2019 Annual Public Hearings

Summary Report on Testimony Received by the

JOINT CITIZENS AND LEGISLATIVE COMMITTEE ON CHILDREN

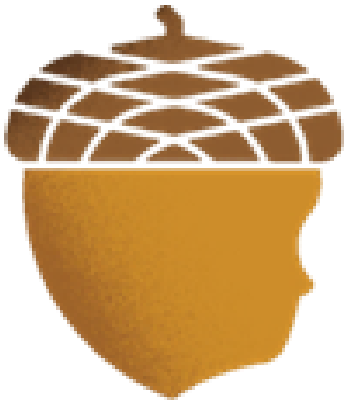


TABLE OF CONTENTS

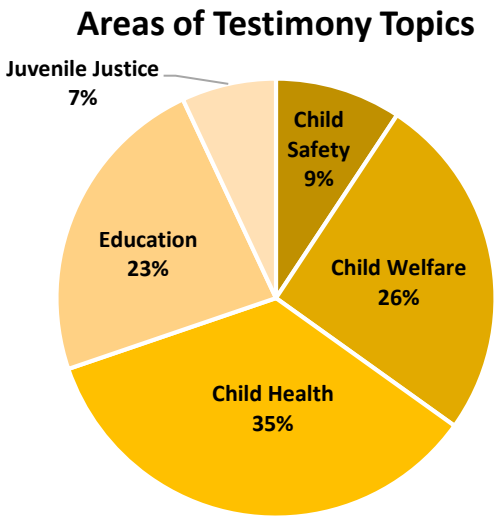
The summary presented in this report reflects the various issues raised during the 2019 public testimony period. Their organization and order reflects topical grouping and does not indicate endorsement, priority or weight. Issues and data are presented as they were received in testimony. This report is presented solely as information to members, stakeholders, and the public.

SUMMARY REPORT ON TESTIMONY

I. Overview

Every year, the Joint Citizens and Legislative Committee on Children holds public hearings throughout the state to solicit information from the public regarding key issues affecting children in our state. During the fall of 2019, the public hearings were held in Florence on September 26, in Greenville on October 3, in Charleston on October 15, and in Columbia on October 22. More than 70 citizens and advocates for children testified and offered recommendations for policy and legislative changes to be considered by the Committee. Testimony and supplemental documents were also received as email and written submissions.

The collected body of information reflects a diversity of experiences and perspectives. Students, parents, educators, child-serving organizations, child and parent advocates, researchers, psychiatrists, psychologists, attorneys, physicians, pediatricians, law enforcement officers and other professionals spoke to the Committee members on a variety of subjects that included child safety, child welfare, child health, education, juvenile justice and community resources. After all testimony was collected, a rigorous qualitative analysis was conducted to identify issues that will help inform the Committee's initiatives for the upcoming legislative session.



II. Child Safety

2.1 Gun Violence

Issues Presented to the Committee:

a. In the United States, 4.6 million children live in a home with guns that are both loaded and unsecured. Gun violence is the second leading cause of death for American children and the first leading cause of death for African American children in America. Every year, 1,500 children aged zero to 17 are killed by guns. The majority of these gun-related deaths are homicides, but around 600 of them are teen suicides and 100 are unintentional shootings.

b. In South Carolina, there have been six unintentional shootings by a child aged 17 or under confirmed so far in 2019, including three fatalities. In 2018, South Carolina had eight unintentional child shootings, including two fatalities. Gun violence is a public health crisis in South Carolina.

c. Children are enduring active shooter drills at schools which increase their stress and anxiety as they fear for their safety even at school. Gun violence will likely be added as an adverse childhood experience (ACE) because of the impact on child safety and mental health.

d. The open carry laws currently introduced in South Carolina do not have any permit or training requirements to ensure gun safety, meaning anyone could walk around with a gun in public places. To allow any and all individuals to go about with a loaded firearm regardless of experience, education, or state of mind will not enhance public safety. The open carry laws are being fast tracked at the South Carolina state legislature, and there have not been any hearings or testimony allowed on the subject.

Voice:

"You're shopping in your local grocery store or farmer's market with your kids. You're at the beach, maybe going for a walk at your local park or attending an outdoor community event with your kids. You're in line at the A.T.M. or waiting in line at a favorite ice cream truck with the kids. And the folks around you, in each situation are openly carrying a loaded gun on their hip. Does that make our children safer? … With all the work that is being done by this Committee and others to keep our children safe, including domestic violence prevention efforts, youth crime prevention efforts, keeping schools safe and secure, and with the current South Carolina backed firearm background check system that has large gaps in the law, how can our legislature endorse open carry in South Carolina?"

Recommendations to the Committee:

a. Do not support open carry bills H 3456 or S 139.

b. Support red flag laws in South Carolina to temporarily and with due process remove guns from those deemed to be a danger to themselves or others.
c. Support universal background checks on all gun sales.
d. Ban assault weapons in the general public.
e. Implement recommendations from the South Carolina State Child Fatality Advisory Committee Report, especially suicide prevention programs in schools.
f. Support and provide funding for mental health counselors at every school to connect with children and youth at risk before they are a harm to themselves and others.
g. Conduct analysis on how school guidance counselors are obligated to meet with students and the number of students on their caseloads.
h. Distribute safe gun storage educational material at schools.
i. Promote education on safe gun storage and allow physicians to ask about gun storage and counsel regarding safe storage practices.
j. Initiate a statewide campaign to reduce unsecured and stolen firearms.
k. Add requirements to the current Concealed Carry process such as periodic practical re-certification and safe storage.
l. Increase domestic violence outreach and prevention.

2.2 Hate Crime Legislation

Issues Presented to the Committee:

a. The federal government classifies a hate crime as a crime motivated by bias against race, religion, color, national origin, sexual orientation, gender, gender identity, or disability. South Carolina is one of four states that does not have a hate crime law or graduated sentencing for violent crimes. There is no data collection on hate crimes.
b. The lack of state hate crime laws allows people to discriminate without any additional penalty.
c. There is a correlation between hate crime and the commission of extremely egregious acts of violence using firearms. Children are being recruited to commit acts of hate. When exposed to hate crimes, children suffer anxiety and may be at an increased risk of suicide.

Voice:

"For example, a student at Cardinal Newman (School) on video made racial slurs and derogatory comments towards African-Americans, which made many, including myself, feel very unsafe. This shows that hate crimes are not only occurring outside of school, but crossing over to the inside of schools. Despite such controversy,

the student couldn't truly be charged for the heart of his actions due to the lack of hate crime laws. Though we already have a federal hate crime law, we need state hate crime laws to charge people effectively. For example, Sang Kun Pak from York County never truly received justice or felt safe after his martial arts fitness center was vandalized with racist anti-Korean graffiti and then eventually a burning of the building, which resulted in the culprits being charged with only arson."

Recommendations to the Committee:

a. Support the hate crime bill H 3063, which would carry two to 15 years in prison if someone assaulted, intimidated, or threatened someone because of his or her race, religion, sex, age, national origin, sexual orientation, or homelessness.
b. Change sentencing guidelines to allow for greater penalties for repeat offenders and mandatory minimums for those committing hate crimes.
c. Support hate crime legislation to include a provision that the law prohibits the sale or transfer of firearms to a person who has been convicted of a hate crime.
d. Enact red flag laws that would prohibit those considering committing an act of violence from purchasing a firearm.

2.3 Teen Dating Violence

Issues Presented to the Committee:

a. Teen dating violence is defined as physical, sexual, psychological and emotional abuse, including stalking, harassment, and threats.
b. According to the Centers for Disease Control and Prevention, in 2017, 80 percent of high school students experienced physical dating violence such as being hit, shoved, or injured with an object or a weapon; 69 percent of high school students experienced sexual dating violence. These numbers do not include emotional abuse or verbal abuse, repeated threats, or obsessive stalking in real life and on social media. Teen dating violence rarely presents itself as only one form of abuse.
c. Currently in South Carolina, teenagers 16 years and older must have their parents file for a protective or restraining order for them when experiencing dating violence. According to the Break the Cycle Campaign, by 2010 at least 21 other states including Florida, Mississippi, Tennessee, and West Virginia had already passed legislation regarding teen dating violence and victims' access to protective orders similar to Sierra's law.
d. Under Sierra's Law, children under age 16 would still have to have their parent's permission to file for a protective order. However, teens 16 or older who are in danger would be able to get immediate help and protection without parental consent.

Voice:

"Sierra Landry, an 18-year-old from Lancaster, South Carolina, was murdered by her abusive ex-boyfriend in 2013. Sierra's death came after multiple attempts to break up with her abuser and tragically, she wasn't alone. Seth Jackson, Akila Flood, Deanda Roach - all teenagers; all in abusive relationships; and all killed before they could receive real protection. We believe that these cases could have been prevented and we know that there are still teens out there in situations like Sierra's and so many others'… As our Richland County Sheriff Leon Lott said at a press conference for Sierra's Law in 2016, every day that we don't pass this law is another teenager that could lose their life."

Recommendation to the Committee:

Support the South Carolina bill "Sierra's Law," officially titled the "Teen Dating Violence Prevention Act," to define the term "teen dating violence" and make it a criminal offense.

2.4 Youth Homelessness

Issues Presented to the Committee:

a. There is a need for understanding youth homelessness across all of child serving agencies and within local communities. In South Carolina, between 20 and 30 percent of youth experiencing homelessness from 2014 to 2017 had been in foster care; 39 percent had been involved with the South Carolina Department of Juvenile Justice; and 48 percent had received treatment from the South Carolina Department of Mental Health for a diagnosed mental illness prior to becoming homeless.
b. In the 2017-18 school year, 24 percent of students experiencing homelessness were in high school. During that same period of time, 444 youth accounted for nearly 50,000 inpatient, outpatient and physician visits equaling 7.9 million dollars in paid Medicaid claims.

Voice:

"I'm here today to advocate for the more than 900 transition age youth identified in the Midlands and in other communities across the state because youth homelessness is a public health crisis. Homelessness worsens health outcomes. It increases costs to hospital systems. It exacerbates chronic physical and mental health conditions and increases the likelihood of death prior to age 25 by 11 times. And state systems have a role to play."

Recommendations to the Committee:

a. Encourage child serving agencies to work together to address homelessness and help families that are at risk.

b. Increase training on homelessness for those who work with homeless youth.
c. Support the collaboration of state systems and community providers to create more comprehensive transition plans to prevent youth homelessness.
d. Provide additional resources towards the development of affordable youth-specific housing opportunities including youth-specific emergency shelters to mitigate the effects of long-term homelessness.
e. Develop strategies that support the completion of education goals and create jobs for youth exiting homelessness so that they can exit homelessness permanently.

III. Child Welfare

3.1 Formation of a Children's Cabinet

Issue Presented to the Committee:

Public programs serving young children and families are dispersed across many offices and are therefore not as effective and accessible as they could and should be.

Voice:

"The idea (is that) that all programs that serve children and families, from prenatal through school entry, would all be housed under a Children's Cabinet making sure that there is one entity that has both the responsibility and the power to ensure that children are getting the very best that they can be offered and that there is complete coverage from birth until school entry. Right now a lot of these programs are housed in different offices and with different programs which makes them a little bit difficult for families to access and also makes it difficult to be sure that we're not leaving gaps as far as the services we offer to children."

Recommendation to the Committee:

Implement an administrative "Children's Cabinet" that can oversee all the different agencies that work with children and families.

3.2 Group Homes

Issues Presented to the Committee:

a. There is a shortage of appropriate placements for youth in foster care.
b. There is a reduction in level one group homes (homes not considered therapeutic) due to the Family First Prevention Services Act (FFPSA) implementation.
c. The shift away from funding group homes under the FFPSA could eliminate placement options for children in regular congregate care facilities. There are currently about 800 such children statewide.

d. Youth in the child welfare system need a diverse array of high-quality placements, trauma-informed care and greater support during transitions. FFPSA may reduce placement options for youth because of the new requirements it places on group homes.
e. The many objectives and budget requests of South Carolina DSS are not going to be successful in meeting fairly required benchmarks without funding,
f. The burden of documentation to Medicaid Clinical Standards is currently on foster parents. It is impacting recruitment and retention of foster parents and this will in turn negatively impact DSS and the children it serves.
g. Interacting with the managed care organizations has been very difficult and these difficulties have been highlighted in the 2019 Legislative Audit Council's report to the General Assembly. Providers are at risk of failure, and if they do fail, South Carolina may not have a viable therapeutic foster care option to serve its children.
h. Nationally, there is a call to stop placements of most children and youth in congregate care when it could be an integral part of a full continuum of care for South Carolina's children.

Voice:

"I was a child in the South Carolina foster care system for all of my teenage years. In those seven years, I was placed in over 22 placements throughout the state of South Carolina; from Beaufort, South Carolina to Greenwood, South Carolina and everything in between. These placements consisted of foster homes, locked facilities that operated as high management group homes, psychiatric hospitals, and psychiatric residential treatment facilities. I was fortunate enough that my last placement was CYDC (Carolina Youth Development Center) when there was no place else for me to go because of my history of running away from abusive foster homes and group homes, and attempts at suicide when it seemed dying was the only way to escape the foster care system which I felt at that time was failing me. My senior year in high school, after being charged with public disorderly conduct as a 17-year-old and being placed in a county jail for refusing to return to a group home that was denying my contact with my family, I was placed at CYDC in their independent living program. From there I went on to successfully transition into adulthood. Did I make mistakes along the way? Yes, but the people that CYDC cared enough to not give up on me and not request a placement change. I share that part of my story to say that not every child is going to thrive in a foster home setting or a group home, but many can… For teens who have learned to survive, the best place is an independent living group home."

Recommendations to the Committee:

a. Appropriate funding for regular congregate care services that will be lost once the FFPSA is in place.
b. Allow regular congregate care providers a place at the table when discussing a plan addressing the loss of federal funding due to the changes under the FFPSA.
c. Increase awareness of need for array of placement options, including level one group homes.
d. Support mandating conversations with youth in foster care, specifically age 12 and older, that address where youth would like to be placed and require investigation into suggested option.
e. Support funding requests from the Department of Social Services.
f. Revise the funding platform for therapeutic foster care.
g. Reform the current Medicaid State Plan for children's behavioral health services.
h. Transition or repurpose congregate care children's homes to honor the traditions of this charitable work while also meeting the mandates in the new federal law.

3.3 Implementation of a Statewide Child Abuse Protocol

Issue Presented to the Committee:

Statistics show one in 10 children will be sexually abused before their 18th birthday. That is 10 percent of the population that is going to be impacted by child sexual abuse in South Carolina. The best treatment and prevention method is for child sexual abuse to be handled by a multidisciplinary team through a Children's Advocacy Center, but this does not happen statewide. There is currently no statewide standard response protocol. The response varies by county and is not always best practice.

Voice:

"We are committed to improving our investigative process and I think that it does start with implementation of the statewide protocol. We are also committed to strengthening partnerships and teaming efforts because again, no one agency, no one entity can do it all by themselves, but most importantly for me, the social worker in me really rises up when I think about this part. We are committed to instilling a holistic view of child safety; one that focuses on the underlying issues those families present with versus being incident driven. So it is our belief that the statewide protocol will not only promote a multidisciplinary response to child abuse and neglect, but it would really minimize the stress created for children and families experiencing abuse during the legal investigative process."

Recommendation to the Committee:

Join the Child Justice Act Task Force in supporting a statewide protocol that is legislatively mandated to make sure all children in South Carolina are receiving

the best practice services that Children's Advocacy Centers and multidisciplinary teams provide.

3.4 Incomplete or Lack of Documentation of Information in Child Welfare System

Issues Presented to the Committee:

a. Foster parents often receive incomplete information about the children they foster and do not have all necessary medical or education records. Systemic delays compromise the safety and welfare of foster children.
b. Incomplete or lack of documentation of information in the child welfare system creates problems with continuity when multiple caseworkers are assigned throughout the duration of a case.
c. Foster parents' input is undervalued despite their many firsthand experiences with the child(ren).

Voice:

"I've dealt with three different counties. I've had 13 children in our home in just over a year, and we focus on keeping sibling groups together. Two of those sibling groups have returned back to their homes. We are in contact with them and maintaining relationships with them. So while we recognize there are a lot of systemic issues that the Department of Social Services is working on, it is those issues that really caused great concern as a foster parent for the safety and the well-being of these children."

Recommendations to the Committee:

a. Support the creation of a system that would allow DSS to maintain required documents and information on medical providers for foster children in a central location so that foster parents can access necessary information in a timely manner.
b. Support the increase of training for caseworkers on mental health and trauma.

3.5 Lack of Resources for Undocumented Children Involved with the Department of Social Services

Issues Presented to the Committee:

a. The Department of Social Services (DSS) will not place children with relatives who are in the United States illegally and cannot provide documentation of their citizenship status.
b. DSS lacks resources for Spanish interpreters to investigate child abuse and neglect of Spanish-speaking children.
c. Schools will refuse to register undocumented children.

Voice:

"I had a child of 16, a victim of sexual abuse from Honduras and she was being beaten in her home. She had her head slammed several times against the side rail of her home and I called her caseworker because I called once before. Their caseworker told me 'well we should get there in a couple days, maybe a week because that's when our translator gets back from vacation.' This is just one of the examples where they only have one translator right now. So we were just not able to provide the same level of services to this population as we may to the others. Again, no fault of their own, they just really didn't have the language services."

Recommendations to the Committee:

a. Require cultural competency training for DSS staff.
b. Increase hiring incentives for Spanish-speaking professionals.

3.6 Lengthen Time Limit Under Safe Haven Law

Issue Presented to the Committee:

The time frame for South Carolina's current Safe Haven Law is 60 days, but newborn babies are at higher risk of abuse until 120 days due to crying more frequently in those stages of development. Parents who need additional support to practice safe parenting in those early months do not receive it once they are discharged from the hospital.

Voice:

"When you leave that hospital, they hand you the baby and you're like 'What do I do with this.' And then you know, you try to figure everything out and then you see the doctor once for those vaccinations. You don't see the doctor again for several weeks and it's a long time. So what we thought we would do is get these referrals at least at the beginning from our high-risk infants through the nursery. And there's a number of reasons about why they would be high-risk babies (drug addiction, prior child abuse parents, etc.) and then ask them to do this assessment of them twice."

Recommendations to the Committee:

a. Lengthen the time frame for South Carolina's Safe Haven Law to 120 days.
b. Implement a program similar to a community paramedic program that has paramedics conduct in-home visits to support new parents and ensure safety of high-risk newborn babies.

3.7 Need for Family Voices in Child Welfare Policy Development

Issues Presented to the Committee:

a. The creation of child welfare policies does not include input from families that have been involved in the system.

b. The child welfare system is overly complex and the different agencies that are involved make the process much more difficult than it needs to be.

Voice:

"I'm a single mom who's lived in South Carolina most of her life and I love my state and I love my people. Got a couple questions for you. How many of you all on this respected committee have a SNAP card? Medicaid? You've been on WIC? Has social services come to your house when you didn't have utilities and said, 'Maybe you don't need your kids right now?' I'm here today to remind you that your citizens have had these experiences. And as you look to reform the system, the best way to do it is to start with those citizens who have lived experience. That value in lived experience is way bigger than anything you can find in a textbook or a set of data. There's nothing like having gone through the experience. I've lived in congregate care and it's very interesting when I hear about it, especially when it concerns the Family First Act."

Recommendations to the Committee:

a. The Department Social Services and the Department of Mental Health have to work together in the delivery of services.
b. During the implementation of the Family First Prevention Services Act (FFPSA), address what child welfare policies are not working in DSS and find better policies to replace them.
c. Listen to parents who have been involved with DSS in the development of policies in accordance with the FFPSA.
d. Fully fund education.

3.8 Provide Attorneys to Children in the Child Welfare System

Issues Presented to the Committee:

a. In the First Star Institute's most recent report on systems providing legal representation to children and young people in the child welfare system, South Carolina was given a grade D along with five other states, with grade A+ indicating the highest grade and F indicating the lowest. This means South Carolina still has a long way to go toward enacting laws that ensure children of the right to appropriate legal representation in dependency proceedings.
b. South Carolina's current system of representing children in court provides for the appointment of a lay volunteer guardian ad litem in a system that is funded by state and federal funds. The standard order of appointment of the guardian ad litem in South Carolina reads that any attorney appearing in proceedings for the guardian ad litem and the guardian ad litem program represents the guardian ad litem, not the child.

c. In December 2018, the United States Children's Bureau announced that child welfare funds under Title IV E, the same funds that underwrite about half the cost of South Carolina's child welfare system, can be used on a 50/50 match basis to pay for counsel for children in child welfare proceedings.

Voice:

"The irony of all this is those intelligent, articulate kids who stood up here this morning, if they were in foster care, they wouldn't get a lawyer...those kids would not get the benefit of counsel, talking to them about how, especially if they're older, how they might successfully exit foster care and have a place to put their high school diploma."

Recommendations to the Committee: Enact legislation similar to the American Bar Association Model Act for the representation of children and youth in state child protection and child welfare courts that provide an attorney for all children in foster care and no longer provide representation for guardians ad litem.

3.9 Title IV-E Funding for Representing Parents

Issues Presented to the Committee:

a. A growing body of research shows that family defenders not only help parents, but they also help children achieve improved permanency outcomes, without sacrificing child safety. Studies show that high quality parent representation increases the speed by which children and parents can reunify as well as increasing the speed to other forms of permanency (especially guardianship, and in one study, adoptions) without jeopardizing child safety.

b. South Carolina's parent representation model is better than it used to be, but it remains far from the high-quality models that have been the subjects of rigorous research. Those models feature offices staffed with highly trained specialists who can collaborate with social workers on their staff, while South Carolina's parent representation model remains dependent on individual contract attorneys who lack such support.

c. South Carolina has an unprecedented opportunity to improve family defense dramatically. In December 2018, the Trump Administration made Title IV-E funding available to support representation for parents of children in foster care and at risk of entering foster care.

Recommendation to the Committee:

South Carolina should access that Title IV-E funding and – as importantly – ensure it is used not merely to add money to the existing system but to improve the quality of parent representation. That could mean earlier appointment of parent attorneys (earlier than the probable cause hearing); appointment of

parent attorneys when children are the subjects of safety plans which change custody (an option which could add sorely needed due process checks to these hidden foster care cases); creation of multidisciplinary parent representation offices and enhancing out-of-court advocacy by parents' attorneys.

3.10 Utilizing Family Group Conferencing

Issues Presented to the Committee:

a. There needs to be implementation of child welfare programs that encourage family engagement in child welfare services.
b. When a child enters foster care, a meeting needs to be held within three days to encourage family support and other support services for the family to assist the family at this early crisis point in a child welfare case. Family Group Conferencing will allow DSS the opportunity to meet with the family to identify the concerns that led to the agency's involvement and discuss the next steps with the family. This process ensures that families are involved in their services, their voices are heard, and they are part of case planning as the case moves forward.

Voice:

"Currently there are three services that we provide statewide with DSS. The first service is a Family Team Meeting. Whenever a child enters foster care, we're holding a meeting within three days of that child entering foster care in hopes of bringing other family support and other support services into that family at that early crisis point with a child welfare case… that again happens within three days of a child entering care, within 25 days, we hold what's called a Family Group Conference, which is akin to bringing on a much larger group trying to help families make those decisions about their children, those prudent decisions about what needs to happen to protect their own family members and again talking about placement options. The third service that we offer is called Unlicensed Relative Assessment Program in which we are assessing families as alternatives to children staying in foster care, that can be either blood relatives or what we call fictive kin, someone that the child is close to or support for the family."

Recommendation to the Committee:

Support Family Group Conferencing and other family engagement programs provided by DSS.

3.11 Other Important Child Welfare Issues

a. The reunification process of children in foster care with relatives out of state through the Interstate Compact on the Placement of Children (ICPC) process can delay permanency for children for years. It is recommended to the Committee

on Children that the ICPC process should be shortened or specialized units that are fully staffed should be required to process ICPC cases.

b. Often, foster care can be avoided by working with other family members to find alternative placement after removal. It is recommended that the Committee on Children continue to support initiatives that prioritize family engagement and keep families at the center of child welfare.

IV. Child Health

4.1 Applied Behavior Analysis Therapy in Schools

Issues Presented to the Committee:

a. Children with autism often benefit greatly from Applied Behavior Analysis (ABA) therapy, which is an evidence-based therapy focusing on specific behaviors such as social skills and communication. ABA therapy is most effective when used in the environment where the child faces challenges, such as the school environment. Unfortunately, this progress is often lost when the child starts K-12 school because the therapists are not always allowed in the classroom.

b. Without needed supports, children with autism are suspended, have reduced school hours, are pulled out of class, and are segregated.

Voice:

"And I'm thinking about a child who was with us for a year and made such strides that they were able to go into K4. Then I got word from the parent about the child slipping back. And I wondered why. The reason why is that child had been limited, at some level, couldn't go to preschool with Applied Behavioral Analysis, it wasn't allowed… Had their private ABA company been able to be allowed to come into that school to assist a little bit with that transition that would really improve the potential for that child to really learn and succeed."

Recommendations to the Committee:

a. More schools should allow ABA providers to use their services in a school-based setting. Do not allow districts to keep therapists out of the classroom.

b. Schools should prorate ABA or school-based contract providers to allow ABA at the level of parents' insurance.

c. Schools and parents should decide how to allow and monitor the engagement of private ABA companies.

4.2 Better Identification of Deaf/Hard of Hearing Children

Issues Presented to the Committee:

a. In South Carolina, 9,928 children are deaf or hard of hearing and are underserved and unidentified as needing services and supports despite having that disability.
b. 90 percent of deaf and hard of hearing children will leave third grade without having grade level reading skills.
c. No South Carolina program will see success if the child/client has undiagnosed hearing loss.

Voice:

"Did you know that 90 percent of deaf and hard of hearing children will leave third grade without having grade level reading skills? It's because of a lack of language access. By age 5, there should be 2,112 children in South Carolina identified and being served. Yet, reported data show only 312 are identified and receiving interventions. 86 percent are where? That gap is widening and the children are falling through these cracks."

Recommendations to the Committee:

a. Identify the 9,928 children who have not been identified and/or are under-served.
b. Going forward, identify children of all ages who have hearing loss and provide education to their family in order to have the child engaged.
c. Expand Medicaid codes so more providers can perform screening and get reimbursed.
d. Increase the number of pediatric audiologists, especially in rural parts of our state.
e. Create outreach campaigns and include hearing awareness and/or screening in state agencies.
f. Provide robust supports and education for parents in order to achieve the high level of family engagement that is required for a child's success.

4.3 Child Behavioral Health

Issues Presented to the Committee:

a. We do not have enough inpatient beds for children with behavioral health issues currently in South Carolina. We also lack residential treatment facilities. Children need residential treatment facilities for follow-up care after they are discharged from an inpatient facility.
b. There are staggering statistics reflecting the prevalence of behavioral health disorders (e.g., substance use and psychiatric symptoms). There is a shortage of behavioral health treatment providers for children with those disorders. Children often end up sitting in emergency rooms for a psychiatric crisis.

c. Current treatment providers are not required to be licensed on child behavioral health issues which means they do not have to adhere to an ethical code or go through clinical supervision as part of their training.

Voice:

"I come here tonight not just as a clinician and clinical supervisor, but as a parent. My child goes to school with these children. Also, your children go to school with these children who need some help. We have to be able to provide options for the entire family system to have a strong youth community."

Recommendations to the Committee:

a. Support early identification of child behavioral health issues in communities.
b. Support the use of education by using community collaboration through policy.
c. Support and promote accessible treatment for children with behavioral health issues.
d. Consider the use of licensed professionals in treatment facilities on child behavioral health issues.

4.4 Child E-cigarettes Use

Issues Presented to the Committee:

a. Smoking cigarettes kills half of all users and is the leading cause of preventable death. As of 2014, tobacco-related diseases are estimated to cost the United States 30 billion dollars each year, including loss in productivity and direct medical care.
b. E-cigarettes are the most commonly used tobacco product among middle and high schoolers. Research estimates that more than 43,000 current smokers aged 12 to 15 got their start with e-cigarettes. In South Carolina, 21% of high school students reported using some form of tobacco products in 2017. Children are attracted to e-cigarettes with appealing flavors like cotton candy and strawberry. They do not realize those products contain nicotine, fine particles and toxic chemicals. Between 2017 and 2018, e-cigarette use among high schoolers and middle schoolers increased 78% and 48% respectfully. More than 80% of teens reported their first e-cigarette product was flavored, and when asked about what is in their e-cigarette, 66% said just flavor. As of September 26, 2019, there are eight deaths from Juul (an e-cigarette brand), and there are 500 illnesses associated with the use of e-cigarettes and vaping nationally.
c. There is evidence that children may transition from e-cigarettes to cigarettes and other addictive drugs. Nearly 20% of children who simply try e-cigarettes go on to become regular users. Juul e-cigarettes increase the rate of nicotine delivery

and decrease the harsh sensation in the mouth and throat. Children who start using e-cigarettes grow up to be adult tobacco abusers.

d. The adolescent brain is still in development, and adolescents are much more sensitive to nicotine. They can become dependent more quickly. Tobacco use in children affects brain development in the prefrontal cortex, the area of the brain that controls attention and memory, making it more difficult for them to learn.
e. Only 40% of the population of South Carolina is currently under a comprehensive smoke-free ordinance (i.e., tobacco free communities), meaning many children are constantly exposed to tobacco use. Only 33% of South Carolina municipalities, school districts, and colleges are considered smoke-free.
f. South Carolina has the 44th lowest cigarette tax in the country and we currently do not tax other tobacco products at the same rate or level as we do traditional cigarettes. The national average of taxes per pack of 20 cigarettes is $1.73 and South Carolina's rate is 57 cents per pack.
g. A study published by the American Academy of Pediatrics looking at the positive effects of having statewide or even local retail licenses required for tobacco sales found a statistically significant correlation between the strength of legislation and students' experience smoking both cigarettes and e-cigarettes.
h. South Carolina currently has no laws that require tobacco retail licensure for e-cigarette sales. Because of this, tobacco products can be found in almost any retail establishment including candy stores, health food and supplement stores, and book shops. A recent informal South Carolina study stated that students in one of the counties in the Lowcountry passed an average of 17 vendors of tobacco products on their way to school.
i. A statewide Tobacco 21 Law would raise the legal purchase age from 18 to 21 and reduce smoking rates by 12% and smoking deaths by 10%. Dozens of states across the country including Texas and Arkansas have enacted Tobacco 21 laws since 2015.

Voice:

"I'm the former caregiver for multiple family members with cancer, most recently my grandmother with lung cancer. She lasted not quite four months from the day we found out so this is something near and dear to my heart… The region is titled Tobacco Nation. These states share not only higher tobacco use, but poor health outcomes and a similar set of challenges: lack of income, infrastructure, and health care resources, compounded by a lack of tobacco control policies. So not only we've seen a significant increase in youth tobacco products, specifically Juul or other e-cigarettes, South Carolina has a higher than national average population of adults

who use tobacco. Basically, our children are becoming addicted to tobacco and continuing to use tobacco products as adults."

Recommendations to the Committee:

a. Increase the tobacco tax and tax other tobacco products at the same rate.
b. Fund more youth prevention and cessation programs related to the use of tobacco, e-cigarettes and vaping.
c. Create a retail tobacco license in order to better monitor businesses that sell tobacco products and ensure that they are not selling to minors. Regulate and track selling of tobacco and e-cigarettes.
d. Support legislation to raise the legal purchase age of tobacco from 18 to 21.
e. Have stronger age verification systems for online purchasing.
f. Restrict flavors from all tobacco products and avoid creating a loophole that would allow other flavors to be added.
g. Ban marketing of e-cigarettes towards children and non-smokers. Allow controlled access to e-cigarettes for adult smokers who could benefit from them but not to children and non-smokers.
h. Limit where e-cigarettes are sold, eliminating any access beyond regulated vape shops.
i. Create a statewide smoke-free law that includes e-cigarettes-free.
j. Create more smoke-free communities around the state.

4.5 Child Mental Health Issues and Services

Issues Presented to the Committee:

a. National statistics show that one in every five children will be diagnosed with a mental health issue over the course of their life.
b. A local research indicated a disconnect and lack of coordination in addressing mental health issues among the mental health professionals, school district representatives, and health care providers involved in the study. The study was conducted by the United Way of the Piedmont in partnership with the Mary Black Foundation and the Spartanburg County Public School System and involved over 30 local entities.
c. Issues such as violence, child abuse and neglect, and substance abuse in the home that our children and teens are facing every day is resulting in behavioral and mental health issues and we as a community are not prepared to deal with the outcomes these situations present.
d. School systems do not follow a common protocol so there is a lack of coordination among all the entities involved.

Recommendations to the Committee:

a. Support education reform to include mental health counselors in every school in South Carolina.
b. Ensure every school in South Carolina has access to Compassionate Schools training, which is an integrated approach to wellness curricula.
c. Support policies that will increase the number of approved mental health providers.
d. Support policies that empower parents, communities and healthcare providers to be trauma-informed.

4.6 Childhood Obesity

Issues Presented to the Committee:

a. Many children are obese or unhealthy with poor nutrition and inadequate physical activity impacting their school performance.
b. Educational attainment is related to future health and the health of families.

Voice:

"The reason this is relevant is it addresses three of your four objectives, which is help kids be healthy and thrive in life. Second objective is to guard the physical and mental well-being. And then the third is to succeed in school because a healthy kid is a better learner. And then the candidate graduates from school is a healthy adult and raises healthy children of their own. So it's a quick cycle, getting kids healthy in school, doing better in school, graduating and being healthier adults."

Recommendations to the Committee:

a. Encourage school-based wellness programs to improve both health and education.
b. Support more Clemson Innovation projects with gardens in schools.

4.7 Coordinating Services to Address Social Determinants of Health

Issues Presented to the Committee:

a. Toxic stress experienced by a child can increase the odds he or she will develop a chronic health condition or cancer as an adult. Using a strategic statewide model can potentially help address or prevent such impact on a child and his or her family.
b. In a strategic statewide model addressing the state's most pressing social determinants of health, a physician would be able to refer the patient's family to a service coordinator through its electronic health records system when something appeared in an appointment. The service coordinator can then work with the integrated system of community partners, community health workers,

state agencies, and others to identify what services may be needed, such as housing, and wrap the needed services around the family so it can thrive.

Voice:

"Tonight, I'd like to talk to you about a child in Greenville County. She's 10 years old and she's been diagnosed with cystic fibrosis. Her condition is being treated with medication, but her mother drives her 45 minutes to the emergency room every few weeks when she experiences respiratory distress. After a day or two in the hospital, she is better and can go home only to repeat the process a couple of weeks later, resulting in multiple hospitalizations. This cycle continued until one of her physicians referred her to the Medical Legal Partnership or MLP. At MLP, doctors and lawyers work together to address and prevent civil legal barriers that harm a person's quality of life and health. The MLP attorney visited the child at her home, which was an apartment in a rural area of the county. The apartment was in a word: completely disgusting. Among other problems, there were multiple leaks in the unit leaving the carpet wet and mold growing throughout the unit. Clearly her housing situation was a contributing factor to the numerous E.R. visits. After consulting with the child's doctor, the attorney sent the landlord a letter stating what improvements needed to be made to the unit because it was making the child's condition worse. Fortunately, no legal action was required in this case because the landlord moved the child and her family into a newer and leak free unit with freshly painted walls and new carpet. Afterward when the attorney contacted the doctor for an update, the doctor told him the child has not been back to the emergency room since she moved into her new home."

Recommendations to the Committee:

a. Study social determinants of health at the state level and make recommendations on how to better coordinate services to address these issues.
b. Apply for §1115 Medicaid Waiver for South Carolina.

4.8 Dental Treatment Access for Children

Issues Presented to the Committee:

a. In South Carolina, 51.8% of children below age eight experienced tooth decay last year.
b. Untreated tooth decay results in issues with permanent teeth, missed school days, and illness in children.
c. Dental diseases including tooth decay and periodontal disease can lead to significant systemic health issues including diabetes, cardiovascular disease, and Alzheimer's disease.

d. Children living in rural areas and of ethnic minorities are subject to significantly higher rates of tooth decay and dental disease. This is attributed to a lack of access to dentists and higher rates of poverty, both of which affect individuals' abilities to go to the dentist.
e. Only 50% of dentists in South Carolina accept Medicaid and the number only continues to shrink as Medicaid reimbursement rates cap at 30%.

Voice:

"We all love our teeth. They say so much about us and they allow us to do so much whether it's eat, speak, smile, but unfortunately access to quality adequate dental care is a huge issue in this country and especially in the state. In the United States alone, only one in four individuals see a dentist each year. This includes our nation's children and the children of South Carolina."

Recommendations to the Committee:

a. Increase access to dental care and awareness surrounding dental issues.
b. Encourage providers to initiate more outreach to serve children better.

4.9 Early Intervention Service Providers

Issues Presented to the Committee:

a. The South Carolina Department of Health and Human Services (DHHS) is the new lead agency of the BabyNet Program. BabyNet is South Carolina's interagency early intervention system for infants and toddlers under three years of age with developmental delays, or who have conditions associated with developmental delays. On July 1, 2019, DHHS took over the payment system for early intervention services.
b. All BabyNet providers must be enrolled in a managed care organization (MCO) by October 1st; this deadline was announced by DHHS on July 1st, so it has been difficult to meet.
c. Due to the changes, there is no logical way to reconcile the billings and the payments that are received. There is no official guideline for payment procedures for early intervention services from DHHS.
d. There is insufficient communication between DHHS and the early intervention providers. Early childhood educators have not been able to give input regarding how to best implement these changes without disrupting services to families.
e. Changes in DHHS policies have created difficulty for early intervention providers to see clients and bill correctly. Without the adequate payment system, early intervention providers cannot serve families. There has been a 20% decrease in revenue among the early intervention providers since the changes were made.

f. Invoices received by providers for early intervention services are unintelligible. They are not organized by number, date or key information (e.g., service providers), so it is difficult to discern what services are being billed. The codes are not matching from the standard Medicaid rate to the BabyNet rate. BabyNet will no longer balance bills for children who are in MCOs. MCOs do not pay the standard Medicaid rates but pay somewhere between 10 to 80 percent.
g. Parents of children who are eligible for TEFRA (Tax Equity and Fiscal Responsibility Act of 1982), a disability-based Medicaid instead of income-based, are receiving an eligibility letters in the mail stating that they need to choose an MCO or one will be chosen for them.
h. There are software integration issues between DHHS's database and BabyNet Reporting & Intervention Data Gathering Electronic System (BRIDGES). The relevant website links are not operating. There are remittances as far back as 2018 that have not been paid.

Voice:

"…for 15 years, assessments done by the Office of Special Education Programs found that South Carolina's early intervention system needed improvement, needed intervention, or needed substantial intervention. It leaves us asking the question: why are we in this perpetual non-compliant status? Are we being proactive with policies and changes within our program instead of being reactive? July 1, 2019 our system moved forward with DHHS taking over operations, however, the billing system had not been hashed out. That's not being proactive."

Recommendations to the Committee:

a. Urge DHHS to provide guidelines for the new payment procedures and reconcilable coding and billing. Immediately implement policies and procedures for early intervention services with the new DHHS system to allow adequate billing and continue their services for children in need.
b. Support the extension on the October 1st deadline to the end of the year so as to allow BabyNet providers time to get in compliance.
c. Support the request of a single point of contact at DHHS who can answer questions regarding early intervention services and related changes.
d. Support a task force composed of DHHS and private early intervention providers, both small and large, that can address problems and more concerns as they arise.
e. Encourage cooperation and communication between Medicaid, Babynet (DHHS) and MCOs so that all the children in South Carolina are being served.

4.10 Mental Health Services for Infants

Issues Presented to the Committee:

a. Young children aged zero to three who are not developing socially or emotionally may have an undiagnosed mental health condition that could be addressed with services during these early years to avoid future welfare or juvenile justice system involvement.
b. The infant mental health field is relatively new and looking to expand to services for children in need. Many people do not understand or value infant mental health, but it is it is a great portion of social, emotional development because 70 percent of developmental capacity is being built before the age of three.

Voice:

"Infant mental health is a real thing. It is not babies on couches; it is a huge portion of social, emotional development. We are seeing it in our child care centers; we're seeing it in our schools; we are seeing in our family home providers that are providing care for children; we're seeing in families of low socioeconomic status, racial inequities …"

Recommendations to the Committee:

a. When considering legislation, focus on young children and their families.
b. Promote awareness of infant mental health needs.
c. When considering funding allocations, consider babies and act in their best interest.

4.11 Planned Parenthood

Issues Presented to the Committee:

a. Planned Parenthood provides access to cost-effective health care and education and aids underserved communities that might further be marginalized by the health community.
b. Planned Parenthood offers a variety of healthcare services such as cancer screenings, STI testing, contraception, pregnancy testing, and sterilization, as well as educational services like family planning.
c. According to Planned Parenthood's 2017-2018 Annual Report, 48.7% of their services went towards STI testing and treatment and 27.1% went towards contraception. Only 3.4% of their services went towards abortion.
d. South Carolina has recently rejected 14 million dollars in funding specifically targeted towards Planned Parenthood. The Department of Health and Human Services was ordered to take all necessary actions to exclude abortion clinics from receiving taxpayer funds for any purpose.

e. Planned Parenthood serves over 40% of women receiving care through Title X, and 286 million Title X dollars are funneled into healthcare programs. Approximately 4 million patients are served in these healthcare programs a year, many of which are without health insurance and are low-income women.
f. According to Dr. Niva Lubin-Johnson, President of the National Medical Association, as Planned Parenthood loses their funding, other providers under Title X will have to greatly increase their caseload and would ultimately be unable to fill this gap, making women's healthcare inherently unavailable.

Voice:

"As I leave you all today, I personally want to challenge each of you. I want to challenge you to look me in the eyes and tell me that I do not deserve healthcare, that I do not deserve to receive it in an affordable and accessible manner, and that I do not deserve the helping hand that Planned Parenthood can give me. If you feel hesitant to do this then you should also feel hesitant about supporting the removal of funding towards Planned Parenthood."

Recommendations to the Committee: Do not support the defunding of Planned Parenthood.

4.12 School Lunch

Issues Presented to the Committee:

a. Some eligible schools have not taken the option to participate in the Community Eligibility Provision. (CEP) These programs allow our schools that have at least 40% of identified students to offer free breakfast and lunch to all the children because many low-income parents cannot afford to feed their children.
b. One in five children faces hunger on a regular basis. There is no reason for any of our schools that are able to qualify for CEP not to participate. When schools do not have these programs, it can lead to bad practices like meal shaming or steering away from healthy meals. It is bad for the schools that are not participating because they often have unpaid school debt that they do not have to have. However, the technical assistance that schools need to enroll in the program is not always available.
c. The South Carolina Department of Education can do better with direct certification in schools. Direct certification means that all families that are homeless, participating in the Supplemental Nutrition Assistance Program (SNAP), or have children in foster care add to the Individual Service Plan (ISP) helping schools reach that 40% threshold.

Voice:

"Hunger in South Carolina is a huge problem primarily because we're a poor state and so many people in our state live at 200 percent of poverty or below. For adults, it's a problem. One in seven face hunger on a regular basis but for our kids, it's one in five. And as we know, healthy kids can't learn and have behavior problems; well hungry kids have health problems, they can't learn; they have behavior problems and it really can impact their success in life."

Recommendations to the Committee:

a. Increase CEP participation in schools.
b. Provide recommendations on how to reduce meal shaming in school.
c. Discontinue competitive food programs in schools.
d. Have SNAP applications certified at school.

4.13 Supplemental Nutrition Assistance Program (SNAP)

Issues Presented to the Committee:

a. As of 2017, over 18% or more than 200,000 children in South Carolina were food insecure. There are 18,000 children in Greenville County alone who are food insecure.
b. Nearly 37% of children in the state were overweight or obese in the 2016-2017 school year, and the estimated cost of obesity in South Carolina is 8.5 billion dollars per year. If someone is overweight or obese, they likely consumed more calories than they needed, but not enough of the nutrients that they needed. This leads to costly chronic diseases like diabetes, heart disease and cancer.
c. There are significant racial disparities in rates of overweight and obesity with Latino and African-American children having higher rates of overweight and obesity. Adults with obesity spend on average $3,429 more per person annually on medical care compared with healthy weight adults.
d. SNAP incentives promote consumption of produce and have opportunity to decrease obesity while increasing positive health outcomes. Participants in SNAP are from low-income communities around the state and two thirds of recipients are children, elderly, and individuals with disabilities. Every five dollars spent using the SNAP generates as much as nine dollars in economic activity according to the Economic Research Service of the United States Department of Agriculture.

Voice:

"Evidence indicates that increasing consumption of fruits and vegetables can improve health outcomes, yet thousands of low-income South Carolinians report that they cannot consistently afford to purchase fruits and vegetables. With SNAP

incentives, healthier affordable options become more readily available to our most vulnerable population."

Recommendations to the Committee:

a. Support bill H 3250 SNAP incentives to enable families to stretch their food dollars, buy healthier options, and teach children healthy habits.
b. Recommend SNAP incentives become permanent.

4.14 Use of Tanning Beds by Children

Issues Presented to the Committee:

a. Skin cancer is the most common cancer in the US (5.4 million cases per year with two deaths every hour). The most common types of skin cancer include basal cell carcinoma, squamous cell carcinoma, and melanoma - and 90% of those nonmelanoma skin cancers are a result of UV radiation exposure.
b. According to the Skin Cancer Foundation, the number of skin cancers directly related to tanning beds is higher than the number of lung cancers that are a direct result of smoking. We as a society do not permit minors to smoke in an effort to preserve their health and futures, and we see no difference with the use of tanning beds. The practice of artificial tanning has been associated with numerous harmful effects, and yet, is still widely available.
c. Melanoma is one of its deadliest types of skin cancer with an estimated 120 deaths in South Carolina of the 7,230 cases in the US. Melanoma ranks #6 on the top 10 cancers by rates of new cancer cases in South Carolina. The current data being collected for 2019 suggests it will become #5. Melanoma rates in the United States doubled between 1982 and 2011.
d. Any individual that uses a tanning bed before age 35 increases their risk of developing melanoma by 75%. The direct medical costs for skin cancer cases attributed to tanning beds is 343.1 million dollars annually in the United states.
e. The American Academy of Pediatrics strongly recommends that all persons under the age of I8 be prohibited from using indoor tanning devices. The U.S. Food and Drug Administration reclassified tanning beds to moderate-high risk devices in 2014.
f. In South Carolina, children under the age of 18 are able to use indoor tanning beds with parental permission. However, laws that allow parents to give written permission to their minor children to use indoor devices or accompany them to tanning facilities are not associated with the reduced use of a tanning bed. Eighteen states including North Carolina, West Virginia, Louisiana, and Texas prohibit the use of indoor tanning devices for those under the age of 18.

Voice:

"I treat and I diagnose skin cancer every single day. In fact, skin cancer is the most common cancer in the United States... One in five Americans will be diagnosed with skin cancer in their lifetime. What contributes to that? Fair skin, outdoor tanning and indoor tanning beds as well. The World Health Organization classifies indoor tanning beds at the highest level of known human carcinogenic effect, on par with cigarette and asbestos. It is a danger and we are allowing our South Carolina teenagers to use it."

Recommendation to the Committee:

Support bills S 432 and H 3807 in prohibiting children under the age of 18 from using tanning beds.

4.15 Vaccinations

Issues Presented to the Committee:

a. Within the state of South Carolina and particularly within the Upstate, religious exemptions related to child vaccinations have increased over the past five years. This has led to a decrease in community immunity and vaccination rates and is beginning to threaten our ability to keep diseases like measles from impacting our community. While an outbreak of measles would be very costly to the state, it is totally preventable through vaccination.
b. Many parents use religious exemptions to opt out of vaccinating their children because they have concerns over the safety of vaccines due to erroneous information they have read or heard.
c. There are at least 200 vaccine exemptions on file with the College of Charleston and this decreases herd immunity. Students are suffering from vaccine preventable diseases and have fear of possible exposures. There was an outbreak of mumps at the College of Charleston, but fortunately it is a relatively benign disease for healthy teens and young adults. The symptoms are weeks of pain and suffering and swollen testicles leading to potential male sterility.

Voice:

"…the children in our communities and our daycares and our schools who are on medical exemptions, we are forcing them to bear an undue risk. They cannot be vaccinated for one reason or another whether it's for some vaccines or all vaccines. And unfortunately, every time one of their peers uses a religious exemption it increases their risk of not only catching the disease but these are the same children who would have a higher risk of having greater complications or even death should they catch the disease."

Recommendations to the Committee:

a. Impose reasonable restrictions or ban religious exemptions related to child vaccinations.
b. Require parents to view a webinar or meet with a public health professional before being granted a religious exemption.

4.16 Other Important Child Health Issues

a. Support the education, training, and retention of qualified infant and early childhood mental health professionals in South Carolina.
b. Support fair and equitable wages for therapeutic childcare professionals.

V. Education

5.1 Better Support for Teachers in South Carolina

Issues Presented to the Committee:

a. There is a shortage of teachers in South Carolina, which is increasing teacher workloads and impacting students.
b. Teachers are not given time in their schedule to address their students' social and emotional developmental needs.
c. Children spend too much time taking assessments and it takes away from other important areas of instruction.
d. Many state initiatives lack funding or follow-through or are buried by district interpretations that negatively impact classrooms.

Voice:

"while social emotional development has finally become a concern and priority, we aren't providing teachers the time in their schedule to address those needs. If they are to be teaching these vital non-cognitive skills like empathy, compassion, communication, and self-control, then what have we done to make time for it? The instructional expectations have only increased. How can we make mental health a priority if we don't make room for it?"

Recommendations to the Committee:

a. Support teachers with more personnel and smaller class sizes and lessen their workload.
b. Encourage clear communication between the state, districts, and teachers as the basis for real positive change.

5.2 Continuous Data Collection from Early Childhood through Public School

Issues Presented to the Committee:

a. Children in the Early Head Start Program receive multiple screenings and assessments, but this information is not transferred to the school district where

the child will attend because there is no tracking system to match the child to the data.

b. The data system in use is 20 years old and cannot take child assessment data and pass it on to a school district, even with a tracking number.

Voice:

"In Richland, we work directly with children in our Early Head Start program. They receive multiple screenings and assessments throughout their three years with us and all of this rich data is unlikely to be seen by the school district the child will eventually attend because of the lack of a unique number, the SUNS or Student Unique Numbering System managed by the Department of Education."

Recommendations to the Committee:

a. Implement a Student Unique Number System (SUNS) for children under age 4 who receive services like Early Head Start, Head Start, and other assistance services, such as BabyNet, so their early childhood education data can be used by their school district to better serve their needs.

b. Establish and maintain a comprehensive outcomes and accountability First Steps data system capable of being used as a case management system, county and state-level integrated data system, and with the ability to link to other state systems to enable longitudinal data collection and analysis; then use SUNS to track children.

5.3 Corporal Punishment

Issues Presented to the Committee:

a. South Carolina is one of only 19 states that legally permits corporal punishment of public school children in the United States.

b. South Carolina school children have less protection from physical harm than prisoners. Corporal punishment has not been used against adults in the U.S. judicial system since 1952. Corporal punishment is already not allowed in South Carolina foster care settings or in juvenile detention settings.

c. Research shows schools have continued to use punitive and exclusionary discipline approaches with students ranging from suspension, seclusion, restraint, corporal punishment, and even criminal charges. Nearly half of all our teachers will have difficulty with student misbehavior that interferes with their ability to teach in the classroom, according to the National Center for Education Statistics.

d. Corporal punishment is one of the original Adverse Childhood Experiences. Research shows a very clear association between children who experience corporal punishment including two or more hits, pops, or slaps over weeks at a

time and an increase in suicide, alcohol abuse, and drug abuse. Parents who use physical punishment have a higher likelihood of physically abusing their children.

e. Physical punishment is ineffective and has been linked almost entirely with negative outcomes for children. Children who are physically punished are less obedient and are worse behaved than children who are not physically punished. Victims of corporal punishment tend to exhibit greater levels of aggression towards the teachers and other students and destruction of school property. Individuals who grew up with corporal punishment are less likely to rate the behavior as abusive. In December 2018, the American Academy of Pediatrics released a statement on the harms of corporal punishment that include an increased propensity for violence in adulthood.
f. A growing number of professional organizations have concluded that physical punishment is harmful to children and should be avoided. These organizations include American Academy of Pediatrics, American Professional Society on the Abuse of Children, American Academy of Child and Adolescent Psychiatry, American Psychological Association, Canadian Pediatrics Society, Canadian Psychological Association and National Association of Pediatric Nurse Practitioners. In addition, the U.S. Centers for Disease Control and Prevention has called for educational and legislative interventions to reduce physical punishment as necessary steps to prevent child maltreatment.

Recommendations to the Committee:

a. Eliminate the use of corporal punishment in schools in South Carolina.
b. Support the use of evidence-based practices in schools such as positive behavioral intervention that places an emphasis on teaching and reinforcing pro-social behaviors and preventing maladaptive behaviors from occurring or escalating.
c. Support and empower the use of positive parenting.

5.4 Create "Green" Schools

Issues Presented to the Committee:

a. In the 2017-18 school year, Richland School District Two budgeted 8.6 million dollars towards energy such as gas, heating, and air. This is the second highest yearly expense, surpassing the expense of salaries.
b. Implementing solar panels would decrease school districts' monthly spending and would create what is known as a surplus of green-collar jobs. A joint study done by two collective organizations in Australia found that solar panel energy is expected to create millions of jobs globally by 2030.

c. A study program in the United States titled "Solarize Your School" found that by implementing solar panel systems into not only the physical structure of the schools, but also the curriculum and the students' learning environment, students were much more likely to be engaged and interested in STEM careers in the future.
d. According to CNN Health, a phenomenon known as climate anxiety has been on the rise in young people, specifically those who are younger than 34, creating mental health problems for youth.
e. On average, one kilowatt of electricity that we produce turns into one pound of carbon in our atmosphere contributing to air pollution, climate change, ocean acidification, and crop failure. Solar panels produce electricity without carbon.

Voice:

"If we implement these solar panels into schools, students will be proud to say, 'I attend a green school. My school doesn't factor into the thousands of tons of carbon that enter our atmosphere due to electricity production;' and as I just said, the environmental benefits would be immense for both humans and the creatures that we live among."

Recommendations to the Committee:

Promote and support the use of solar panels in school districts to reduce carbon omissions, reduce monthly expenditures on energy, and enhance student well-being.

5.5 Effects of Screen Use in School Systems

Issues Presented to the Committee:

a. Multiple studies show very serious health and social implications connected to electronic devices, and yet our school systems are using (even pushing) these devices without real parameters and regulations.
b. The multiple health and well-being concerns related to the effects of technology include increased anxiety, depression, and other emotional health issues (including suicide and suicide attempts); impact on brain development (e.g., thinning of prefrontal cortex); decreased cognitive skills; addiction and addictive tendencies; decreased concentration (including, but not limited to ADD/ADHD); social stagnation and isolation; physical health concerns (e.g., obesity, eye sight development); and exposure to harmful content. Many of these health and well-being concerns are being seen in South Carolina classrooms.
c. The lack of limitations and regulations on use of the devices given to our children is setting our children up to see and hear things that are not age-inappropriate and harmful to their well-being, even when they are not searching for these

topics. Our classrooms should be a safe space, set up for success of the whole child.

d. The American Academy of Pediatrics (AAP) states in an article that "Media and digital devices are an integral part of our world today. The benefits of these devices if used moderately and appropriately, can be great. But, research has shown that face-to-face time with family, friends, and teachers plays a pivotal and even more important role in promoting children's learning and healthy development. Keep the face-to-face up front, and don't let it get lost behind a stream of media and tech." The AAP also recommends no more than 2 hours of screen time per day. Our children have been issued Chromebooks through school and have maxed out that time recommendation by 11 a.m.

Voice:

"It seems as though Greenville county 'rolled out' the Chromebooks before 'figuring them out' last year as far as security issues go. Some friends have said that their children have stumbled upon pornographic type material when doing a homework assignment. My own son has seen more than one violent image on his Chromebook while doing an assignment. And my other child (a first grader at the time) reported that he saw the very scary and dangerous 'Momo' image in the classroom when his teacher was using YouTube on her Promethium board last year. He had nightmares because of it. These are just a few of many examples. It's one thing for a child to stumble upon inappropriate material at home when using a computer. But why is this happening on devices given to our children BY our school system, which vows to protect our children? Also, I know that technology really does enhance our kids' education. But it seems as though the technology that is used during school hours exceeds the daily use of screen time recommended by the American Academy of Pediatrics. Why is this not being considered or addressed? Why is there not a county-wide standard or policy for how much screen time can be used at school?"

Recommendations to the Committee:

a. Study how technology is being used (both method and time) in our public-school systems. Specific factors to be considered include 1) the amount of time spent on technology, including classroom screens (Promethean boards, TVs, classroom computers) and personal devices (Chromebooks, personal computers/tablets) in the classroom with the recognition of some use outside the classroom as well; 2) the intentionality of the technology used; and 3) the safety and impact of these devices (both from an internet safety perspective and also an overall development and well-being perspective).

b. Consider recommending limitations (time and intent) for screen time use, along with greater education of the potential detriments associated with it to ensure screen time is used in a limited, very intentional educational way as a supplement to other ways of learning.

5.6 Expand 4K Across the State

Issues Presented to the Committee:

a. There are long-term benefits to providing children with early childhood education.
b. In South Carolina, there are 17 school districts that are not eligible for South Carolina Early Reading Development Education Programs (CERDEP). This disproportionately affects districts with a large poverty base.

Voice:

"We had a great case of a father who was a single working dad and he moved. He called me and was almost in tears. He'd moved to a district in Lexington that we all recognize as one of the top districts in the state. He made great sacrifices for his family and he moved to that district in Lexington so that his children would have a better chance in education. But unfortunately it's not a CERDEP eligible district. So he was in the poverty range, the child was age eligible, but my answer had to be no, your child cannot be served. It was heartbreaking to say to that single working dad, 'You're doing everything you can do to make sure that you've got your child in a great educational setting and we are not able to help you.'"

Recommendations to the Committee:

a. Implement 4K programs in all school districts across the state.
b. Implement a proviso or change in legislation that would allow CERDEP to partner with rural areas that do not have childcare to help implement childcare centers that would provide services.

5.7 Lack of Resources for Students with Dyslexia in Public School

Issues Presented to the Committee:

a. Many teachers in public schools are not equipped with an understanding of how to effectively teach children with dyslexia.
b. To send a child to a private school for dyslexia would cost more than $20,000 a year; tutoring is very expensive as well.

Recommendations to the Committee:

a. Provide resources and training for teachers to gain a better understanding of dyslexia and how it affects children and their ability to learn.
b. Educate teachers on the appropriate accommodations for a child with dyslexia.

5.8 Racial Inequality in Education

Issues Presented to the Committee:

a. Most advanced courses and gifted and talented programs do not include African-American or Latino children.
b. The National Skills Coalition released a new report in September 2019 on racial equality and workforce development called the Roadmap for Racial Equality: An imperative for workforce development and advocates. This report named racial workforce diversity as a key driver of America's economic growth. It is one of the most important predictors of business, sales revenue, customer numbers, and profitability. Between 1960 and 2008, 25 percent of the growth in productivity was associated with reducing occupational barriers for black people and women.
c. When children read by age 8, there are fewer prisons built. They will succeed in school and become skilled workers so businesses and the economy will improve.

Voice:

"I listened to all of the problems that we're having in our communities, in the schools, and neighborhoods. And those people mostly looked like me, people of color. But yet I don't see anybody in any of these institutions of color bringing forth the problem nor do I see anybody who looks like me sitting in front of me to hear what my problems are. I think that we need to change the formula. If you want to get the best results from me, then you need to have me present. You need to hear from me. One of the problems that we have with our community and I love my white brothers and sisters, but you can't tell me what my feelings are if you don't talk to me. You need to be talking to me to find out what I feel, to find out what my concerns are."

Recommendation to the Committee:

Support legislation to make pre-K mandatory for all children in South Carolina.

5.9 Standardized Testing in Schools

Issue Presented to the Committee:

Standardized testing in schools is excessive. As a result, students are experiencing stress and anxiety and going through shallow comprehension for test taking instead of spending time focusing on mastering authentic skills.

Voice:

"…the kind of testing that we're doing right now, ESSA (Every Student Succeeds Act) testing in the state, is not aimed at those skills which I think are probably a lot more valuable. Most of our standardized tests, paper and pencil or computerized tests, are testing shallow reading skills, process of elimination, speed

and endurance. And they kind of teach our kids to treat education more like a series of loopholes than authentic skills to learn."

Recommendation to the Committee:

a. Allow more ESSA flexibility waivers.
b. Reduce overall number of state-required tests.

5.10 Trauma Awareness in Schools

Issues Presented to the Committee:

a. Prolonged exposure to violence and trauma can impact children's safety, health, behavior, and ability to focus and learn in school. This can lead to school failure, truancy, suspension, expulsion, dropping out, mental health issues, substance use, and involvement in criminal activity or in the juvenile justice system.
b. Today, our children are experiencing more trauma and at earlier ages through increases in community violence, gun violence, caregiver drug use, homelessness, and domestic violence. The Handle with Care program, developed by the West Virginia Children's Justice Task Force in 2012, seeks to promote school-community partnerships aimed at ensuring that children who are exposed to trauma in their home, school or community receive appropriate interventions to help them achieve academically at their highest levels despite traumatic circumstances they may have endured. The program has been adopted in 27 states.

Voice:

"This particular three-year-old came in. He was very angry and was placed from one class to next class because teachers didn't have tolerance and he wound up in her class. The child would come in, throw chairs, throw papers off the table, and was very angry. She let him color and when he colored, he scribbled and his whole paper was covered in red. She realized that the child needed a safe place in the classroom. So she created one. She also realized he needed to get some of his energy out so she brought in a punching bag she had from home and talked to the child and said if you feel frustrated, it's okay to get up and go over there and use that punching bag. And then he calmed down. She had concerns for when the child would leave their environment and go to public school because she didn't feel that he would know that there were things going on with this child. What she learned was the scribbling of the red on the paper was due to the child witnessing domestic violence and the murder of his mother and his mother lying in a pool of blood. When the child did go to public school, he did have behavioral issues. He was bounced around, taken out of school, and then eventually dropped out of school. This teacher was concerned she lost track of the child until one day she read the obituary of the 16-year-old who

had died and found out that the child had substance use issues, mental health issues, and was shot due to youth violence."

Recommendation to the Committee:

Support the implementation of the Handle with Care program in schools in South Carolina as a means of bringing awareness to critical events that children experience outside of school and alerting the school to be aware of signs of trauma or changes in children's behavior or school performance.

VI. Juvenile Justice

6.1 Greater Discretion for Sentencing of Children Charged with Crimes

Issues Presented to the Committee:

a. In the late 1980s and early 1990s, there was a spike in juvenile crime and there was a group of criminologists that hypothesized that there was a new group of super predators of children who were coming of age and who were more violent and less remorseful than ever before. These children were characterized as godless, jobless, and fatherless, and state legislatures were encouraged to pass laws making it easier to transfer children into the adult criminal justice system.
b. The Omnibus Crime Control Bill encouraged states with funding to build more prisons if they passed Truth in Sentencing laws that increased the application of mandatory minimums. Therefore, this led to more children being prosecuted in adult court at the same time mandatory minimums were skyrocketing.
c. A study done in Florida showed about 90 percent of all children in the juvenile justice system have at least two adverse childhood experiences and that can be defined as anything from physical, sexual, or psychological abuse to neglect to having a parent who is incarcerated. A gap still unresolved in the juvenile justice system.

Voice:

"I'm sure many people in the room have heard of the cases of Cyntoia Brown. There's a young woman by the name of Sarah Cruzan, who before Cyntoia, was granted clemency by Governor Schwarzenegger in the state of California. When she was 16 years old, she was sentenced to life without parole for having killed her sex trafficker; a guy who had found her when she was 11 years old walking home from school, began to rape and groom her from 11 to 13, and forced her into "prostitution" from 13 to 16. She ran away, came back, shot him in the head, and killed him. One of the things that Sarah's Law does is it gives judges more options when they're dealing with cases like this so that judges could depart from any mandatory minimum, suspend any portion of any sentence, or transfer the case back into the juvenile justice system for a more appropriate disposition in that case."

Recommendations to the Committee:

a. Allow judges discretion in the application of mandatory minimum sentences so at the time of sentencing, judges can consider adverse childhood experiences and mitigating factors of youth, and authorize judges to depart up to 50 percent from the otherwise authorized mandatory minimum sentence as well as the applicable sentencing enhancements for designated offenses.
b. Enact legislation similar to Sarah's Law for children who are victims of crime who end up committing crimes against their abusers.
c. Enact legislation that requires a child's parent to be notified and give the child an opportunity to speak with defense counsel before they can be subject to a custodial interrogation or waive their Miranda rights.

6.2 Juvenile Life without Parole Legislation

Issues Presented to the Committee:

a. In the United States Supreme Court decision Roper v. Simmons, the Court found the death penalty unconstitutional for children. Five years later, the Court ruled that life-without-parole sentences for children for non-homicide offenses are unconstitutional in Graham v. Florida. In Miller v. Alabama, the Court banned mandatory life-without-parole for children, and in Montgomery v. Louisiana, the Court found life-without-parole sentences for children convicted of a homicide offense are only appropriate in the rarest of circumstances. Twenty-two states including Utah, Vermont, Texas, and Massachusetts have now abolished life-without-parole sentences for children.
b. Children are different from adults. Children lack impulse control and do not perceive consequences of their conduct in the same way that adults do. They are susceptible to peer pressure and have increasing rates of trauma, but also have the dramatic capacity for change.
c. Girls who are sentenced to life without parole have been traumatized. They have been physically abused. Most of the boys have also come from very violent households, very torn communities, and they just want a chance to demonstrate that they can change.
d. Children who are sentenced to long terms of prison time are effectively being sentenced to life without parole because their prison term will outlast their life expectancy in prison. Life expectancy data that was collected by an actuary on behalf of the Commission on Indigent Defense shows a juvenile sentenced to a term in the South Carolina Department of Corrections has a life expectancy of only approximately 55 years. This means that a sentence of 38 years or more for a juvenile would result in the juvenile dying in prison and not having a

meaningful opportunity for release as required under the Eighth Amendment. Seventeen such children have received sentences that are longer than this term over the last three years.

Voice:

"And I want to briefly walk you through my life as a 17-year-old child. I grew up in a household where my dad was extremely violent both physically and verbally abusive to my mom. As long as I can remember I remember them fighting I remember him beating up on her. And this affected my life in ways that they didn't understand. As a result of this abuse that myself and my siblings witnessed in our household, my sister tried to commit suicide three times before she was a ninth grader. I joined a gang at the age of 12 because I was searching for love. I didn't understand what I was searching for at the time, but you know, I found it within a gang. I was looking for someone who understood what a broken child like myself looked like. Fast forward five years, at the age of 17, the day that I should have signed up for summer school, I went over to a friend's house and I agreed to accompany him to a convenience store to steal beer. Unbeknownst to me, he had stolen his brother's loaded pistol and taken that pistol inside of the store. I heard two gunshots. He came running out, curiosity compelled me to go inside, I found the deceased body of the storeowner inside of that store. I made statements that later incriminated the both of us. Subsequently, he was sentenced to life plus 25 at the age of 16 and I plead guilty to avoid a life sentence and I accepted two 25-year sentences. I served 10 years of that sentence and now I'm home. While inside I studied psychology and childhood development and I began to draft programs on the inside based on the type of child that I knew."

Recommendations to the Committee:

a. Support Youth Sentencing Act, H 3919, to bar life without parole for juvenile offenders, give judges greater discretion to sentence juveniles to shorter sentences, and protect juveniles from being subjected to solitary confinement.
b. Amend the Youth Sentencing Act to provide that juveniles receive counsel and additional procedures at parole hearings such as to consider mitigating factors (e.g., age at the time of the crime).
c. Provide a meaningful opportunity for parole within a youth offender's estimated life expectancy.

6.3 Secure Detention for Juveniles

Issues Presented to the Committee:

a. Every time a child is in secure detention, that is an adverse childhood experience for them. In South Carolina, children whose underlying offenses are not criminal offenses, or status offenders, are consistently detained for contempt of court.
b. Probation orders are often too complicated and go on for too long. Most of our children come before the court because they are status offenders or they have committed misdemeanors. If you are an adult and you commit a misdemeanor, the most you can get in jail most of the time is 30 days. Our children are held for long periods of time for very minor offenses.
c. Children who are arrested are not given a hearing for judicial review of their detention within 24 hours.
d. Law enforcement in schools are disconnected with the education process and they do not have all the training that teachers or administrators have so they are handicapped in how they interact with their children.

Voice:

"As you all know, as an adult if we get arrested, we get judicial review within 24 hours. It's not the same for our juveniles. I've seen it firsthand. It happens constantly in a lot of our schools. If a child is arrested for whatever reason, let's not even considered why they are arrested, but if they are arrested on a Friday and the determination is made that they're going to DJJ, they don't get judicial review until Monday, no opportunity at all for a judge to hear their case to consider if it was a valid arrest, to even give the parents an opportunity, a true opportunity to come and speak and consider if that child should be released."

Recommendations to the Committee:

a. Find other ways to support and rehabilitate status offenders without detention.
b. Provide clear guidance to family court judges to not detain children because they fail in some technical way to do what the court has ordered them to do.
c. Support the use of community evaluations in lieu of secure evaluations.
d. Implement procedure to allow juveniles to be heard on the merits of their detention within 24-hours.
e. Provide law enforcement officers with specialized training on how to work with students and be sensitive to their needs.

VII. Programs and Resources (Listed Alphabetically)

A Child's Haven

A Child's Haven is a 501(c)(3) organization that treats children with developmental delays as a result of limited resources, abuse, or neglect, and provides support and education for both the child and their families. Its vision is children in our community are thriving with families that nurture their success.

Be SMART Campaign

Moms Demand Action for Gun Sense in America launched the Be SMART campaign to take action to promote responsible gun ownership and reduce child gun deaths. The campaign focuses on education and awareness about child gun deaths and responsible gun storage. Moms encourage parents and caretakers to "Be SMART" and take these five simple steps to help in your home and vehicles: Secure guns in homes and vehicles; Model responsible behavior; Ask about unsecured guns in other homes; Recognize the risks of teen suicide; Tell your peers to be SMART.

Carolina Youth Development Center (CYDC)

CYDC is a 501(c)(3) organization. The mission of CYDC is to empower and equip our community's most vulnerable children by providing a safe environment, educational support, and career readiness, in collaboration with families and community partners. Its vision is that all children will have loving and stable families and a nurturing community empowering them to lead successful lives. Founded in 1790, CYDC is an important part of Charleston's historic and cultural heritage, a direct descendant of the Charleston Orphan House, America's first publicly-funded orphanage. Today, CYDC provides programs reaching over 1,200 children, youth and their families locally each year. CYDC cares for young people who are victims of physical and sexual abuse, neglect and abandonment, as well as providing resources and support to area families at risk of having their children removed from their home. Accredited by the Council on Accreditation (COA) continuously since 1980, CYDC is a funded partner of Trident United Way, and a member of Child Welfare League of America, the Palmetto Association for Children and Families and the Alliance for Strong Families and Communities.

Incarcerated Children's Advocacy Network (ICAN)

ICAN is a network across the country of more than 500 children who have been released. More than130 of these children are active within the ICAN network. These individuals are experts who demonstrate through their advocacy that children, even those convicted of serious crimes, can mature and become rehabilitated. ICAN identifies, mobilizes, and amplifies the experiences of individuals incarcerated as youth to inform the public debate about children's capacity for positive change and

to debunk racially charged and dehumanizing narratives that seek to justify extreme sentencing of youth.

Institute for Child Success (ICS)

Launched in 2010, ICS is a private, nonpartisan research and policy organization. ICS works to create a culture that facilitates and fosters the success of all children. ICS supports policymakers, service providers, government agencies, funders, and business leaders focused on early childhood development, healthcare, and education – all to coordinate, enhance, and improve those efforts for the maximum effect in the lives of young children (prenatal to age five). Rather than being a direct service provider, the Institute's approach focuses on helping those who help young children succeed by working with stakeholders to seek holistic solutions to complex early childhood challenges.

Safe Schools Project

Safe Schools Project in Charleston was founded by a group of teachers a few months ago as an effort to give teachers and other educators a voice in the conversation about how to make our schools safer. It was sprung out of the Parkland shooting earlier this year and the national conversation that began discussing whether or not to arm teachers in an effort to make schools safer. We, along with most of the public are interested in getting universal criminal background checks on all gun sales. We'd like to see a mental health counselor in every school and we'd like to see a stronger focus on extreme risk protection orders. Specifically, the Safe Schools Project would like to take a strong chance against arming teachers.

South Carolina Infant Mental Health Association (SCIMHA)

SCIMHA is a multidisciplinary association of professionals working to promote nurturing relationships for South Carolina's infants, young children and their families through resources, policies and practices to foster healthy social-emotional development and well-being. SCIMHA provides professional development services for all entities that would serve that children to encourage assessment and development of infant mental health.

Turbeville Children's Home

Turbeville Children's Home is a group home for children in the foster care system. The Home is licensed by the Department of Social Services to care for up to 36 children, from birth to 21. Many of the children staying at the Home have parents who are not interested in reunification and/or are sibling groups who would have trouble being placed in traditional foster care. Within the first three years of operation, Turbeville Children's Home has cared for over 170 children between the ages of seven to 18 and has served children from 23 of the 46 South Carolina counties.