STATE OF SOUTH CAROLINA

JOINT CITIZENS AND LEGISLATIVE COMMITTEE ON CHILDREN

Report of Testimony from Citizens
2016 Public Meetings

JOINT CITIZENS AND LEGISLATIVE COMMITTEE ON CHILDREN

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2) To mandate that hearing screenings be part of all comprehensive speech language evaluations.

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1) To invest in eliminating homelessness, especially for families and children, so as to prevent health and other consequences.
2) To establish state funding dedicated to homeless services.
3) To increase the state's ability to provide sufficient homeless facilities to serve more homeless children, especially homeless boys over age 10.
4) To increase the state's ability to provide homeless facilities to help homeless families as family units.
5) To ensure that school systems have staff and resources to assist homeless children as mandated by the McKinney-Vento Homeless Assistance Act.
6) To develop resources and housing programs (e.g., Rapid Re-Housing) to better support families and children in securing long-term housing.

4.2 Poverty and education

1) To reform the education system and give children in low-income communities opportunities to receive quality education in new and healthy learning environments.
2) To provide various forms of education, including vocational educational opportunities, for children age 16 and older in low-income communities.

V. Education

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To develop policies and supports for neuroscience-informed teaching practices to ensure that early care workers and teachers are able to integrate the knowledge and practices guided by neuroscience in the state's early childhood education settings.

5.2 Regulation of early childhood programs

To ensure regulation of all early child care programs.

5.3 Child care workers and teachers

1) To implement in high school an entry level training course on child care so that interested individuals can be on a track to become a child care worker or teacher upon graduation.
2) To establish child care professional training programs in the state to train individuals who have the passion and desire to become a child care worker or teacher.

5.4 Education funding

1) To fund a cost-and-need study of schools in the state to clarify the cost to deliver an adequate education to our students.
2) To increase the legislature's weighting for poverty in its formula.
3) To require the state to provide pre-K education to every disadvantaged student in the state.

VI. Juvenile Justice and Adolescent Development

6.1 Status offenders

1) To reintroduce in the current session the legislation regarding status offenders that was sponsored by the Committee last session.
2) To review and revise the state law (S.C. Code § 63-19-820(E)) regarding the detention of status offenders in secure facilities.
3) To place status offenders in alternative settings such as with a relative, in a group home, or in a foster home setting to prevent the risk of status offenders being placed with juveniles who have committed crimes.

6.2 The use of residential evaluation centers to juvenile offenders

To reduce the use of the residential evaluation centers during the process of evaluation. The facilities should only be used for children who cannot get evaluated safely in their communities, and should not be used as punishment.

6.3 Children returning to schools from DJJ

To study issues concerning children returning to schools from DJJ carefully, especially in light of the Every Student Succeeds Act provisions regarding transition from juvenile justice facilities.

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PUBLIC TESTIMONY

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. The public hearings were held in Greenville on October 10, 2016, in Charleston on October 17, 2016, in Florence on October 25, 2016, and in Columbia on November 2, 2016. A total of 45 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 submitted to the Committee online and via mail.

The collected testimony reflects a diversity of experiences and perspectives. Parents, kinship caregivers, foster care parents, educators, child services agencies, researchers, psychologists, attorneys, pediatricians, guardians ad litem, and other professionals provided testimony. This year, coroners around the state were also invited to testify on issues regarding children in the hearings. 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. Of all citizens who testified, 29% offered testimony on child welfare, followed by testimony on child health (22%), community resources for children (13%), child poverty (11%), education (11%), child safety (7%), and juvenile justice and adolescent development (7%).

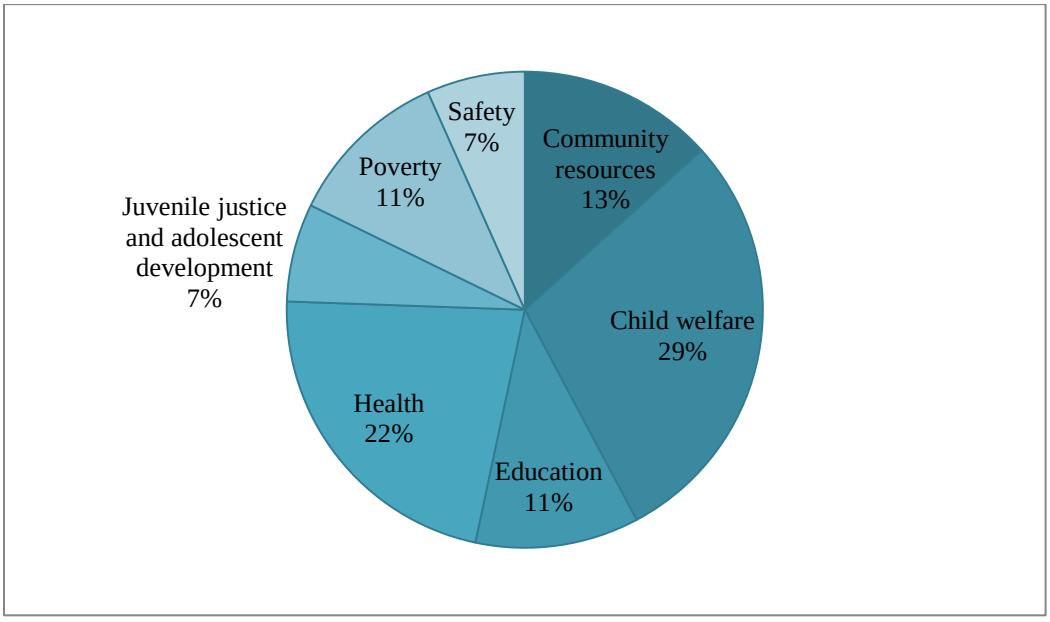

Figure 1. Testimony Topics

I. Child Safety

Coroners' Testimony

1. Infant fatality

Issues identified:

1) There is a high prevalence of infant deaths due to unsafe sleep conditions.
2) A large number of infant deaths that have been classified as sudden infant death syndrome (SIDS) in the past were related to unsafe sleep conditions.
3) Despite the effort to educate the public in the past years, the message of safe sleep is not effectively reaching caregivers yet.

Voices: *"We are finding over and over and over again in all economical levels, in all racial and ethnic homes, children who are being placed in the bed with mom, dad or both. They are sleeping with siblings, the family dog, in a bed that has comforters and pillows, and in a crib that has stuffed animals. All of these things that are unsafe for our children to sleep in. In every county in the state, if you talk to the coroners about one of their biggest concerns, it would be how to deal with this issue. This is not an illness. This is something that could have been prevented."*

Testimonial recommendations to the Committee:

1) To increase the understanding of the seriousness of infant deaths due to unsafe sleep conditions and that those deaths are preventable.
2) To continue to promote the education of safe sleep among the public.

II. Child Welfare

2.1 Subsidized kinship guardianship and kinship care licensing

Issues identified:

1) Children who are placed in kinship foster care have more stable placements than children who are not. As of June 30, 2016, there were 4,030 children in foster care in South Carolina, and only 297 (7.4%) of them were living in kinship care at the time.
2) Currently, there is a lack of support and services for kinship guardians in the state. Some kinship guardians report that they do not receive accurate information about options to receive licensure at the very beginning that could positively impact their care.

3) There is an underuse of federal funds available to reimburse the state for guardian subsidies when the child has lived in a licensed kinship foster home.
4) More than 35 states and the District of Columbia have developed effective mechanisms for expanding licensed kinship foster care and subsidized guardianship and taken advantage of federal funds, but South Carolina has not yet done so. As of June 30, 2016, only 34 children were placed in licensed kinship foster homes. There is a need to increase the number of children in licensed kinship foster homes.

Voices: *"Most of these families are brought together from the desire to heal the wounds that many of us can't possibly begin to understand. Common themes while interviewing the kinship care providers were financial instability, lack of support, but above all this, the sense of love and understanding that their role is not a choice but a needed step to maintain permanency in the families … and in those children… If we can expand the use of our licensed kinship foster homes, I believe our children will be safer, their placements will be more stable, and our entire system will be stronger."*

Testimonial recommendations to the Committee:

1) To expand licensed kinship foster care homes and subsidized guardianship in the state.
2) To expand the use of federal funds that are available to reimburse licensed kinship foster homes and increase services to kinship guardians.
3) To develop more flexible licensing procedures for kinship foster homes while minimizing safety risks.
4) To increase training for staff who provide services for kinship foster care homes to ensure that kinship guardians receive necessary information about options and services available to them.
5) To facilitate collaboration among agencies to provide quality counseling services, evidence-based treatments, and financial support for kinship foster care children and homes.
6) To identify outcome indicators that can be used to measure and monitor improved outcomes for kinship foster care children and homes.

2.2 Congregate care facility

Issues identified:

1) There is not a clear definition of "congregate care facility" in the settlement agreement approved by United States District Court Judge Richard M. Gergel on October 4, 2016.
2) The settlement agreement does not differentiate between agencies that provided high-quality, child-centered, trauma-informed, solution-focused, family-like residential group

foster care, and those organizations that provide non-family, institutional-styled congregate group care.

Voices: *"When you already have a shortage of 1,400 foster families, and you have highly qualified agencies like us, able to assist South Carolina DSS child advocacy groups, we are going to be severely hindered to help the state to meet those measurement matrices going forward."*

Testimonial recommendations to the Committee:

1) To clarify the definition of "congregate care facility" in the agreement.
2) To exclude agencies that provide high-quality, child-centered, trauma-informed, solution-focused, family-like residential group foster care from the classification of "congregate care facility," and to consider those agencies as an option along with other least restrictive and most family-like placements outlined in the agreement.

2.3 Other testimonial recommendations to the Committee:

1) To ensure that when children are removed from homes due to child abuse or neglect, they are removed with constitutional protections instead of voluntary agreement.
2) To stop the state from incarcerating indigent parents who are not able to pay child support.
3) To increase funding for DSS and have more child welfare professionals involved in DSS cases.

III. Child Health

3.1 Mental health services for young children

Issues identified:

1) There is a significant need for therapeutic care for young children and therapeutic interventions for their families in the state.
2) Some children in need of mental health treatment are being denied treatment by some managed care organizations and left untreated. Without comprehensive early therapeutic interventions, these children may spiral into further disruptive behaviors that cause more problems.

Voices: *"The child needs to be suicidal, running away or injuring themselves [to receive funded services], and if a child is biting or hitting others, throwing themselves out of car seats, or being kicked out of ten child care programs, that is a parenting issue, and not a mental health problem."*

Testimonial recommendations to the Committee:

1) To expand funds on mental health services for young children.
2) To continue to seek comprehensive and innovative solutions with funding attached to address mental health needs of young children.

3.2 Trauma-informed care: school-based services programs

Issues identified:

1) Children who have experienced trauma have higher rates of Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, and Post-Traumatic Stress Disorder. Half of South Carolina children with mental health problems did not receive mental health services.
2) School-based services programs are evidence-based programs that provide effective mental health services to children. The programs are connected to a local mental health center. Last year, the programs served 519 public schools in South Carolina, provided 11,000 child therapy services, and received a high (97%) satisfaction rate.
3) Currently, some counselors in the school-based services programs serve three to five schools, which does not meet the mandated ratio of one-to-one. Thus, the services have not been delivered evenly and fully.

Voices: *"Twenty students in the school could pay for that one mental health professional. Most of time, they have 35 or more on their caseload just in the schools. It just takes time to build that trust from the administrators, from teachers, to be able to say, a student comes in with some emotional issues, trauma, let's go talk to the school-based counselor. Because this counselor is in the school, be able to walk to that office, have that connection, if they need other services, that person is connected to a local mental health center, the counselor can refer them right to that center. It's literally holding their hands to a mental health center. If they need medication, family services or anything like that, there is that connection within schools."*

Testimonial recommendations to the Committee:

1) To continue to implement school-based services programs throughout the state to bring services to students.
2) To increase the number of school-based services counselors and the distribution of services to meet the mandated one-to-one counselor to school ratio.
3) To promote Positive Behavior Interventions and Support (PBIS) in school mental health systems and to reinstate a committee and office for PBIS at the state level.

3.3 Mental health services to children involved with DJJ

Issues identified:

1) Children in DJJ with severe mental illnesses, including major depression and post-traumatic stress disorder, are not receiving the care to which are entitled and are at risk of their condition becoming worse.
2) The situation is worsened even more by the lack of community mental health services. Children returning to the community from DJJ often experience delays in obtaining appointments. There is a shortage of psychiatrists across the state.
3) Although mental health services in schools are not available across the state, the steady expansion of these services is positive; however, school-based services alone are not adequate for children with serious mental illnesses.

Testimonial recommendations to the Committee: To study the entire children's mental health system and develop a plan to create an effective community-based system with adequate institutional care available if necessary.

3.4 Children with primary immune deficiency

Issues identified:

1) There are approximately 250,000 people in the United States who have primary immune deficiency (PID) with the average diagnosis age around nine to 15. It was estimated that about 4,000 people are diagnosed with PID in South Carolina. Families face tremendous emotional and financial stresses when their child is diagnosed with PID.
2) Currently, there is a lack of services and programs available to assist children and young adults who are medically complex and chronically ill beyond the age of 18.

Voices: *"It is important to understand that the drugs and supplies that we use on a monthly basis to keep [our child] healthy cost $24,000. And that figure alone does not cover any kind of additional drugs, lab work, and doctors' offices. As he starts his adult life, we want him to be concerned with getting a job and doing things he loves, not focus on worrying about medical cost and where the money is going to come from to pay for the things that keep him healthy."*

Testimonial recommendations to the Committee:

1) To increase the awareness of challenges that families of children and young adults with chronic, lifelong illnesses face on a daily basis.
2) To establish services and programs to assist children and young adults who are medically complex and chronically ill beyond the age of 18, with services available to homes as well as institutions.

3.5 Tobacco marketing toward youth

Issues identified:

1) It is alarming that 74% of adults who smoke now said they started under the age of 16.
2) The tobacco industry is marketing products to youth.
3) There is a loophole in the definition of cigarettes in the state tax code.

Voices: *"The tobacco industry is marketing their products to our youth. It is certainly in some areas illegal but it is almost sinful. These products, if you look at the flavors, yes, grape, peach, strawberry, how about bubble gum, where they are going at…They wrapped it in brown paper. They added, believe this or not, kitty litter to the filter so that is a loophole in our definition."*

Testimonial recommendations to the Committee:

1) To enact legislation to correct the loophole in the definition of cigarettes in the tax code.
2) To tax and regulate all tobacco products the same.
3) To increase the taxes on cigarettes and other tobacco products. Tax increase is where the biggest impact would come as it pertains to youth prevention and initiation.

3.6 Children with autism

Issues identified:

1) According to the Centers for Disease Control and Prevention, approximately one in every 68 children is diagnosed as being on the autism spectrum. Autism spectrum disorder is not curable but it is treatable.
2) The therapy most widely recognized to treat children on the autism spectrum is referred to as Applied Behavior Analysis (ABA) therapy.
3) In 2007, South Carolina passed Ryan's Law, requiring insurance companies to cover treatments for autism, including ABA therapy. However, the Law only coveres state-regulated group health plans of companies with 52 or more employees.

Voices: *"If you are part of a small group or an individual going out and buying insurance in the market place, you cannot get ABA therapy today for your child…By closing that loophole that was created in 2007 with Ryan's Law, we'd be impacting 5% of the population of South Carolina by providing those families with that same coverage…The cost actually to add ABA therapy [as a mandate] is very low. It cost about .40 per member per month to add those services to that plan."*

Testimonial recommendations to the Committee: To mandate that ABA therapy be covered by all health insurance plans.

3.7 Child hearing loss

Issues identified:

1) Hearing loss occurs in three out of every 1000 newborns, and an average of one out of every 100 school children is affected by hearing loss.
2) Any type of hearing loss can substantially reduce language learning or completely block language learning, which creates a lifetime of problems.
3) It was estimated that approximately 12,000 children in our state have a hearing loss and should be receiving socialized services. However, there are fewer than 2,000 children who actually receive those services in the school systems.
4) The cost savings for having early hearing screening and intervention are significant.

Voices: *"So somewhere out there are 10,000 invisible kids because hearing loss is invisible. It happens in your head, in your ear and there is no outward sign. So a kid is more than likely undiagnosed, not receiving the services, and these are the kids that are going to grow up to close to 60% rate of unemployment. They are going to be two to three times more likely to be victims of physical and or sexual abuse. Two times more likely to experience mental health problems... The machine used to conduct hearing screenings cost about $5000 dollars. Pediatricians cannot do them due to reimbursement issues with insurance."*

Testimonial recommendations to the Committee:

1) To require BabyNet's regional System Point of Entry offices to include an objective hearing screener, such as an OAE, with the initial eligibility determination.
2) To mandate that hearing screenings be part of all comprehensive speech language evaluations.
3) To require that hearing screenings conducted by appropriate personnel, following best-practice guidelines, be reimbursable by insurance.

3.8 Childhood obesity

Issue identified: Rates of childhood obesity are still rising in South Carolina. It is important to focus on school-age children as well as babies and toddlers in early child care to reduce and prevent childhood obesity.

Voices: *"Things are improving because while our obesity rates are increasing, the national rates are increasing even faster. We are not as bad as we used to be but there is still a long way to go."*

Testimonial recommendations to the Committee: To continue to have childhood obesity as one of the Committee's priority areas.

3.9 Other testimonial recommendations to the Committee:

1) To support the creation of breastfeeding friendly childcare centers to promote children's health and development.
2) To carefully review BabyNet's performance. BabyNet has consistently been found in significant noncompliance with United States Department of Education requirements - more than any other state. Children who receive BabyNet services - all of whom have significant disabilities - must be able to get the services they need as quickly as possible and to make a seamless transition into services provided by local school districts or private providers.

IV. Poverty

4.1 Child homelessness

Issues identified:

1) South Carolina's 2016 annual Point-In-Time (PIT) Count estimated 5,050 persons experiencing homelessness. A total of 384 families were identified as experiencing homelessness in 2016. This included 759 children under 18 and 307 youth ages 18 to 24. An estimated 190 people under the age of 24 were reported to be living without shelter, making them particularly vulnerable.
2) In the South Carolina Lowcountry areas, the number of unsheltered individuals of all ages experiencing homelessness increased from 135 in 2014, to 165 in 2015, to 262 in 2016. This represents an increase over the last year of 59%. About three out of ten homeless18 to 24 year olds in the Lowcountry stay in shelters.
3) Across the state, there have been 13,647 children identified as homeless by the school system. The effects of homelessness are devastating for anyone, but children are especially vulnerable. Children without a home are sick four times more often than children who are in a home. They have three times the rate of emotional and behavioral problems such as anxiety, depression, and withdrawal. Children experiencing homelessness are four times more likely to have developmental delays compared to their housed counterparts, and these illnesses have devastating consequences on their families if not treated early.
4) Currently, there is not state funding dedicated to homeless services, and there is limited shelter capacity in the state.
5) The ability of homeless facilities to serve the homeless boys over age 10 is limited due to liability issues.

6) The ability of homeless facilities to help a homeless family as a family unit is limited because of insurance liability issues
7) Parents from homeless families sometimes encounter difficulties in registering their children in their districts and ensuring they receive services as mandated by the McKinney–Vento Homeless Assistance Act.

Voices: *"The number [of homeless children] far exceeds [the estimates] … Currently right now we have a mother with children and her boy is aged ten, so he is living with a relative on a couch, and so he is not homeless, but he is really displaced from being able to get parental guidance from his mother and different things, or they'll be in a hotel… I think that it's a more difficult problem to have to ascertain the level of it because to say that you are homeless, immediately causes an issue with your rights potentially being taken away or your children being put in foster care or something like that, so they try to protect that status."*

Testimonial recommendations to the Committee:

1) To invest in eliminating homelessness, especially for families and children, so as to prevent health and other consequences.
2) To establish state funding dedicated to homeless services.
3) To increase the state's ability to provide homeless facilities to serve more homeless children, especially homeless boys over age 10.
4) To increase the state's ability to provide homeless facilities to help homeless families as family units.
5) To ensure that school systems have the staff and resources to assist homeless children as mandated by the McKinney–Vento Homeless Assistance Act.
6) To develop resources and housing programs (e.g., Rapid Re-Housing) to better support families and children with long-term housing.

4.2 Poverty and education

Issues identified: The crime rates are high in low-income communities. Children who grow up in these communities, especially teenagers and young adults, are easily influenced by the adverse environment and not able to achieve their educational potentials and goals. Consequently, the communities remain as low-income communities with high crime rates with generations of children locked in those communities.

Voices: "*The school system is failing us, and I say failing us as low income communities. When you go and look at the poverty rate as opposed to the crime rate, they go hand in hand. You have a kid that has a higher opportunity of getting into trouble because he can't go anywhere. So you are locked into this community and this environment, and that environment is low income community. Kids are sometimes victims of our society, but it's not fair for them."*

Testimonial recommendations to the Committee:

1) To reform the education system and give children in low-income communities opportunities to obtain quality education in new and healthy learning environments.
2) To provide various forms of education, including vocational educational opportunities, for children 16 years and older in low-income communities.

V. Education

5.1 Brain development and early childhood education

Issues identified: Children's brain development, especially for children up to age of five, is greatly impacted by early care workers and teachers. However, many early care workers and teachers are unaware of their critical roles in children's brain development, lack knowledge on neuroscience, and are not leveraging neuroscience in early childhood education.

Voices: *"Ten percent of your neural connections are in place at birth, 90% by age five. So whoever is providing care for children for up to the age of five are really the architects of that brain. Yet those folks who are providing child care services are typically the most underpaid and undervalued within our educational system. We have got to get neuroscience in the hands of educators because that is where our hope lies."*

Testimonial recommendations to the Committee: To develop policies and supports for neuroscience-informed teaching practices to ensure that early care workers and teachers integrate practices guided by neuroscience into their work with young children.

5.2 Regulation of early childhood programs

Issues identified:

1) Currently, many early childhood programs are exempt from any oversight, and are not licensed or regulated because they offer child care for less than four hours a day.
2) Many parents are not aware of the need for regulation of early childhood programs. There is an assumption that if early childhood programs are providing care for children, there is regulation involved, but that is not always the case.

Voices: *"These are afterschool programs and we would hear horror stories from caregivers all across the state. One in particular, a 16-year-old was caring for 23 afterschool children and she just didn't know what to do with them. And she was being paid as a caregiver at 16 in a recreational program that was exempt from child care licensing."*

Testimonial recommendations to the Committee: All early child care programs should be regulated. Funds need to be provided for the child care licensing department and workers to be able to regulate those programs.

5.3 Child care workers and teachers

Issues identified: Child care workers and teachers are underpaid and undervalued, and there is a lack of trained and quality child care workers and teachers state and nationwide.

Voices: *"So many studies are about how the brain development from zero to five is so very important, and we focus a lot on the parent, but also, so many of these kids, in our school alone, we open 6 am to 6 pm, students are there 8 to 9 hours, so our teachers are forming a lot of their development. It's very hard to get quality teachers and workers to stay, and consistency is so important."*

Testimonial recommendations to the Committee:

1) To implement in high school an entry level training course on child care so that individuals interested in working in child care can be on a track to become a child care worker or teacher upon graduation.
2) To establish child care professional training programs in the state to train individuals who have the passion and desire to become a child care worker or teacher.

5.4 Education funding

Issues identified:

1) Funding can improve educational outcomes when used effectively. There are problems with the distribution of funding amongst schools in South Carolina. The state spends slightly less per pupil in districts with more needs than in districts with fewer needs. Schools with the highest need should receive the highest level of funding, not the opposite.
2) The state's recent legislation does not do enough to change the fundamental problem. The overall education budget most recently passed, after adjusting for inflation, did include a substantial increase in education funding. However, this does not get the state back to its pre-recession levels which were not adequate to meet students' needs, according to the SC Supreme Court.

Voices: *"A key measure of educational adequacy and fairness is the extent to which the school meets its students' needs. It costs more to educate a student living in poverty than it does to for a middle-income student. It costs more to educate a student with a disability, whether it be autism,*

dyslexia, or anything else than it does a student who doesn't have one. It costs more to educate a student whose parents do not speak English at home than it does other students."

Testimonial recommendations to the Committee:

1) The legislature should fund the cost-and-need study of schools in the state to clarify how much it costs to deliver an adequate education to our students.
2) The legislature should increase the weighting for poverty in its formula.
3) The state should provide pre-K education to every disadvantaged student in the state.

5.5 Other testimonial recommendations to the Committee:

1) To re-establish funding for parent advocates in Charleston County.
2) To provide funding for arts for children.

VI. Juvenile Justice and Adolescent Development

6.1 Status offenders

Issues identified:

1) "Status offenders" refers to runaway, truant, and incorrigible children. Status offenses made up 10% of juvenile delinquency cases in the state last year. Approximately 1,500 out of 15,000 cases that were referred through the Department of Juvenile Justice and to the family court were status offenses. Status offenders are not criminal offenders.
2) South Carolina is one of the 49 states that receive funding under the Juvenile Justice and Delinquency Prevention Act (JJDPA) of 1974, which is a federal law that focuses on prevention and intervention in juvenile justice cases. One of the key requirements of the Act is that status offenders should not be detained in secure facilities. However, state law currently allows for a 24-hour detention period in secure facilities for status offenders, so the state is at risk of losing the federal funding.
3) Currently across the state, some status offenders charged with running away or being incorrigible who have not yet been found guilty of any offense are being detained two to five days due to holidays or weekends in violation of the state law restricting secure detention of status offenders to 24 hours.
4) Some harms of detention on children include disengaging children from their communities, causing mental health problems, and causing a lapse in their education.

Voices: *"When we look at these kids, they are not criminal offenders, so these aren't crimes if an adult commits them. An adult can come home thirty minutes late, and so when we look at these cases, many of these kids are reacting to physical abuse, sexual abuse. They have underlying*

mental health issues. They have special needs that aren't being addressed. They are complex problems... It is really important for us to remember that detention should only be for safety issues and not for behavioral problems."

Testimonial recommendations to the Committee:

1) To reintroduce the legislation regarding status offenders that was sponsored by the Committee last session.
2) To review and revise the state law (S.C. Code § 63-19-820(E)) regarding the detention of status offenders in secure facilities.
3) To place status offenders in alternative settings such as with a relative, in a group home, or in a foster home setting to prevent the risk of status offenders being placed with juveniles who have committed crimes.

6.2 The use of residential evaluation centers for juvenile offenders

Issue identified: Juvenile offenders are locked up while undergoing pretrial evaluations at residential evaluation centers.

Voices: *"I think it's a surprise to a lot of people that the residential evaluation centers are just jails. They are locked up. If they are there for 45 days, they are experiencing 45 days of jail. 45 days of any young person's life is a long time. We need to use that facility very, very judiciously."*

Testimonial recommendations to the Committee: To reduce the use of secure confinement in residential evaluation centers during the process of evaluation. The facilities should only be used for children who cannot get evaluated safely in their communities, and should not be used as punishment.

6.3 Children returning to schools from DJJ

Issues identified: A large number of school districts around the state require any student returning to the district from DJJ to attend the district's alternative school, regardless of the offense or the student's adjustment in DJJ. Moving from the DJJ school back to regular school is very disruptive academically, especially for students who have Individualized Education Programs/504 plans, as many DJJ students do or should.

Testimonial recommendations to the Committee: To study issues concerning children returning to schools from DJJ carefully, especially in light of the Every Student Succeeds Act provisions regarding transition from juvenile justice facilities.

6.4 Teen pregnancy

Issues identified: It was estimated that one in four women will become a mother before the age of 20.

Voices: *"The majority of young women came in with terrible knowledge about their bodies and about how they even became pregnant, so the knowledge is unfortunately not out there."*

Testimonial recommendations to the Committee: To support medically accurate and comprehensive sex education and programs in schools and communities.

VII. Other Issues

7. Honoring DNR orders for children

Issues identified:

1) DNR stands for Do Not Resuscitate. It is an order made when a physician and a patient together decide when the patient has a terminal illness that the patient does not want resuscitation. Resuscitation here refers to cardiopulmonary resuscitation, chest compression, intubation, or medications put into the patients' veins to restart their heart or keep them alive.
2) In South Carolina, if an adult has a DNR and EMS is called for some other emergency. EMS honors this order. However, it is against the state law for EMS to honor DNR orders for children.

Voices: *"The child was nearing the end of his life, was having the symptoms that the doctor had discussed with the parents, and they made a DNR order together. The patient was in the care of his grandmother, started having difficulty breathing. She called EMS. EMS came. Mom got there to intervene to tell them that he had a DNR order, but obviously, they couldn't respect that and provided CPR, intubation, and took the child to the ER where the child died in the ER. The mom had to live with that situation and they had wanted the child to die at home where he could die more peacefully. In addition to that, there were many questions asked of her why she intervened and didn't want them to save her child's life. It made her feel guilty and like a bad mom when this was a really difficult decision to make in the beginning."*

Testimonial recommendations to the Committee: To make a change in law to allow EMS the statutory authority to honor DNR orders for children.

VIII. Community Resources

Camp iRock --- United Way of Pickens County partnered with the School District of Pickens County and the Pickens County YMCA to develop Camp iRock. *"We wanted our students who came into camp to not lose anything over the summer. We wanted to see them grow in their reading skills and we wanted to see them change their attitudes about reading and learning. We wanted to make sure we focused on the whole child, as opposed to just focusing on academic achievement. We engaged the entire family because we recognized that there are a lot of parents who want their children to succeed but they just don't feel equipped to be able to help them."*

HALOS --- It is a non-profit organization that provides support and advocacy to abused and neglected children and kinship caregivers. *"We serve children who are being raised by relatives; grandparents, aunts, uncles, older siblings, family friends, neighbors, people who go to the same church."*

Grandparents Raising Grandchildren, Richland School District Two --- *"The program started in Richland 2 about seven years ago. There were so many grandparents raising their grandchildren and there was such a different need for those people that we were serving."*

National Youth Advocate Program --- *"We are in the unique position with Family Engagement Services to ensure that a child's voice is heard within child welfare cases. We partner with DSS to offer the services for children and their families that are engaged in the foster care system... The family group conference and the crucial nature of the child's voice are central to our work."*

The Bishop's Public Education Initiative --- *"The purpose of this initiative is to call the members of these churches into relationships with the public-school system. The second focus is to advocate for a legislative and policy agenda that will best serve the children of South Carolina."*

The South Carolina Alliance of YMCAs --- The South Carolina Alliance of YMCAs is a resource for the needs of the children, families and individuals in communities throughout the state. *"We are partnering this next year with the American Heart Association, and really are going to work to create a statewide program to incentivize and train after school programs in serving fresh fruits and vegetables, and increasing opportunity for physical activity outside of school hours. That is after school and summer camp."*

The United Way Association of South Carolina --- United Way Association of South Carolina (UWASC) works to maximize the capacity and effectiveness of local United Ways and provide leadership on issues that impact the quality of life of South Carolina residents in the areas of

Education, Income and Health. *"We are in partnership with a lot of partners, the publishers of the Self-Sufficiency Standard, this upcoming year we really want to make that a part of how policy works in South Carolina…We are working with partners to look at proven strategies around tax credit that creates affordable housing throughout the state... We will also be looking into a school readiness tax credit."*

The Women's Rights and Empowerment Network (WREN) --- *"WREN is a new organization whose mission is to build movement to advance the health, economic-wellbeing, and rights of South Carolina women, girls, and their families."*