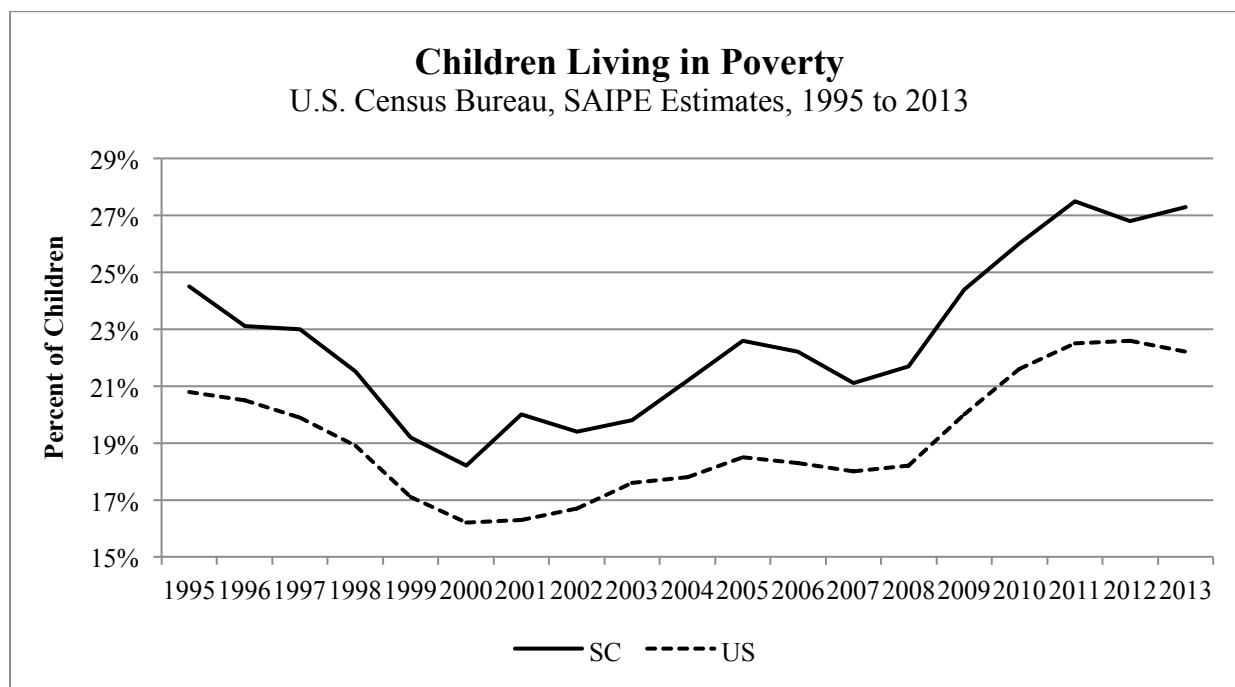
Family economic hardship has been consistently associated with academic failure, poor health and maladaptive behavior. Other risk factors such as living in a single-parent family or low parent education level can significantly increase children's chances of adverse outcomes, especially when combined with poverty.<sup>82</sup> According to 2011/2012 National Survey of Children's Health, socioeconomic hardship and divorce/parental separation were the primary adverse childhood experiences faced by South Carolina children.<sup>83</sup>

<sup>80</sup> U.S. Census Bureau, Poverty thresholds by Size of Family and Number of Children, <http://www.census.gov/hhes/www/poverty/data/threshld/> (last visited, January 7, 2015).

<sup>81</sup> U.S. Census, Small Area Income and Poverty Estimates, <http://www.census.gov/did/www/saippe/data/index.html> (last visited, January 7, 2015).

<sup>82</sup> National Center for Children in Poverty, [http://www.nccp.org/publications/pub\\_1073.html](http://www.nccp.org/publications/pub_1073.html) (last visited, February 10, 2015).

<sup>83</sup> Data Resource Center for Child & Adolescent Health, <http://www.childhealthdata.org/browse/survey/results?q=2257&r=42&r2=1> (last visited, February 10, 2015).



### C. Children Receiving Free and Reduced Meals

The percent of students receiving free and reduced meals is collected by the Department of Education.<sup>84</sup> In South Carolina, approximately 57% of children were receiving free and reduced meals in 2014, which remained the same as 2013. Nationally, approximately 30.3 million (or 71.5% of children enrolled in public schools) participated in National School Lunch Program in 2014.<sup>85</sup>

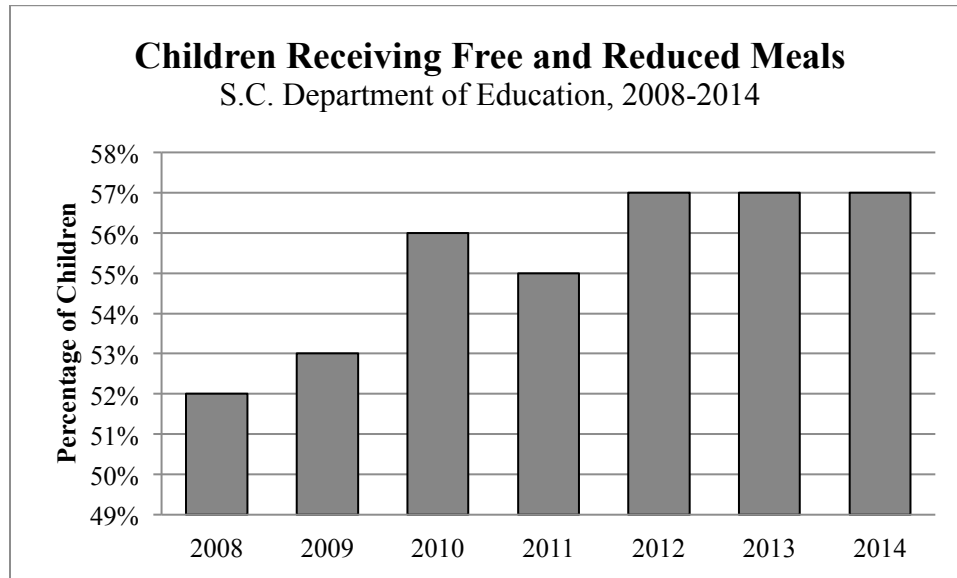
According to the National School Lunch Program, for lunch, schools must offer students all five required food components in at least the minimum required amounts. The components include meats/meat alternates; grains; fruit; vegetables; and fluid milk.<sup>86</sup> Children from families with incomes at or below 130% of the poverty level are eligible for free meals. Those with incomes between 130% and 185% of the poverty level are eligible for reduced-price meals, for which students can be charged no more than 40 cents. For the period of July 1, 2014, through June 30, 2015, 130% of the poverty level is \$31,005 (annual income) for a family of four; 185% is \$44,123.<sup>87</sup>

<sup>84</sup> S.C. Department of Education, Children Receiving Free and Reduced, <http://ed.sc.gov/data/erate/> (last visited, January 7, 2015).

<sup>85</sup> Food and Nutrition Service, United States Department of Agriculture. National Level Annual Summary Tables, <http://www.fns.usda.gov/pd/slsummar.htm> (last visited, January 8, 2015).

<sup>86</sup> Food and Nutrition Service, United States Department of Agriculture. Offer versus serve guidance for the national school lunch program and the school breakfast program <http://www.fns.usda.gov/sites/default/files/SP57-2014a.pdf> (last visited, January 8, 2015).

<sup>87</sup> Food and Nutrition Service, United States Department of Agriculture. Income eligibility guidelines. <http://www.fns.usda.gov/school-meals/income-eligibility-guidelines> (last visited, January 8, 2015).



#### D. Children Participating in WIC

The Special Supplemental Food Program for Women, Infants, and Children (WIC) is a nutrition program that provides nutritious foods, nutrition education, and access to health care to low-income pregnant women, new mothers, and infants and children at nutritional risk.<sup>88</sup> This indicator reflects the number of children participating in WIC through the Department of Health and Environmental Control county offices in the Women, Infants and Children program.<sup>89</sup> In South Carolina, there were 240,541 child participants in 2014, which is a decrease of 9.4% from 2013, and a 7% decrease from 2008.<sup>90</sup>

Nationally, there were 8,259,326 total participants in 2014, a 10% decrease from 2010 and a 3% decrease from the previous year of 2013. The average monthly food cost per person was 43.65 dollars.<sup>91</sup> To be eligible on the basis of income, applicants' income must fall at or below 185% of the U.S. Poverty Income Guidelines (\$44,123 for a family of four in 2014).<sup>92</sup> A person who participates or has family members who participate in certain other benefit programs, such as the Supplemental Nutrition Assistance Program, Medicaid, or Temporary Assistance for Needy Families, automatically meets the income eligibility requirement.<sup>93</sup>

<sup>88</sup> USDA, WIC's Mission, <http://www.fns.usda.gov/wic/aboutwic/mission.htm>, (last visited, February 24, 2014).

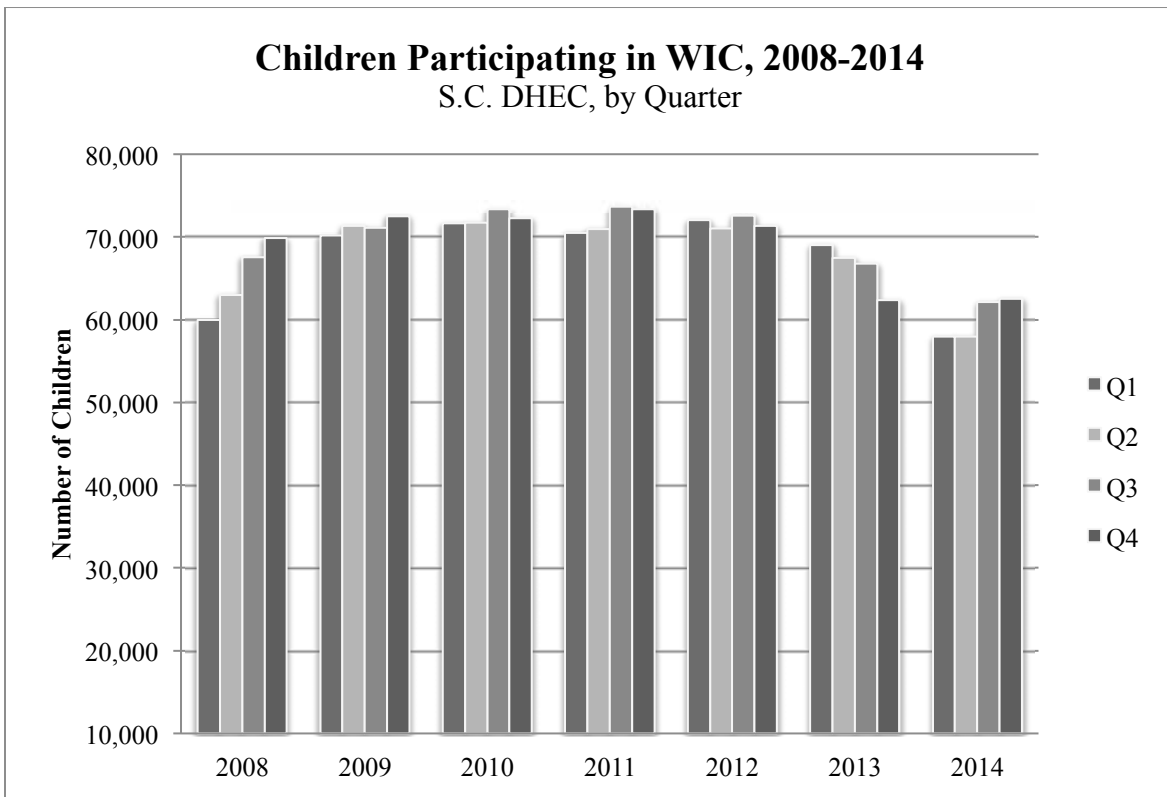
<sup>89</sup> Women are eligible during pregnancy, postpartum, and while breastfeeding. Infants are eligible up until the infant's first birthday and children are eligible up to the child's fifth birthday. Applicants must be classified by a health professional as a "nutrition risk." This means the individual must have a condition such as anemia, underweight, history of poor pregnancy outcomes, or a dietary based condition such as a poor diet. U.S. Department of Agriculture, Food and Nutrition Service, WIC Eligibility Requirements <http://www.fns.usda.gov/wic/howtoapply/eligibilityrequirements.htm>, (last visited, February 13, 2015).

<sup>90</sup> Public Health Statistics and Information Services, Division of Biostatistics, S.C. South Carolina Department of Health and Environmental Control. Unpublished reported generated in February, 2015.

<sup>91</sup> U.S. Department of Agriculture, Food and Nutrition Service, <http://www.fns.usda.gov/pd/wisummary.htm> (last visited, February 13, 2015).

<sup>92</sup> U.S. Department of Agriculture, Food and Nutrition Service, WIC Income Eligibility Guidelines, <http://www.fns.usda.gov/wic/wic-income-eligibility-guidelines> (last visited, February 13, 2015).

<sup>93</sup> U.S. Department of Agriculture, Food and Nutrition Service, <http://www.fns.usda.gov/sites/default/files/WIC-Fact-Sheet.pdf> (last visited, February 13, 2015).



### E. Child Support

This indicator reflects the caseload numbers for all DSS child support cases. In South Carolina, there were 195,708 child support cases as of December, 2014, which is a 13% decrease compared to December, 2013, and a 15% decrease from December of 2005.<sup>94</sup>

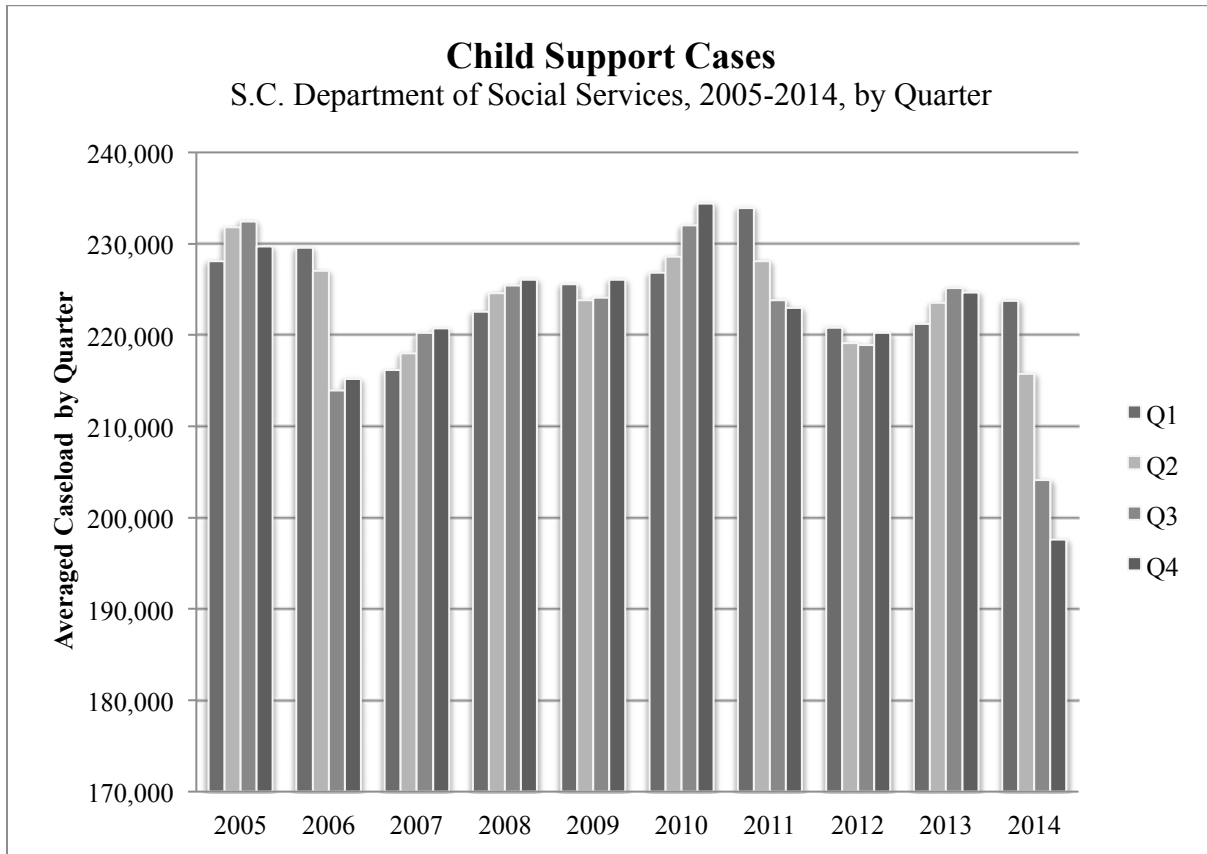
Nationally, the caseload in 2013 was approximately 15.6 million, which is a 1% decrease from 2012.<sup>95</sup> In 2013, nearly one in four children in the U.S. was served in the child support program, and a total of \$32 billion in child support was collected by state and tribal child support programs. Of custodial parents eligible for child support, 82% were women, 70% were 30 years old or older, and 68% were white. As for families eligible for child support, 29% of custodial families had income below the federal poverty level. Child support represented 45% of family income for poor custodial families that received it. Child support program was one of the most cost-effective government programs. For every one dollar spent, the child support program collected \$5.31 dollars.<sup>96</sup>

<sup>94</sup> S.C. Department of Social Services, Monthly Child Support Caseload, 2004-2013. Unpublished report generated February 2015.

<sup>95</sup> U.S. Department of Health & Human Services, Office of Child Support Enforcement, FY2013 Preliminary Report, <http://www.acf.hhs.gov/programs/css/resource/fy2013-preliminary-report-table-p-2> (last visited, February 13, 2015).

<sup>96</sup> U.S. Department of Health & Human Services, Office of Child Support Enforcement, Child Support: More Money for Families: Infographic on Collections, Caseload, and Cost-Effectiveness, <http://www.acf.hhs.gov/programs/css/resource/child-support-more-money-for-families> (last visited, February 13, 2015).





**F. Children on Medicaid**

This indicator reports an unduplicated number of children aged 0 to 18 years enrolled in Medicaid as reported by South Carolina Medicaid Management Information System. This indicator reflects eligibility data processed through August, 31, 2014 with reports generated September 18, 2014.<sup>97</sup> In South Carolina, Medicaid covers 6 out of every 10 children, and 57% of South Carolina Medicaid recipients are children.<sup>98</sup>

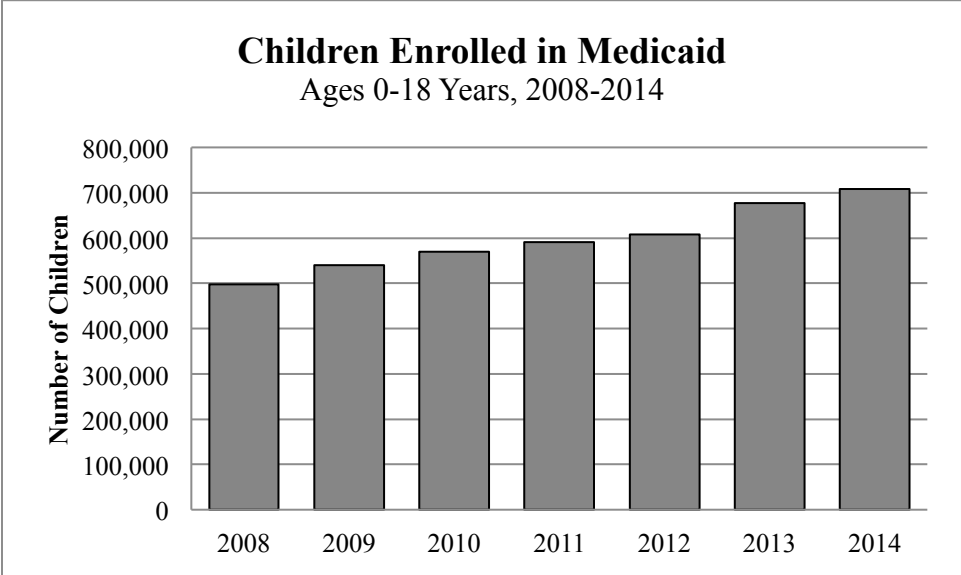
All children from birth to age 6 with family incomes up to 133% of the federal poverty rate (\$31,720 for a family of four in 2014) and children aged 6-18 years with family incomes up to 100% of the federal poverty rate (\$23,850 for a family of four in 2014) are eligible for Medicaid. Other eligible children include infants born to women covered by Medicaid, certain children in foster care or an adoption assistance program and certain children with disabilities. All children enrolled in Medicaid are entitled to the comprehensive set of health care services known as Early, Periodic Screening, Diagnosis and Treatment (EPSDT).<sup>99,100</sup>

<sup>97</sup> South Carolina eHealth Medicaid Statistics, Medicaid Enrollment, <http://www.schealthviz.sc.edu/medicaid-enrollment> (last visited, January 7, 2015).

<sup>98</sup> Medicaid Enrollment in South Carolina-2014, [http://www.schealthviz.sc.edu/Data/Sites/1/media/2014quickfacts\\_enrollment.pdf](http://www.schealthviz.sc.edu/Data/Sites/1/media/2014quickfacts_enrollment.pdf) (last visited, January 7, 2015).

<sup>99</sup> Medicaid.gov Keeping America Healthy, Children on Medicaid, <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Population/Children/Children.html> (last visited, January 7, 2015).

<sup>100</sup> 2014 Poverty Guidelines-Medicaid.Gov., <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Eligibility/Downloads/2014-Federal-Poverty-level-charts.pdf> (last visited, January 7, 2015).



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