

2021 Annual Public Hearings

Summary Report on Testimony Received by the

JOINT CITIZENS AND LEGISLATIVE COMMITTEE ON CHILDREN

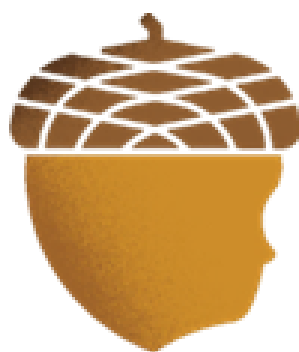


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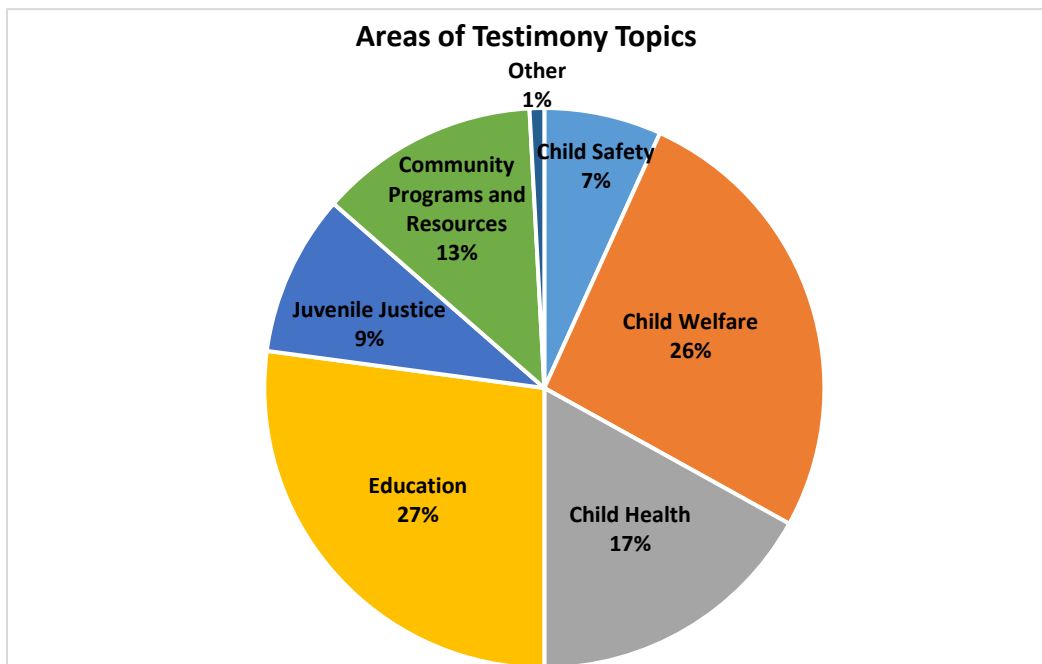
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The summary presented in this report reflects the various issues raised during the 2021 public testimony period. The organization and order reflects topical grouping and does not indicate endorsement, priority, or weight. Issues and data are presented as they were received in testimony. This report is presented solely as information to members, stakeholders, and the public.

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 2021, the public hearings were held in Columbia on September 23, in Greenville on September 30, in Florence on October 7, and in Charleston on October 14. More than 90 citizens and advocates for children testified and offered recommendations for policy, information regarding community programs and resources, and legislative changes to be considered by the Committee. About 52% of the testimony was provided in-person and 48% was provided live through an online platform. 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 and programs, child and parent advocates, child welfare professionals, juvenile justice professionals, medical professionals, attorneys, 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 programs and 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 Firearm Violence

Issues Presented to the Committee:

- a. As of 2019, firearms are the leading cause of death for youth in this country with over 3,000 youth deaths in the United States per year. In 2019, firearm injuries surpassed motor vehicle collisions to become the number one cause of death for youth in this country.
- b. Firearms have been the number one cause of death for black youth in the United States for decades. South Carolina has one of the highest pediatric firearm death rates in the United States and even in the world. Our state is ranked 11th among all states in the rate of gun deaths. Deaths by gun wounds have increased 42% since 2010 in South Carolina.
- c. As of April 2021, the number of children who live in homes with at least one loaded, unlocked firearm has gone up to 5.4 million in the United States. The majority of children in these gun owning households know where the parents store their guns. More than a third of them have handled those guns, and a quarter of those parents had no idea their children had handled the guns in their own home. Household firearm ownership is a significant predictor of increased firearm suicide among youth.
- d. Households with locked firearms and separate locked ammunition have a 78% lower risk of self-inflicted firearm injuries. In South Carolina, there were 12 accidental shootings after a child accessed an unsecured firearm and at least 29 children died by suicide using firearms in 2019. In more than 75% of those cases, the firearm was stored in the home of either the victim, a relative, or friend.
- e. Children experience post-traumatic stress from direct exposure to people in their networks who have been shot. The COVID-19 pandemic and the social isolation that came with it has led to a significant rise in mental health issues among our state's youth. It is not uncommon for patients to spend days in the pediatric emergency departments just waiting for an inpatient psychiatric bed to open. The intersection of our mental health crisis and our nation's gun violence crisis is a serious threat for our state's youth.
- f. South Carolina law does not require that a person pass a criminal background check before purchasing a firearm from an unlicensed seller. South Carolina does not have imminent risk laws, also known as red flag laws, that allow family members or law enforcement to ask a judge to temporarily restrict gun access from a person who shows dangerous warning signs that they will be a threat to themselves or others. South Carolina does not require secure gun storage. South Carolina does not restrict access to high-capacity magazines that are designed for weapons of war with the sole purpose to shred human bodies. South Carolina has no restrictions on ghost guns.

Recommendations to the Committee:

- a. Re-evaluate gun laws with child safety in mind.
- b. Implement secure storage laws. Firearms in the home should be stored locked and unloaded with ammunition safely locked elsewhere.
- c. Support educational programs and media campaigns with funding to promote safe storage of firearms.

- d. Provide funding for hospital-based violence intervention programs that could reduce the rates of youth firearm injury and death in South Carolina.
- e. Elect to utilize American Rescue Plan funds to support the program at the Medical University of South Carolina and other such programs statewide.

2.2 Youth Homelessness

Issues Presented to the Committee:

- a. In South Carolina, an estimated 25,000 public high school students experienced at least one episode of homelessness in 2019; and an estimated 21,917 public high school students who are experiencing homelessness were not identified by school officials.
- b. Students experiencing homelessness are at higher risk of not graduating; and not graduating high school is the single leading predictor of experiencing future homelessness.
- c. LGBTQ youth are 120% more likely to experience homelessness and three to five times more likely to attempt suicide, and suicide is the second leading cause of death for youth ages 10 to 24.
- d. An estimated one in three youth exiting foster care in South Carolina will experience homelessness by the time they turn age 21, according to the National Youth in Transition Database.
- e. Youth experiencing homelessness have significantly higher rates of trauma and mental illness, which inevitably leads to higher costs to hospital systems. An individual experiencing homelessness for longer than one year costs the American taxpayers an average of \$35,000 per year. Supportive housing reduces that cost by around 50%.

Voice:

"I was able to build the skills and capital to be content and grateful for what I have, where I'm at and who I am. I'm proud of the person I am today, and social services play an inequitable role in both my past and my present. I hope to see social services continue to build and expand to help others that are more difficult to reach." --- Statement from a youth served at the Mental Illness Recovery Center Inc. (MIRCI) in South Carolina.

Recommendations to the Committee:

- a. Complete work on the legislative definition for youth experiencing homelessness to include language supported by the Runaway and Homeless Youth Act, the United States Department of Housing and Urban Development, and the McKinney-Vento Homeless Assistance Act.
- b. Recommend legislation that funds, oversees, and regulates youth homelessness services through a centralized entity focused on designing, implementing, and evaluating programs serving youth experiencing homelessness.
- c. Request the Governor's authorization of the South Carolina Interagency Council on Homelessness and, by extension, the Youth Experiencing Homelessness Task Force.

2.3 Protecting Children from Abuse and Trafficking

Issues Presented to the Committee:

- a. Angie's Law required South Carolina school districts to extend their curriculum to include personal safety in abuse prevention teachings. While the goal of this law was to

educate PreK-12 students on the importance of these topics, schools are just barely scratching the surface.

- b. Human trafficking in South Carolina has increased year over year. Children in South Carolina are not being granted the protection they deserve in areas surrounding human trafficking.

Voice:

“Trafficking in South Carolina had increased year over year by 360%. That’s 700 lives that have been victimized and still our systems are failing. I urge you, Committee. It’s time to get serious. We have task forces all over this state. We need resources. We need help.”

Recommendations to the Committee:

- a. Require that personal safety and abuse prevention is taught in class each school year.
- b. Provide resources and assistance for human trafficking task forces in the state.

III. Child Welfare

3.1 Clarifying Definition of Child Neglect

Issues Presented to the Committee:

- a. Neglect is not precisely defined in South Carolina statute. This imprecision provides the South Carolina Department of Social Services (DSS) and family courts with flexibility to address a wide range of situations. The flexibility often comes at a cost, especially when parents decide to permit their children to engage in unsupervised and often normal activities.
- b. The public is not always clear as to what amounts to neglect and what should be reported to DSS. DSS intake workers are not always sure about what reports from the public are not neglect and therefore should be screened out. Sometimes even authorities get confused and remove children from parents’ custody and arrest parents. This ambiguity burdens DSS with unnecessary hotline calls and investigations, spreading its resources too thin.

Voice:

“This problem creates multiple levels of harm. First, it harms children and parents who are subject to potential unnecessary DSS investigations. Such investigations are inherently invasive and can be traumatic for parent and child alike. But second, the harms are compounded in cases like [redacted], where child is removed or parent arrested.”

Recommendations to the Committee:

Clarify the definition of child neglect in South Carolina statute. Parents must have space to make the decisions necessary to teach their children independence.

3.2 Extending Foster Care Support to Youth until Age 21

Issues Presented to the Committee:

Youth who age out of foster care immediately lose access to services and resources. They face challenges such as housing issues and food insecurity due to lack of support.

Voice:

“When I turned 18, it felt like I was being kicked out. It felt like I had no one there when I was aged out, and we are told this: that when you turn 18, you’ll be given all this freedom, all this knowledge, and you’ll have everything you could ever want. But that didn’t happen for me.”

Recommendations to the Committee:

Extend services and resources to foster care youth until the age of 21.

3.3 Providing Legal Representation for Children and Youth in Foster Care

Issues Presented to the Committee:

- a. South Carolina state law provides a host of additional legal protections for children and youth in foster care (e.g., the Education Bill of Rights). However, children and youth may not receive the benefits of these laws without a trained lawyer who can ensure the laws are enforced and advocate around them.
- b. There are concerns about the adequacy of placements for foster children and youth. Placement instability, lack of oversight, lack of family time, and improper investigations of abuse are occurring in foster care settings.
- c. We do not have a system to represent children and youth in child abuse and neglect cases. We have a guardian ad litem program, which finds volunteers who do not represent the child and youth but determine what they think is in the child’s best interest. Then we give that person an attorney, but we do not give the child or youth an attorney. All too often, we fail to provide children and youth or even parents with lawyers at probable cause hearings. This failure is inexcusable and inexplicable.
- d. Children and youth require an attorney who can harness the law on their behalf by offering legal advice, requesting and reviewing discovery, conducting investigations, calling witnesses, cross-examining witnesses, filing motions, making legal arguments, submitting evidence to the court, and even filing and defending appeals. A six-year federally funded *QIC-ChildRep* study found that children with specially trained legal counsel were 40 percent more likely to exit foster care within their first six months.
- e. Policymakers in 37 states already guarantee access to counsel for children and youth in foster care. South Carolina is one of only 13 states in this country where this protection is still lacking.

Voice:

“Children deserve representation because they have a unique voice. They know unique facts. They have a unique perspective on what is being done to them in the system, even though it’s being done with good intentions. Research does show that giving children high quality legal representation leads to better outcomes in our system.”

Recommendations to the Committee:

Endorse providing children and youth in foster care with legal representation from the outset of a case, including guaranteeing the right to counsel for children, youth and parents from the very first court hearing in their cases.

3.4 Reinstating Parental Rights

Issues Presented to the Committee:

There is no framework for the reinstatement of parental rights in South Carolina. Parents who are now able and want to provide for their children do not have a legal course of action to have their rights reinstated.

Voice:

“I wanted to keep my children [but I can’t]. I believe it was because they didn’t stop and evaluate who I was becoming, but only who I was in the past.”

Recommendations to the Committee:

Examine statutory framework for reinstating parental rights.

3.5 Child Support Payments When a Parent is Incarcerated

Issues Presented to the Committee:

- a. Research showed that more than 75% of parents owing past child support earn \$10,000 or less per year, with 85% earning less than \$20,000.
- b. The average person in South Carolina’s prison population has only a 10th grade education, and 49% of people in our state’s prisons have neither a high school diploma nor GED. Most people incarcerated in South Carolina prisons are parents. About 66% of the men are fathers, and 77% of the women are mothers.
- c. South Carolina remains in the dwindling minority of states that still classifies incarceration as voluntary unemployment for child support purposes.

Voice:

“We would give their children a better chance at having a contributing parent upon re-entry. Child support arrears that may dangle for decades mean nothing in comparison to having a stable loving parent that is able to land on their feet... Unpaid debts are more often a symptom of poverty than an unwillingness to meet a family obligation.”

Recommendations to the Committee:

Support legislation stating that incarceration cannot be treated as voluntary unemployment for purposes of child support calculations, and legislation that automatically suspends child support payments when a parent is incarcerated for a period of more than 180 days. Parents who are incarcerated for an offense against their child or against the child’s custodial parent should not be allowed to take advantage of this modification.

3.6 Ensuring Kinship Caregivers Have the Same Rights as Foster Care Parents

Issues Presented to the Committee:

- a. A temporary order is often the first thing that is issued for kinship caregivers. However, temporary orders are not temporary and can last for years.
- b. Temporary orders from child protection court proceedings do not provide legal grounds for kinship caregivers to access birth certificates or medical records. DHEC only issues birth certificates to licensed foster care families and those with permanent orders.
- c. Inability to access birth certificates and medical records hinders kinship caregivers’ ability to access childcare and their ability to switch a child’s medical provider.

Voice:

“I think this is critical for equitable services for those children, but also to support our kinship caregivers that are doing so much work and providing a service, and such a self-sacrificing - just their time and effort that goes into caring for these children that should not have ever been their responsibility.”

Recommendations to the Committee:

Pass legislation allowing kinship care providers to obtain a child’s birth certificate from a temporary order from child protection court proceedings and educate judges on it.

3.7 Amending the Child Abuse Response Protocol

Issues Presented to the Committee:

The Child Abuse Protocol does not penalize law enforcement for failing to investigate all reports of child abuse or sexual assaults on children.

Voice:

“When we neglect our part of the investigation, we remove an extremely important part of what offers safety for children, whether the criminal charges proceed or not.”

Recommendations to the Committee:

Add a revision to the current Child Abuse Response Protocol which requires that law enforcement investigate all reports of child abuse and child sexual assault, and provide a penalty for when law enforcement does not investigate those reports.

3.8 Children, Youth, and Family Services in the Child Welfare System

Issues Presented to the Committee:

- a. Children, youth, and family services in the child welfare system are in severe crisis. There is a great need for more foster parents. Finding quality foster parents that are equipped to provide care for children and youth who have endured various complex traumas is not an overnight fix. It requires ongoing recruitment, training, oversight, and monitoring to maintain high quality foster parents.
- b. DSS currently struggles to find appropriate services in placements as needed. As a result, there has been an increase in the number of children and youth placed out of state for services at much higher rates than are paid to South Carolina providers, which drastically impacts reunification and permanency planning efforts.
- c. There is an increase in children and youth experiencing night to night stays and/or staying in the DSS offices resulting in increased trauma.
- d. The state needs a properly funded and comprehensive service array for children, youth, and families, so there are adequate and individualized treatment options with high quality outcomes and with statewide availability and accessibility.

Voice:

“While there are many initiatives underway to address these weaknesses and gaps, this is a reactive and a piecemeal system. South Carolina providers are ready and willing to serve these children with rates that help us create the right infrastructure, including a trained strength-based and trauma-informed workforce.”

Recommendations to the Committee:

- a. Require that private providers must be consistently engaged in system transformation with all state child, youth, and family serving agencies. Provider input and expertise should be a valued part of conversations in planning and creating an outstanding South Carolina child, youth, and family serving system.
- b. Ensure a cohesive approach is taking place between DSS and the South Carolina Department of Health and Human Services (DHHS) in designing a comprehensive service system that is supported by blending and braiding funding streams.
- c. Ask that DSS and DHHS request rate increases for service provision in their budgets and for lawmakers to support these requests.

3.9 Group Care and Qualified Residential Treatment Program Rates

Issues Presented to the Committee:

Family First Prevention Services Act and the Michelle H. lawsuit require a reduction of children and youth in level one group care. The proposed funding for group care and Qualified Residential Treatment Program (QRTP) Rates is only half of the amount that is necessary.

Recommendations to the Committee:

- a. Maintain high quality placements for children and youth in the child welfare system.
- b. Take seriously the funding required for QRTP rates.

3.10 Other Child Welfare Issues and Recommendations

- a. There needs to be better vetting and hiring of employees at DSS.
- b. The intake process needs to be improved at DSS. They must make sure that it is legitimate to take children from their families.

IV. Child Health

4.1 Impact of the COVID-19 Pandemic on Children

Issues Presented to the Committee:

- a. There has been a significant increase of COVID-19 cases and serious illness among children in our state. South Carolina is second in the country in terms of cumulative COVID-19 cases among children. More than 17,000 children under the age of 10 were diagnosed with COVID-19 in just the first six weeks of school compared to only 1,200 young children that contracted it in the first six weeks of the previous school year. About 23% of the total cases in South Carolina are children, with over 15,000 cases per 100,000 children. Nearly half of all children diagnosed with COVID-19 will develop prolonged COVID-19 symptoms.
- b. The Delta variant is more easily transmissible, allowing children to spread it quickly in schools. Children who tested positive were twice as likely to report three or more symptoms of ill health at 15 weeks beyond the initial diagnosis. The most common symptoms reported by children and adolescents were difficulties with breathing, fatigue, brain fog, chest pain, cough, heart palpitations, and the loss of taste and smell.

- c. There are more pediatric COVID-19 cases than hospitals can accommodate, which results in a serious crisis in the number of hospital admissions, availability of Intensive Care Unit beds, and sufficient staffing for children with COVID-19. Overtaxed hospitals mean that children who have other medical emergencies may not receive the full care that they need. In a recent national survey of primary care providers, 52% reported that the COVID-19 pandemic had caused significant impact on their practice in the past four weeks; and 65% of pediatricians reported that poor mental health of their patients was also a constant concern.
- d. Many students have significantly fallen behind in their education and their therapies that they receive through schools such as physical therapy, occupational therapy, and speech therapy, as well as just being in an environment with safe adults. Long-hauler children are going to pose a challenge to schools, especially with respect to educational accommodations. South Carolina school districts will need increased staffing such as school nurses, counselors, and resource specialists to respond to the medical, psychological, and academic needs of these students.
- e. Communities with low rates of children with COVID-19, MIS-C (multisystem inflammatory syndrome in children), minimal deaths, and hospitalizations are using evidence-based strategies. We have the ability to use a layered approach for maximum protection of our children, and we are choosing not to do that.

Voice:

“As of today, we have 24 children in our children’s hospitals for COVID. Eleven of those are in the Intensive Care Unit, four of them are on a ventilator, and one is currently on ECMO life support, which is basically heart lung bypass for kids. None of these children on a vent are vaccinated, although 14 of the 24 are actually old enough to have received the vaccine, but they haven’t received it. Please remember if you remember nothing else that I say tonight - please remember that there is no acceptable number of children in the Intensive Care Unit or dying from COVID in South Carolina. Children should not die from a disease that we as adults have the ability to protect them from. It’s that simple.”

Recommendations to the Committee:

- a. Recommend evidence-based prevention strategies for children --- support vaccination, masking, testing, physical distancing, hand hygiene, optimal ventilation, and isolation and quarantine when it is appropriate.
- b. Support pediatricians and other health professionals fight against this pandemic by supporting mitigation efforts such as following the American Academy of Pediatrics’ recommendations and increasing access to COVID-19 vaccinations for medically underserved populations.
- c. Inform the legislature and the public of the prevalence of post-COVID syndrome in children. There needs to be greater recognition that the number of COVID-19 cases we are seeing in children is only the tip of the iceberg.
- d. Urge the General Assembly to reconvene to repeal or modify Proviso 1.108 regarding guidance and face coverings on school buses to prevent the spread of disease in schools and communities in the United States.
- e. Allow individual school districts to be able to make the best decisions for their students, teachers, and staff depending upon the situation in that school district.

- f. Maintain the age of consent for health care services at 16 in South Carolina.
- g. Encourage families to get their children caught up on their routine childhood vaccinations so that we do not end up facing outbreaks of additional preventable diseases on top of COVID-19.

4.2 Parental Choices for Children during the COVID-19

Issues Presented to the Committee:

Masks and the COVID-centric world are hurting our children. Not being able to see other children's faces is psychologically damaging for children. It is daily and relentless. Children need normalcy.

Voice:

"My daughter was masked last year against our wishes despite having a physician's letter and applying for a medical exemption last year from CCSD [Charleston County School District]. She has developed significant daily issues related to masks, and we continue to have to fight that battle... My daughter is learning how to make sounds and how to read, and she can't see her teacher's face... When I have spoken with doctors specifically, some of whom are represented by the organizations that were here previously, when I have spoken with them about my specific daughter's development, I'm not going to name exactly what's going on with her, and I brought up the forcible masking. Instead of talking to me further about it, I am immediately shut down. I'm immediately told, "Well, this is what's happening in Italy, this is how so and so's. Children don't care about the masks, and the only thing I hear about is COVID COVID COVID. I do not hear about what are the mental health consequences and psychological consequences for my child for the rest of her life."

Recommendations to the Committee:

- a. Solidify parental choice in masks and no mask mandates for any children under the age of 18.
- b. Do not support vaccine mandates. Let the parents have the choice.
- c. Make sure schools are back to normal as soon as possible.

4.3 Religious Exemption for Vaccines

Issues Presented to the Committee:

- a. In 2016, 93% of children had the recommended seven-shot regiment to enroll in kindergarten. However, more and more people are using religious exemption to enroll in schools without vaccines, and this is being exploited as a catchall phrase to cover anyone who refuses vaccines because families are not required to provide any detail on the nature of that religious objection.
- b. The vaccination rate amongst our 12- to 19-year-olds is only 25% in South Carolina. South Carolina children are now below the rates needed for herd immunity for diphtheria, pertussis, and measles. There were about 4,000 families that filed the religious objection or exemption to vaccines in the 2013 to 2014 year, but that tripled in the 2019 to 2020 year.

Voice:

“If this trend continues, I am telling you that very quickly we will see diseases that we have never seen before. We will have a whole generation of very sick kids in the hands of doctors poorly trained to deal with those diseases. Even those vaccinated will be at risk because we will have lost the herd immunity that I had mentioned. If you were to ask me how many times I have seen measles, mumps, rubella, diphtheria, pertussis, the answer is zero, and same with the colleagues that I've trained with. But we have heard horror stories from our attendings about things like epiglottitis and bacterial meningitis that can quickly take the lives of our young toddlers and our young adolescents.”

Recommendations to the Committee:

- a. Support vaccination efforts so as to reach herd immunity again.
- b. Avoid introductions of philosophical exemptions, as this has been shown to increase rates of vaccine preventable diseases.

4.4 Oral Health

Issues Presented to the Committee:

- a. Tooth decay is 100% preventable. Yet it remains the number one chronic disease among children, and it is increasing in all populations and ages.
- b. Tooth decay contributed to decreased school performance, poor social relationships, less success later in life, millions of dollars and hours lost for work and school, and it has been the cause of death for adults and children in our state and across the country.
- c. The Atraumatic Restorative Technique (ART) places glass ionomer over tooth decay which bonds to the tooth surface and seals out bacteria. The Silver Modified Atraumatic Restorative Technique (SMART) drips silver diamine fluoride on tooth decay, which then kills the decay. These techniques can greatly lessen the need for stainless steel silver crowns on baby teeth, baby tooth root canals, hospital dentistry, and sedation dentistry, reducing the number of children that die across this country and in South Carolina from sedation dentistry every year.

Voice:

“For the eight months that our program provided the ART, we provided it to 6,081 children on 19,119 teeth, with a cost savings to Medicaid of \$1.4 million versus if they'd had traditional fillings in a dental office. At the same time that happened, 23,185 children were either treated in a hospital or they were sedated at a cost of \$3.1 million. 37,666 children and 92,000 teeth were treated with prefabricated crowns and baby tooth root canals at a cost of \$10.4 million. SMART could have a potentially saved this state \$13.5 million if it were more widely used.”

Recommendations to the Committee:

Sponsor legislation that supports ART and SMART in statute and allow these services to be delivered without unjustified barriers.

4.5 Child and Youth Mental Health

Issues Presented to the Committee:

- a. The number of children going to the hospital for mental health needs has increased, most days in the emergency rooms at hospitals. There are more children waiting to see

a psychiatrist and to see if they need to be admitted to a psychiatric hospital than there are children for other medical problems like broken bones, which is overwhelming the system.

- b. Mental health issues run rampant among youth. In South Carolina, 433 youth between the ages of 15 and 19 had a suicide attempt that resulted in hospitalization. The national number of children diagnosed with either anxiety or depression between the ages of six and 17 has increased from 5.4% in 2003 to 8.4% in 2011 to 2012.
- c. The Family Center for Behavioral Health has estimated that nationally, 20% of the children will go undiagnosed for mental illness and closer to 50% of all young people who are incarcerated have some type of undiagnosed mental illness. Access to facilities that can help address mental health needs of youth are only accessible with parental consent and discretionary income.
- d. Many states, including South Carolina, have introduced legislation designed to limit access to medical care and to school sports for transgender youth. LGBTQ+ youth already have a higher rate of depression, anxiety, and suicide attempts than the general adolescent population. This type of legislation, whether it is passed or not, sends these youth a very crystal-clear message that they are not valued, and they are not respected in South Carolina.
- e. We can support the mental health of our children and youth by reducing our reliance on high stakes, one-time, low-quality standardized assessments as the core of our accountability system and by revising our uniform grading policy at the high school level.

Voice:

“Many teenagers are afraid to reach out for help because they have unsupportive parents, who are unwilling to reach out and give them the help they need from either embarrassment or disbelief that their child is actually struggling. Many times, if the government steps in at all, it is already much too late. Many parents of addicted teens struggle with addiction themselves. Children that grew up with an addictive parent are twice as likely to develop an addiction themselves. It is also harder for these children...because their parents are absent or unreliable. They are struggling with their own addiction and may be unwilling to help their child recover.”

Recommendations to the Committee:

- a. Help children, including our LGBTQ+ youth, access mental health care regardless of age, parental involvement, or financial status.
- b. Drop South Carolina’s age of medical consent to below 16.
- c. Look into innovative ways to support and extend mental health services, especially in schools. Create policies that ensure every child has access to high quality mental health services in school at no cost.
- d. Support gender affirming care and health care access for all children.

4.6 Banning Conversion Therapy in South Carolina

Issues Presented to the Committee:

- a. Suicide is the second leading cause of death among young people. LGBTQ+ youth are four times more likely to either seriously consider suicide, to make a plan for suicide, or to attempt suicide versus their peers.

- b. Schools in our state are not honoring families, their parents, or students' wishes of using correct pronouns. Transgender and non-binary youth attempt suicide less when their pronouns are respected in places like schools.
- c. Conversion therapy is a therapy used by licensed mental health professionals where the goal is to change the sexual orientation or gender identity of an LGBTQ+ youth. It has been rejected by every leading professional medical and mental health association in the country. They find it unnecessary, ineffective, and dangerous to an individual's health.

Recommendations to the Committee:

- a. Support LGBTQ+ youth.
- b. Conversion therapy should be banned once and for all in the state of South Carolina.

4.7 Intervention Services for Deaf Children and Children who are Hard of Hearing

Issues Presented to the Committee:

- a. There are 9,232 children in South Carolina who are deaf or hard of hearing and not identified and/or receiving appropriate interventions. Hearing loss is sometimes hard to detect, especially in young children, therefore awareness and education are important.
- b. Families may not have access to medical care or a childcare center where screening often takes place. Families who are isolated, have limited support, or have language barriers may face even more challenges getting their children screened. We need more opportunities for identification and access where we can reach children of all ages and families for hearing screenings.

Voice:

"This amounts to one in every 100 children in our state being deaf or hard of hearing but not being identified. That's enough children to fill approximately 128 school buses or 370 classrooms."

Recommendations to the Committee:

- a. Children of all ages from birth to 18 should be screened, especially if a parent has concerns.
- b. Help reach families in your districts and agencies with information about the need for early intervention.
- c. Work with organizations such as Beginnings SC and the families, to create and/or find opportunities to advocate for deaf or hard of hearing state legislation, agency policies, and programs.

4.8 Children Experiencing Poverty

Issues Presented to the Committee:

- a. Our state ranked 43rd in the nation for child poverty with first meaning the lowest child poverty rate and 50th meaning the highest. South Carolina has about 22% of children under the age of 18 that reported experiencing poverty, compared to an 18% national average.
- b. In Allendale county, 51.6% of children experience child poverty, while York county has the lowest with 13%. Overall, 12 of our counties were persistently impoverished.

However, when it comes to childhood poverty and persistent poverty, 24 of those counties are persistently impoverished.

- c. Approximately 62% of South Carolina counties considered themselves to be in childcare deserts. In 2016, we had about 812 grocery stores across our state, from small to large. By 2020, 105 of them closed.

Voice:

“Grocery store closures means that residents must travel farther to access food, increasing financial burdens and barriers for food access. This especially affects the state’s children and senior populations and racial and ethnic minorities.”

Recommendations to the Committee:

Make sure that we are always data-informed and person-centered, especially when evaluating legislation that might affect children differently based on their poverty status.

4.9 Providing Support to Grieving Children

Issues Presented to the Committee:

- a. South Carolina is ranked the ninth in the nation for the highest concentration of grieving children, with one in 11 children experiencing the death of a parent or sibling by the age of 18.
- b. Research shows that bereaved children are at an increased risk of disrupted development, including decreased academic performance, increased mental health issues, and relationship difficulties. Children struggle with finding a place to express their grief. Data showed that 99% of educators agree that grief conflict frequently has an adverse impact on learning at school and 93% agree that childhood grief is a serious problem that deserves more attention in schools.

Voice:

“I was one of those children. I lost my dad at the age of 10 when I was in fourth grade. Most people don't understand how much children get about the grief process and how much they feel during the grieving process.”

Recommendations to the Committee:

- a. Provide more counselors in schools.
- b. Provide grief training for teachers so that they know how to talk to students about grief. The Coalition to Support Grieving Students provides this free training for teachers.

V. Education

5.1 School Lunch

Issues Presented to the Committee:

- a. Food is one of the most basic human needs. Yet according to Feeding America, over 161,000 children in South Carolina may not know where their next meal is going to come from at some point during the year.
- b. Unfortunately, we see that the school lunchroom – one place that we can ensure children have access to a nutritious meal – is where some students have been ostracized or punished for debt that their families cannot pay. When schools employ debt

collectors, it often increases the original debt by about 50% because of interest and other fees.

- c. H.3319 states that the students who are eligible for free and reduced lunch must be offered the same meal as other students, and these meals must be offered regardless of if the student owes money for previous meals. Districts cannot penalize students for failing to pay for school lunch meals. H.3006 indicates the use of debt collection agencies for school lunch debt would be prohibited.

Voice:

“When schools employ debt collectors, it often doubles the original debt because of interest and other fees. As we all know, COVID-19 was really tough on many families, and we hope by relieving them of the additional debt they may be able to address the initial amount owed.”

Recommendations to the Committee:

Endorse H.3319 and H.3006 in the Senate and ask the Senate Education Committee to have a hearing on these bills in January.

5.2 Sex Education

Issues Presented to the Committee:

- a. South Carolina is not teaching sex education in the most effective way to reduce teen pregnancies and sexually transmitted diseases (STDs), which is having detrimental effects on South Carolina teens.
- b. Currently in South Carolina, abstinence-only education is the primary curriculum being taught to students. Abstinence-only education correlates with a higher number of teen pregnancies as it does not provide any information about safe sex. For every \$1.00 per pupil increase in funding for abstinence-only education, the teen birth rate rose by .3% per thousand in conservative states as of 2019.

Voice:

“Do you see the connection here? Abstinence-only education does not teach safe sex methods, which leads to risky sexual behavior in teens, thus causing teen pregnancies and STD infections.”

Recommendations to the Committee:

Utilize a comprehensive sex education program that includes information about contraceptives and safe sex.

5.3 Preventing Critical Race Theory from Being Banned in Schools

Issues Presented to the Committee:

- a. Racism in the United States is an ordinary experience for people of color. Many people do not understand or see the full extent of the simple, discrete ways that race is subliminally and unconsciously woven into our society through policy, culture, and common practices, as well as systemically in our legal, educational, and criminal justice systems. Critical race theory helps us uncover and dissect why our society is structured in this form.
- b. Deep analysis regarding race is not taking place in schools. Curriculum units that include other races and ethnic groups without it being about immigrating to this country and/or

helping with trade are basically non-existent. Existing information in curricula related to minority races and ethnic groups is either false or not included at all.

- c. Children are not learning the truth because of whitewashed history. Children of color are barely seeing themselves in history books even though people like them have played a significant role in building this country. Racism exists because it is purposefully hidden, making it harder for anyone to identify the line between right and wrong.

Voice:

“The idea that we should hide away from issues of race is unacceptable because I’m never allowed to hide from it... Critical race theory should not be barred from being taught because of people’s personal misconceptions and personal prejudices.”

Recommendations to the Committee:

- a. Prevent Critical Race Theory from being banned in schools.
- b. Repeal H. 4325 for the betterment of South Carolina’s education and a bright and more tolerant future.
- c. South Carolina must close persistent gender and racial gaps in health, safety, economic opportunities, political participation, and leadership.

5.4 Reinstating Asynchronous School Days

Issues Presented to the Committee:

Taking away asynchronous days was an extremely abrupt change for students both academically and mentally. Asynchronous days allowed students to work independently, and without their regular class schedule, one day a week to complete their coursework.

Voice:

“Last year, every Friday was an asynchronous day. I would get the opportunity to finish all my assignments during the day, that gave me ample time in the evening to relax. Now, without asynchronous days I have to get all my homework done after school and by the time I’m done with that it’s 8:30 at night.”

Recommendations to the Committee:

Consider reinstating asynchronous days in schools.

5.5 Teacher Vacancies

Issues Presented to the Committee:

- a. There were 699 vacant teaching positions at the beginning of 2020-2021 school year, which was a 26% increase over the previous year. At the start of the 2021-2022 school year, there were 1,612 teacher vacancies across the state. The large number of vacancies means that over 48,000 children started the school year without a qualified teacher.
- b. Teachers are quitting in the middle of the school year because of their inability to protect themselves and their students in a state that has not prioritized the physical and emotional safety of people in schools. In the first month of this school year, 7,000 more students contracted COVID than all of last school year. Over 160,000 students have had their learning disrupted due to quarantine.

- c. There is inadequate respect and a lack of support for educators. Educators lack time, both instructionally in the classroom and for work-life balance, and need adequate compensation.
- d. The American School Counselor Association recommends a ratio of one counselor for every 250 students. According to the U.S. Department of Education, the average ratio in South Carolina is one to 350, and South Carolina regulations actually allow the number to climb as high as 800 students to a single counselor in the school.

Voice:

"I feel now that I can say that leadership knows, but little has changed. I'm reminded of Maya Angelou's statement: Do the best you can until you know better; then when you know better, do better. I need South Carolina leadership to do better."

Recommendations to the Committee:

- a. Remove the proviso on masks and the 5% cap on virtual schools. Allow school districts to actively protect their students and staff.
- b. Continue to increase teacher salaries so they are competitive and not just in the realm of education. The state needs to increase the salary steps from years 23 to 28, which is when a teacher has the option to retire.
- c. Create policy that allows for teacher contracts to be more teacher-friendly. Pass policies to recruit and retain the best talent to our classrooms.
- d. Fix school funding so that districts are required to be more transparent with their spending and to publicly account for every dollar to make sure that the vast majority is making its way down into the classroom and not remaining in district offices.

5.6 Early Child Development and Intervention

Issues Presented to the Committee:

- a. Science tells us that children who face adversity in the first years of life are more at-risk for experiencing life-long effects from toxic stress.
- b. Social and emotional development are so critical during the time period from birth to five. The experiences that children have in their first five years stick with them for life, whether that be in a positive or negative way. Early intervention is important.

Voice:

"JB was proven to be on the autism spectrum within the first two weeks of school, just as we had all thought after we had conferred together. The first week, he mostly slept and had emotional outbursts. He was in survival mode, and we were right there with him. As he acclimated through various interventions, many of which came from or rooted in our social and emotional curriculum - yes, we had one - JB began to flourish."

Recommendations to the Committee:

- a. Provide education and needed intervention to children from birth to five.
- b. Ensure that every dollar from COVID relief funding meant for early care and education goes directly to families and centers so they can provide each child with the top-quality care they deserve. This includes funding for childcare vouchers going to children and families, and additional funding going to childcare providers to pay teachers a living wage and cover revenue lost due to the pandemic.

- c. Institute universal preschool and recognize the importance of helping children from the very start.

5.7 Access to Affordable Childcare

Issues Presented to the Committee:

- a. Schools need to remain open as an economic imperative. Many caregivers do not work in jobs that allow for remote work. Sudden quarantine or a switch to virtual schooling will push families to a breaking point.
- b. Even before the pandemic, more than four of every 10 South Carolina families lived in a childcare desert – places where there were more children than available childcare providers. In 2019, 46,000 children in South Carolina were left without access to a daycare facility. There are a lot of people on daycare waiting lists because they cannot find anywhere to put their children in daycare. In a 2020 poll of South Carolina voters, the majority of respondents said that childcare was inaccessible.
- c. In South Carolina, 95% of the households have at least one employed parent, and 60% of the households have both parents employed. This demonstrates that there is a great need for childcare in our state, yet many of those parents are living from paycheck to paycheck with barely enough for essentials, much less the cost of childcare.
- d. Childcare needs to be affordable. When a certain income level of the poverty line is reached, parents lose their childcare benefits. Parents cannot afford quality childcare, so many parents stay home with their children and do not return to the workforce.
- e. There are more children than there are daycare facilities, and poverty rates correspond to how many daycare centers are in an area. Many parents are forced to choose between caring for their child or protecting their jobs and financial security. This has real consequences for the health and well-being of our children and communities.

Voice:

"I have had so many people say, I just can't work right now. Even at \$15 an hour. In a perfect world scenario, making \$15 an hour, and she loses her benefits and childcare weekly is \$180. That's just childcare, that's not rent, that's not lights, that's not water, that's not phone, that's not any of the essentials to survive. She said it's worth staying at home, and not going back into the workforce."

Recommendations to the Committee:

- a. Support universal 4K.
- b. Push for paid parental leave.
- c. Advocate for affordable childcare. Help provide quality childcare for parents who want to work and earn a living for their family.
- d. Use the Child Care and Development Block Grant Act to provide financial assistance to low-income families to access childcare.
- e. Support Build Back Better, the federal framework and funding from the Biden Administration that ensures that middle-class families pay no more than 7% of their income on childcare.
- f. Ensure that the substantial majority of funding from the ARP (American Rescue Plan Act of 2021), and potentially the Build Back Better plan, is going directly to childcare centers

and allows families to access high quality early care and education that they greatly need, especially in our rural areas.

5.8 Supporting Childcare and its Workforce

Issues Presented to the Committee:

- a. Recent data from the Center for the Study of Childcare Employment indicates that 126,700 childcare jobs have been lost since February 2020, and only 88% of the childcare jobs that were available in February 2020 still exist.
- b. 24.3% of childcare workers had children at home, between the ages of six to 12, while 20.2% of childcare workers had children ages five and under at home. The childcare industry is facing continued resignation and decline of availability of safe childcare during the pandemic. Only one in four childcare workers can take paid time off to be home to care for a child. Women are less likely to have access to paid sick leave than their male counterparts, and those in care jobs are among the least likely to have access to paid sick days.
- c. Factors in childcare worker retention include access to employer-sponsored healthcare and paid leave. Many childcare centers cannot provide access to health care. South Carolina childcare providers are being left out of Medicaid coverage and they cannot afford to purchase a plan on the Marketplace.
- d. There is a need for new educators. However, being an educator requires training on child development and teaching skills. It is hard to attract qualified teachers for childcare. Finding people to love, nurture, and teach our little ones is difficult when you can only pay from minimum wages. Teachers obtain a bachelor's degree and still receive low wages (e.g., \$10.00 an hour) with no benefits, healthcare, sick leave, or vacation time. Many early childhood teachers leave the profession due to low wages and little to no health benefits or retirement plans. This high turnover causes children to suffer from not having adequate teachers and the lack of consistency in their education.
- e. Childcare teachers are also required to fulfill DSS state-required training hours mostly on their own personal time, along with working 12 months a year, which is unlike the public school system.
- f. Kindergarten is no longer a place for school readiness. We have this unspoken expectation of students to come to kindergarten with the foundation of letter knowledge, early numeracy skills, and social skills to build upon. Only 39.2% of all South Carolina children assessed within the first 45 days of kindergarten scored within the range of demonstrating readiness as indicated in the South Carolina Kindergarten Readiness Assessment.
- g. Movement of 4-year-olds from private childcare centers to publicly-funded programs incapacitated private childcare centers since enrollment of four-year-olds provided their strongest funding.

Voice:

"I was talking to a friend of mine who owns a couple of childcares out in Sumter, and she was telling me that she recently lost one of her teachers to a local gas station. The gas station was offering a \$500 bonus. I think it was like work here for 30 days, you get \$250, and then you know another 30 days later you get another \$250 and this really

skilled, passionate teacher who was a single parent ended up leaving her job as an early care teacher to go work at a gas station.”

Recommendations to the Committee:

- a. Advance the Paid Sick Leave Act, H. 3469 for childcare workers.
- b. Continue to push for passage of H. 3560 and S.11 on family leave.
- c. Provide Medicaid access up to 200% federal poverty level and provide Medicaid access to childcare professionals.
- d. Capitalize on recent investments coming to South Carolina made by the federal government to support childcare systems and programs. Consider obtaining, accepting, and using any and all funds available to help childcare providers.
- e. Use the Child Care and Development Block Grant to supplement low teacher wages in order to prevent more teacher turnover.
- f. Consider strengthening the centralized infrastructure that administers and provides oversight to early care and education settings in South Carolina.
- g. Help provide an opportunity for individuals who are interested in working in childcare to be able to make a decent salary with benefits, and in turn, help them to be put on a career path to enhance and grow their lives, and make themselves self-sufficient.
- h. Align early childhood investments better within South Carolina state government.
- i. Provide funding to high poverty areas so that they can increase the quality and number of daycare facilities.
- j. Recognize the importance of access to high quality childcare in our state. Increase this state’s financial support for high quality early childhood education. Consider the unintended consequences of private childcare centers supporting birth to four-year-olds when making decisions on policies at the state level.

5.9 Reducing the Wait Period for New Teachers in Childcare

Issues Presented to the Committee:

- a. New teachers at a licensed childcare center in South Carolina cannot have their own class for six months.
- b. Other states that have a waiting period allow new teachers to be coached and interact with students, but South Carolina does not.
- c. Waiting periods are a financial burden on childcare centers, and they cannot reach their capacity or add new classrooms.

Voice:

“I need teachers in classrooms to develop more classrooms, but I can't afford to hire people and just let them sit. Because I can't get more kids in until that teacher have to go through a six months' waiting period, but has to come to work and sit and be paid for free.”

Recommendations to the Committee:

Remove waiting period requirements or reduce waiting period to two months.

5.10 Childcare Suspension and Expulsion

Issues Presented to the Committee:

- a. Our youngest children are losing out on early learning experiences. Young children are being suspended and expelled from early care and education environments at alarming rates. Children in childcare programs are expelled at 13 times the rate of kindergarten through 12th grade students.
- b. Research demonstrates that disciplinary practices are disproportionate by age, gender, and race. Four-year-olds are expelled at 50 times a greater rate than three-year-olds. Boys are expelled at a rate 4.5 times more than girls. Black children account for 50% of all preschool suspensions, but only 1/5 of preschoolers.
- c. Research shows that suspension and expulsion is not a child problem; it is an adult problem. More suspensions and expulsions occur with larger group sizes, higher child-teacher ratios, lack of support for teachers who have difficulty managing very challenging behaviors, as well as staff characteristics such as depression or job stress.

Voice:

“Over the past 15 months, young children, families, and early childhood providers and communities have experienced trauma, fear, anxiety, and disruptions in their lives due to COVID-19. In a national study, they found that there's been elevated job stress and significant clinical depression rates in our early care educators.”

Recommendations to the Committee:

- a. Support state and federal policies that support the social and emotional learning and development of South Carolina's youngest children.
- b. Encourage sustainable funding through the Child Care and Development Block Grant so that child-serving programs can continue to grow and serve young children.
- c. Support policies that require early care and education providers to ask mental health professionals to come and work with them prior to expelling a child.

5.11 Supporting Home-based Childcare

Issues Presented to the Committee:

- a. Larger childcare facilities have been forced to downsize or even close their doors due to COVID-19. Home-based childcare programs have helped to fill the gap in childcare deserts.
- b. In the past, home-based childcare programs were not included in educational funding opportunities but were included in the COVID-19 sustainability funds.

Voice:

“So, we have experienced over the past year and a half or so a hardship that COVID-19 has brought upon us, causing the decline of available childcare options as many larger childcare facilities have been forced to downsize or even close their doors. During this time, many home-based childcare programs have risen as pillars in our communities, keeping their doors open and putting themselves and their families at risk to meet the childcare needs of the children and families and our communities.”

Recommendations to the Committee:

Continue to include home-based childcare settings in the upcoming funding opportunities.

5.12 Homeschooled Children

Issues Presented to the Committee:

- a. The last time attempts were made to guarantee or raise South Carolina homeschool education standards was in 2013 with the failed H. 3478.
- b. Coalition for Responsible Home Education crafted a Bill of Rights for homeschooled children that states basic ideas in a simple manner giving dignity and protection to this group of children who had previously been completely ignored.
- c. The Bill of Rights lays out the right to adequate food, clothing, and shelter; the right to be free from all forms of mental and physical violence, and be disciplined in a manner consistent with human dignity; the right to be evaluated for a disability, to be periodically reevaluated, and to access therapies; the right of expression and freedom to seek, receive, and impart information orally, in writing, or print; and the right to have access to both a birth certificate and social security number when legally entitled.

Voice:

“They are not onerous and most likely everyone here can find nothing objectionable in these simple, broad statements. The many parents who homeschool with the best interests of their children in mind should also feel the same. This would create for the first time in South Carolina, a floor from which homeschooled children could rise and succeed with equal footing with their peers in charter, private or public schools.”

Recommendations to the Committee:

Implement the Bill of Rights for all homeschooled children in the state of South Carolina.

5.13 Creating a Whole Child System of Education

Issues Presented to the Committee:

If we had a whole child system of education, many educational issues could be addressed more effectively and cost-efficiently. Whole child education is about bringing the academics into the support that children need around social, emotional, mental, and physical needs and strengths. This is a strength-based approach to supporting children and families in communities with schools and partners.

Recommendations to the Committee:

Align and leverage resources to create a whole child system of education in South Carolina that our children need to be successful.

5.14 Other Education Issues and Recommendations:

- a. Support universal broadband access across South Carolina.
- b. Expand the South Carolina voucher system.
- c. Expand the earned income tax credits and school readiness tax credits.
- d. Expand community schools and promote the quality of the schools.
- e. Remove barriers to allow all South Carolina students to access higher education.
- f. Encourage all school districts to adopt an open community use policy to provide free access to the school's outdoor recreational facilities for children and families in their areas.
- g. Consider creating a cabinet level agency to oversee all early childhood programs that are currently administered by First Steps, DSS, the South Carolina Department of Health and Environmental Control, and the South Carolina Department of Education so as to reduce overlap and ensure the maximum coordination of services.

VI. Juvenile Justice

6.1 Juvenile Justice Reform

Issues Presented to the Committee:

- a. Children are being incarcerated and harmed in the juvenile justice system instead of being supported in their community to address the traumas that are causing their behaviors and actions. We prosecute children whose cases are better handled via diversion, and we incarcerate children who would be more effectively rehabilitated in their communities. Our system is set up to devalue, dehumanize, and ultimately derail the futures of adjudicated youth. In many instances our system creates lifetime offenders.
- b. Status offenses, which are not criminal acts, are being met with criminal charges, a trip to the courthouse, court ordered probation, and sometimes months or years in juvenile detention.
- c. Black and brown children are being over policed, and they do not have the space to make mistakes, recover, and thrive. Families with limited resources and access are punished for their inability to meet the unrealistic probationary requirements given their circumstances.
- d. Children are being sent away for months or years, completely disrupting their education. Children are often placed in an alternative school after being released from the South Carolina Department of Juvenile Justice (DJJ) where they do not have the same opportunities as in traditional schools, and therefore have limited educational success. Children placed in alternative schools frequently lose credits from prior classes due to not having a liaison to assist with transferring credits.
- e. We have seen children as young as 12 or 13 years old waived from the family courts into the adult court system where they face adult consequences for their juvenile actions and often the actions of legal adults. During the waiver process, family courts have limited discretion and rely on the Kent factors to make a decision, which include the seriousness of the crime, the manner in which the crime was committed, whether the offense was against persons or property, the merits of the complaint, if there were adult co-suspects, the sophistication and maturity of the child, the child's offense history, and the prospect for rehabilitation. The Kent factors are outdated and do not align with what we know about children's brain development today, and they are set up to penalize children unfairly. Children are facing lengthy terms in adult prisons. There are children who have lost all hope of getting out of prison, either because of sentences of life without parole or terms of years that exceed their life expectancies.
- f. There are serious problems and concerns at DJJ:
 - (1) DJJ facilities perform at least 25% worse than the national average in five categories: average duration of isolation or room confinement in hours, the percentage of isolation terminated in four hours or less, the percentage of isolation terminated in eight hours or less, the number of injuries to youth per 100 days of confinement, and the percentage of youth sexually assaulted within six months.
 - (2) Children in DJJ custody are subjected to dehumanizing conditions and are sometimes placed in solitary confinement that causes adverse psychological effects

on them. Children face deplorable conditions at DJJ facilities (e.g., Broad River Road complex). These facilities are unsanitary, severely understaffed, and fail to provide mental health services, adequate schooling, or other forms of rehabilitation to children. Children are subjected to violence and abuse in the juvenile justice facilities and are forced to endure unnecessary use of isolation.

- (3) The state spends \$500,000 to house juveniles at DJJ, yet the juveniles are still unprepared when they leave DJJ.
- (4) Employees at DJJ are not getting the resources that they need, including adequate pay. The Director of DJJ is not willing to communicate with employees.
- g. The Juvenile Justice Reform Act creates multiple avenues for reducing the number of children placed in DJJ. It greatly expands access to diversionary programs, ensures that children deemed to be status offenders cannot be housed in DJJ facilities, limits the number of school-based behaviors that are suitable for referral to DJJ, and secures that no child will be placed in solitary confinement. The current juvenile justice system is failing our youth, and without the essential reforms outlined in the Juvenile Justice Reform Act, many more children will suffer.
- h. Justice in its truest form means fairness. Justice is recognizing that children are children. Justice is ensuring that resources are allocated towards implementing interventions that help our most trauma burdened children learn to navigate that trauma and effectively advocate for themselves. Justice is recognizing that children, like all of us, deserve a second chance and ensuring that there are structures in place to lovingly welcome them back to their communities.

Voice:

“Throughout all the failures of the Department, throughout our failure to pass restorative juvenile justice reform, throughout our failure as a community to address these issues sooner, the youth who have been in the care of the Department have been negatively impacted the most. We have to change that. Each day that we do not pass this legislative reform, we are placing more youth into the care of an institution that is withering at the root, an institution crippled by outdated legislation.”

Recommendations to the Committee:

- a. Pass the Juvenile Justice Reform Act of 2020, Bill S. 53, which ensures that the South Carolina juvenile justice system implements a system that is rehabilitative and ensures the safety of the child and the community. The bill also limits the collateral consequences of involvement with the juvenile justice system on children by prohibiting automatic placement in alternative schools upon release from DJJ.
- b. Push for and pass Youth Sentencing Act H. 3212 which reforms criminal juvenile sentencing in many important ways.
- c. Review the waiver statute, which is S.C. Code § 63-19-1210, and the conditions at juvenile detention centers and juvenile units at local jails in which the state is placing juveniles, in order to propose and support reforms that incorporate our understanding of juveniles’ brain development and to treat juveniles as children capable of character reform as opposed to hardened adult criminals.
- d. Provide guidance and support for justice-involved youth and their families.

- e. Ensure communications between the DJJ Director and the employees who are on the ground at DJJ.
- f. Study examples of successful reforms in other states, such as Georgia, Kansas, and South Dakota.

6.2 Disability Rights in Juvenile Justice

Issues Presented to the Committee:

There is an increase in calls from families where their child with disabilities is placed in juvenile justice facilities due to behaviors, although S.C. Code § 63-19-1450 states no juvenile with mental illness or intellectual disability should be committed to DJJ.

Voice:

“We have seen firsthand how the lack of community-based and behavioral health services is affecting our children, and some of our most vulnerable children. One of the most troubling trends that we have seen in South Carolina is the placement of children with mental illness and disabilities in juvenile justice facilities simply because there’s nowhere else to serve them. And there is not appropriate treatment placement.”

Recommendations to the Committee:

- a. Open up a state-run treatment facility for our youth.
- b. Support the juvenile justice reform bill which addresses diversion of youth from DJJ facilities as well as comprehensive services for youth and their families.

VII. Community Programs and Resources

7.1 Safe Babies Court

Issues Presented to the Committee:

- a. Infants and young children are our most vulnerable population for child abuse and neglect with more than one quarter, which is 28.5% of victims of child maltreatment, under age three.
- b. Each year, over 100,000 children under age three are removed from their families and placed in foster care. These children are most at risk for damage to their cognitive development and for emotional and physical delays that will sabotage their ability to have healthy and productive lives.
- c. South Carolina currently has over 4,000 children in foster care, and about 600 of those children are under age three. The foster care system and the number of cases assigned to case workers is over capacity, so children must be placed in all parts of the state making it difficult for parents to bond with their children.
- d. Safe Babies Court is a new program aiming to help young parents who have been charged with abuse and neglect. The program works to provide communal support and capacity building of parents who have had their children removed from their home and placed into foster care. Safe Babies Court is research-based. It focuses on infant mental health, helps parents with individualized treatment programs, supports DSS case workers to decrease burnout, and advocates for more frequent family time.
- e. Nationally, families who participate in the Safe Babies Court team approach are less likely to re-enter the child welfare system with only a 0.7% maltreatment reoccurrence

in a 12-month period compared to 9.1% among families who did not participate in the Safe Babies Court. Based on recent outcome evaluation data, this approach is estimated to generate over \$14,000 in public savings per family served, including \$12,000 in child welfare system savings, and \$2,000 in health care savings.

Voice:

“Our Safe Babies Court team consists of judges, attorneys, DSS, caseworkers, agency providers, mental health leaders, early intervention professionals and community stakeholders who’ve agreed to come together and address barriers, provide evidence-based services, support and promote the health and well-being of our community’s most vulnerable infants, toddlers, and their families who are involved in the child welfare system... I’m passionate about Safe Babies Court program because it’s the push that South Carolina needs to break many cycles of children and families falling through the cracks.”

Recommendations to the Committee:

- a. Support the implementation of Safe Babies Court in South Carolina, including state and federal legislation, policy and procedures, and sustainability of this program in our state.
- b. Prioritize the support of children and families in state policies and funding.

7.2 Nurse Family Partnership

Issues Presented to the Committee:

- a. There are negative impacts on children when they are born into families dealing with homelessness, isolation, poverty, and domestic violence. The Nurse Family Partnership (NFP) program provides support as new mothers navigate taking care of their baby as well as themselves. NFP nurses support mothers from pregnancy until their child is two years old to increase positive outcomes for the child.
- b. Many of the mothers who participate in the NFP program are young, socially isolated, and a victim of abuse - physically, emotionally, and verbally. Some of them do not have their driving permit or driver's license, and a lot of them are without a high school diploma. A majority of these mothers lack support from their family, and resources are not always available to them. NFP is a valuable intervention for children and mothers in South Carolina.
- c. NFP mothers give back to the program and to South Carolina through their engagement in the program and their employment with the program.
- d. Thousands of families are currently enrolled in NFP through the Medicaid Waiver 1915(b), but this waiver expired on December 31, 2021.

Voice:

“I was diagnosed with COVID and when I was diagnosed about three days later, I had Aubrey. I was intubated for about three days. There’s a lot. But Alison was there to fill in the gap with my mom and my sister. And being that my sister was a lot younger than me you know she never had a baby. Alison was there to explain everything. Answer any questions you know. Help with safe sleep. Just anything that my sister had any questions about, Alison was there. And she also provided help and resources with my mom. She just did a lot. Until this day now she’s still here to answer any questions or concerns I

have. Especially now Aubrey is one. She's a lot more active now. She's beautiful. She's a dancing machine and just thank God for Nurse Family Partnership."

Recommendations to the Committee:

- a. Continue to support the NFP program and sustain the growth of NFP with state funding when available.
- b. Advocate for extension on the Medicaid Waiver 1915(b).

7.3 Reach Out and Read

Issues Presented to the Committee:

- a. Reach Out and Read is a national nonprofit that gives young children a foundation for success by incorporating books into pediatric care and encouraging families to read aloud together.
- b. Reach Out and Read has a clinic in every county in South Carolina, and 22 counties in the state have two or less. We serve 95% of all the children in South Carolina that are at 200% poverty, who make up 41% of the child population in South Carolina.
- c. There are some rural spaces where geography becomes a barrier to access for these families. Funding is an impediment to expansion.

Voice:

"Shared reading actually mitigates and buffers toxic stress that families and children are experiencing, and it's actually already a proven positive experience. That's the strategy for families as they build resilience. So, it's these scaffolding of these lived experiences that our pediatric providers are able to guide parents to [give that] foundational support, that foundational relationship that children need to have the healthy social, emotional development, literacy skills, school readiness."

Recommendations to the Committee:

Aid and support the exploration of potential opportunities to use matching dollars that would allow South Carolina to leverage the existing investment in Reach Out and Read in order to expand the availability of these services to families who need to have this information and the support to help their families grow.

7.4 Eastern Carolina Housing Organization

Issues Presented to the Committee:

- a. Eastern Carolina Housing Organization (ECHO) has provided permanent housing for 37 youth and young adults, 148 chronically homeless individuals, 194 persons with substance use disorder, 212 survivors of domestic violence, 267 veterans, and 596 persons with disabilities. As of this week we have between 65 and 80 youth and young adults who are waiting to be referred to a housing program along with approximately 40 families with children birth to three.
- b. ECHO has pieced together funding to be able to serve our community members and operates the coordinated effort in the state to address homelessness, but it is not formally recognized.

Voice:

"Young people who were damaged by how they grew up and are homeless because they're really lost and in a lot of pain, not because there is anything wrong with them."

Recommendations to the Committee:

Authorization from the governor to empower the South Carolina Interagency Council on Homelessness, by extension, ECHO's task force to coordinate and carry out the statewide initiative to prevent and end homelessness across the state.

7.5 Pace Center for Girls Therapeutic Services**Issues Presented to the Committee:**

- a. Girls are uniquely impacted by trauma, which requires therapeutic services that are designed to be gender-responsive, trauma-informed, and strength-based. There are extra challenges and hurdles that we see girls go through without that specialized care.
- b. Pace Center for Girls (the Center) is a nationally recognized, comprehensive program specializing in girl services, where we work with girls who have been identified at risk for involvement in juvenile delinquency, abuse, school failure, family discord, and behavioral challenges. We have been serving girls through our various programs for over 37 years and have successfully served over 45,000 girls and young women. Through the Center's therapeutic services, specialized in providing gender-responsive, trauma-informed, and strength-based services to girls, we hope to yield the same successful results as all of our services in Florida and Georgia.

Voice:

"95% of our girls do not get involved or get re-involved with the Department of Juvenile Justice once they've had and received services from Pace. We have been able to do this in a historical measure and have been a key supporter in keeping girls out of the system in places like Florida. We are also excited to come into and work in South Carolina as in our community collaborative efforts where we can help work side by side in partnership with your community stakeholders who have a vested interest in the needs of girls."

Recommendations to the Committee:

Be a part of a service that will enhance continuity and community of care to girls.

7.6 Palmetto Kids FIRST Scholarship Program**Issues Presented to the Committee:**

The Palmetto Kids FIRST Scholarship Program is a taxpayer scholarship program for K through 12 children with special needs. The program was legislatively passed in 2013 but was given to the South Carolina Department of Revenue to run in 2016; however, funds have not been raised to support the scholarship program since then. Children who relied on the scholarship program are no longer able to go to special education schools and are forced to go to other schools that may not have the support that they need.

Voice:

"We know children that are suffering dyslexia, autism and have had to go back to schools that did not have the capability. This is not a battle or fight between public schools and private schools. This is not a choice to be a special needs child."

Recommendations to the Committee:

Return the Palmetto Kids FIRST Scholarship Program back to independent nonprofits.

7.7 Healthy Steps

Issues Presented to the Committee:

- a. Childcare workers should not have to choose between caring for others' children and their own health, children, or basic needs.
- b. While other practices were forced to close during the pandemic, Healthy Steps remained open and continued supporting families. Healthy Steps is the nation's leading nonprofit dedicated to ensuring that all babies and toddlers have a strong start in life. Healthy Steps transforms the promise of pediatric primary care, through a unique team-based approach that integrates a child development expert into the health care team to improve outcomes in areas where there are persistent inequities for children and families of color and/or with low incomes.
- c. Healthy Steps has a high percentage of families enrolled in Medicaid. The 2020 South Carolina well-being data profile shows that in Greenwood, where one of the Healthy Steps pediatric offices is located, 31% of children are living in households below the poverty line.

Voice:

"When we combine early childhood development with pediatrics, we make sure that every family has the support and tools that they need to foster their child's healthy development. We provide parents with information, resources and guidance to address toxic stress, and those adverse childhood experiences or ACEs by helping families build their resilience through protective factors."

Recommendations to the Committee:

Support Healthy Steps and more programs like it.

7.8 Child Success & Hello Family

Voice:

"Hello Family is a five-year project for four services: a community doula, a universal nurse home visiting, quality improvement for early education, and parenting supports through triple P, and those services will run for five years, be rigorously evaluated. The loan will be repaid based on the outcomes, and none of it would be possible without most of the people here. We had significant support from the Department of Health and Human Services, from the Department of Health and Environmental Control, First Steps, the Children's Trust, and also the Legislature for passing PFS [pay for success] successful legislation in the last session that has increased interest in that type of thing; so we love being here to say not please do XY and Z but thank you for we've done and please stay tuned."