

# Report of Testimony from Citizens

2017 PUBLIC HEARINGS



**COMMITTEE** *on* **CHILDREN**

Nurturing our state's future.

# Joint Citizens and Legislative Committee on Children

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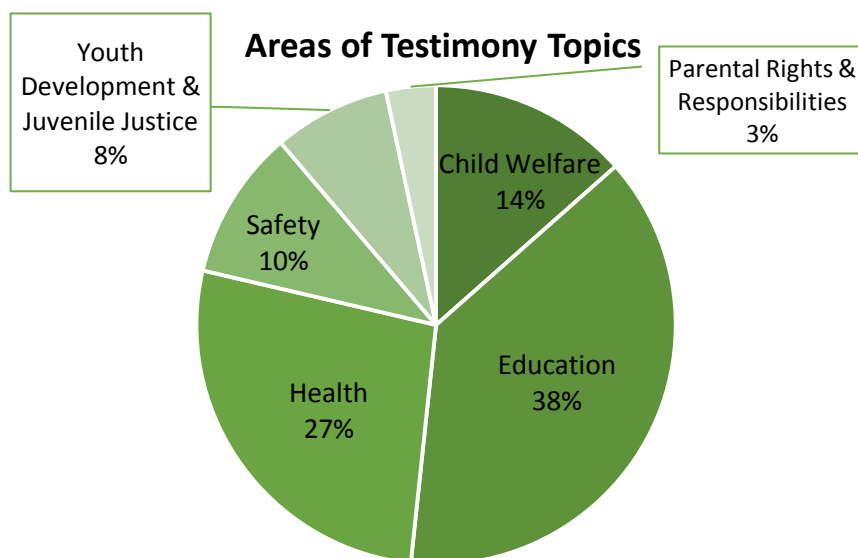
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## SUMMARY REPORT ON TESTIMONY

### I. Overview

Every year, the Joint Citizens and Legislative Committee on Children holds public hearings throughout the state to solicit information from the public regarding key issues affecting children in our state. During the fall of 2017, the public hearings were held in Charleston on September 27, in Greenville on October 5, in Florence on October 12, and in Columbia on October 26. More than 90 citizens and advocates for children testified and offered recommendations for policy and legislative changes to be considered by the Committee. Testimony and supplemental documents were also received as email and written submissions.

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



The summary presented in this report reflects the various issues raised during the 2017 public testimony period. Their organization and order reflects topical grouping and does not indicate endorsement, priority, or weight. Data is presented as it was received in testimony. This report is presented solely as information to members, stakeholders, and the public.

## II. Child Safety

### 2.1 Child deaths

#### Issue:

- a. S.C. Code § 63-11-1950 mandates that the State Child Fatality Advisory Committee review completed investigations of deaths involving children, aged 17 and younger, that are unexpected, unexplained, suspicious, or criminal in nature.
- b. In fiscal year 2017, a total of 245 South Carolina child death cases were reviewed and completed. Of the total cases reviewed and completed, 25 of the children (10.2 %) had an open Child Protective Services (CPS) case at the time of their death. Eighty-one cases (33 %) were identified as attributable to unsafe sleeping conditions. The unsafe sleep issue was especially prevalent among children under the age of 12 months, which accounted for 82% of those child death cases.

#### Recommendation to the Committee:

- a. Support the recommendation made by the State Child Fatality Advisory Committee that the General Assembly make unsafe sleep, water safety, unsecured firearms, transportation safety, fire safety, and suicide prevention legislative priorities by allocating recurring state fiscal resources to support coordinated media campaign and primary prevention strategies for those priorities.
- b. Enact a legislative mandate to require blood and/or urine testing for alcohol and drugs of caregivers following the suspicious, unexplained, or unexpected sleep-related death of a child under the age of one.
- c. Allocate fines from unsatisfactory pool inspections to strengthen primary prevention efforts, including the South Carolina Water Safety Coalition.
- d. Adopt the Centers for Disease Control and Prevention's (CDC) recommendations related to best practices for a child passenger restraint law, graduated driver licensing, learner's permit age, learner's permit holding period, younger passenger restrictions, unrestricted licensure age, and ignition interlock system

### 2.2 Gun violence

#### Issue:

- a. 1.7 million American children live in a home where guns are both loaded and unsecured. As a result, every year approximately 300 of these children manage to get their hands on a gun and unintentionally shoot either themselves or someone else, and about 1/3 of those shootings are fatal. These deaths are preventable.
- b. In South Carolina, there were 16 unintentional shootings by children aged 17 and under this year, and seven of those were fatal. Unfortunately, South Carolina, like

about half of the other states in the United States, does not have any laws requiring responsible storage of guns.

**Voice:**

*As adults, one of our most important priorities is keeping our kids safe from gun violence, and I believe we have the tools to do it. We can work together on legislative and non-legislative approaches...I think we have to do a better job of making people aware of what tools, personal choices, and responsibilities that they can take to make a difference.*

**Recommendation to the Committee:**

- a. Adopt gun violence-specific issues as priority issues, and identify gun violence as a public concern for South Carolina children.
- b. Enact legislation similar to other states limiting access of minors to guns and requiring written warnings about unsecure storage of firearms to purchasers.
- c. Support parent-driven campaigns (e.g., ASK, Be Smart) and effective programs (e.g., Sandy Hook Promise programs, Lock IT Up public education) to promote gun safety.
- d. Enlist the assistance of health care professionals (e.g., pediatricians, physicians, school counselors, and other youth professionals) to help identify children at risk for suicide and mental health indicators for violence.
- e. Promote effective social-emotional learning programs to address youth violence (e.g., Becoming a Man, Working on Womanhood, Cure Violence).

**2.3 Domestic violence**

**Issue:**

- a. Domestic violence is prevalent in South Carolina. The Violence Policy Center's annual report, *When Men Murder Women* ranks South Carolina as one of the top ten deadliest states for "femicide" with a significantly higher rate of "femicide" than the national average.
- b. The 2015 State Law Enforcement Division (SLED) Crime Book records 27,049 incidents of violence between intimate partners. Records from the 13 federally-funded domestic violence organizations reporting to DSS show that 1,885 women sought emergency shelter, while 12,461 received other services. Almost 20,000 emergency hotline calls were received by these organizations during the same year (i.e., FY 2015-2016).
- c. Children are often the collateral, and sometimes direct, victims of domestic violence. Children exposed to violence in the home react similarly to children impacted by other forms of trauma and may suffer severe emotional distress and anxiety, lose sleep, have nightmares, have difficulty concentrating, do poorly in

school, regress from behavioral milestones, or have increased levels of aggression and increased worry about their parents' safety. In the long term, they are often more prone to using violence in their own relationships or becoming victims of intimate partner violence themselves.

- d. Domestic violence is also the primary cause of homelessness for children in South Carolina. Records from the 13 federally funded domestic violence organizations that report to DSS also show that during FY 2015 to 2016, 1,399 children fled to emergency shelters with their mothers. There is a significant intersection between domestic violence and Child Protective Services (CPS) at DSS. There were over 1,000 open CPS cases on families who accessed domestic violence services, with intimate partner violence often being the root cause of the cases.
- e. South Carolina law does not currently provide for ex parte orders of protection. This leaves victims unprotected in their most vulnerable status. Research shows that victims are at the highest risk of death when they are attempting to leave.

**Recommendation to the Committee:**

Enact legislation defining "household member" to cover all persons who are cohabitating or formerly cohabitated within an intimate relationship to provide for the safety of women and their children caught in abusive situations.

**2.4 Youth homelessness**

**Issue:**

- a. The number of youth experiencing homelessness is on the rise. Young people become homeless for different reasons, and they present in different child-serving systems. Even though many of these youth are eligible for resources to support their housing and education needs, many are not accessing those resources.
- b. Research indicates that there are a range of experiences that can increase youth homelessness, including family poverty, trauma, teen pregnancy, identifying as LGBTQ, and other stressors.
- c. Within the last two years, at least 131 youth between the ages of 17 and 24 were served with some type of housing or service in Richland and Lexington counties. This number likely under-represents homeless youth since they are reluctant to seek services and are often not old enough to qualify for services that are available; but when youth-friendly services are available, young people are accessing them. For example, MIRCI's (i.e., Mental Illness Recovery Center Inc.) new youth drop-in center has seen 146 youth in eight months, an average of 18 new youth a month.
- d. According to University of South Carolina data, 82% of families with children use homeless services only once if given the appropriate programs. These numbers



demonstrate that if given a stable environment with a strong support system, families, and especially children, can succeed.

- e. Homeless families with children in our communities are not easily counted and are rendered “invisible.” According to the 2016 “Point in Time Count” used by the Department of Housing and Urban Development for funding purposes, 384 families with 759 children were counted as homeless. That same year, the South Carolina Department of Education counted over 14,300 students as homeless. On any given morning, over 300 students in Richland School District One alone woke up without a home. There is an obvious data disconnect.

**Voice:**

*My father is not present so that led to me being raised by my grandparents. Faced with certain challenges as my father was not there, lack of love and support, at the age of 15, I took on the responsibilities as an adult and found that became too much. At the age of 18, I was then with two kids and had nowhere to go. After applying for housing multiple times, I was later denied. I slept outside in cars and abandoned houses, days I would not eat, shower or could not go to my family and live with them. I currently reside at Transitions. The number right now of young adults there are ten.*

**Recommendation to the Committee:**

- a. Support the Midland’s Youth Homelessness Plan proposed by the United Way and its partners to end homelessness among youth through priorities that include developing stable housing, fostering permanent connections, supporting education and employment needs, and training a trauma-sensitive community.
- b. Support systems change through collaborations among child serving agencies, schools, and others to help reunite youth with their families where possible, to support strong plans for Independent Living, to provide positive mentors for youth who may not have one, and to provide families the resources they need.

**2.5 Unregulated child care programs**

**Issue:** Unregulated child care programs give parents no resource and place children at risk when national background checks are not required.

**Recommendation to the Committee:**

- a. Work to enact current JCLCC bills H 4044 and S 569. The goals of the legislation are to meet the stated intent of the law to protect children and families by narrowing the unintended loopholes in the law: 1) to remove the exemption from licensure for afterschool care programs operating more than two hours per day, and 2) to remove the exemption from licensure for summer camps operating more than two weeks per year.

- b. Support updated child care licensing regulations that DSS will send the General Assembly in January 2018.

### III. Child Welfare

#### 3.1 Victims of human trafficking

**Issue:**

- a. Human trafficking is growing in South Carolina, and many children are exploited by this illicit industry, particularly those who are homeless and children who have left Child Protective Services through foster care. Human trafficking is often accompanied by other crimes and violence thus traumatizing victims. At this time, there is a lack of services in South Carolina for victims of human trafficking.
- b. When sex trafficking victims are rescued or escape, they are often characterized as criminals due to non-violent crimes they committed while they were in captivity, such as shoplifting feminine or child care products or check forgery.
- c. If the non-violent crimes remain on a sex trafficking victim's record, it decreases the likelihood of a successful reintegration into society and exacerbates mental and sexual trauma. Negative outcomes of failing to expunge the criminal record for these crimes include a delay in obtaining a professional license or permit and an inability to achieve government benefits, such as student loans, public housing, and food stamps.
- d. Children are not educated on the dangers that are lurking in our communities with sex trafficking, nor are they taught how to identify a victim of sex trafficking if that victim is a loved one or a friend. Sex trafficking curriculum can provide students a better understanding and awareness of sex trafficking, can possibly prevent sex trafficking in future generations, and will be much cheaper and more cost-efficient than rehabilitating victims after being rescued from the sex trafficking industry.

**Voice:**

*Victims are still prosecuted on a daily basis, restricting their ability to function properly in society. South Carolina is continuing the oppression and dehumanization of these individuals by prosecuting and convicting them—innocent victims of sex slavery. Therefore, we must bestow these victims with the opportunity to evolve into survivors by providing them with a clean slate with a fresh start without the burden of a criminal record.*

**Recommendation to the Committee:**

- a. Enact a Safe Harbor for Minors law that includes expungement of victims' records for non-violent crimes committed while being victimized.
- b. Provide proper services for victims of human trafficking.
- c. Provide education on human trafficking for service providers.

- d. Enact legislation adding sex trafficking awareness to South Carolina public school curriculum requirements.

### **3.2 Abused immigrant children**

**Issue:** There is a lack of resources and support for abused immigrant children, especially those in foster care and those at risk for human trafficking.

**Voice:**

*When both law enforcement and the Department of Social Services learn that the child does not have legal status in the United States, it becomes an immediate state of panic, an anticipation of incredibly lengthy and often permanent delays in moving the child forward into permanency, possible reunification, and otherwise moving the child forward into productive light. I have represented children from all over the world here in South Carolina, with a wide range of immigration statuses. They have been the victims of physical abuse, sexual abuse and human trafficking, which is definitely increasing and on the rise with our children, here in South Carolina.*

**Recommendation to the Committee:**

- a. Increase resources for abused immigrant children with DSS involvement, including
  - 1) funding a technical assistance unit within the Office of General Counsel to help DSS attorneys, caseworkers working with immigrant families;
  - 2) entering into formal Memorandum of Understandings with foreign consulates;
  - 3) increasing DSS funding to assist immigrant children in foster care who are not eligible for federal benefit programs; and
  - 4) allowing undocumented children to remain in foster care beyond the age of 18.
- b. Grant in-state tuition to lawfully present immigrants with victim-based legal status and deferred action through Deferred Action for Childhood Arrivals (DACA), the U & T visas for victims of violent crimes and human trafficking, and the Violence Against Women Act (VAWA), and to eliminate the one-year wait for new green card holders.

### **3.3 Kinship care**

**Issue:**

- a. Children in care have better life outcomes when they are able to connect, be with family and maintain bonds with siblings and extended family members. We need to do a better job as an entire state at ensuring that the children have this opportunity.
- b. There is a lack of understanding of the role of kinship care and related child welfare policy and practices among family members as well as within the child welfare system.

- c. The requirements for becoming a licensed kinship foster parent are too limiting and have created barriers to valuable resources for caregivers who may not be related by blood, marriage, or adoption.

**Voice:**

*I do feel that some things can be changed with the kinship care process. It would be helpful to have someone with a good understanding of kinship care to answer questions for new families. We had questions regarding what kinship care was, what resources were available to us, and what our responsibilities were as well as the birth mother's responsibilities. And at first, we couldn't get any answers. So we started reaching out to more DSS staff, and ended up getting different answers. It created confusion for us.*

**Recommendation to the Committee:**

- a. Continue to support subsidized kinship guardianship and kinship care licensing.
- b. Support the Department of Social Services in its efforts to provide accurate and consistent information on kinship care and the resources available.
- c. Expand the qualifications for becoming a licensed kinship caregiver to include individuals such as neighbors and family friends who may not be related by blood or marriage but have a meaningful relationship to the child in care.

### **3.4 Safety plans**

**Issue:**

The South Carolina Department of Social Services has a statewide pattern of using safety plans to remove children from their homes. These voluntary plans provide no due process, no notice, no opportunity to be heard, no right to representation, and no appointment of a guardian ad litem to advocate for the children involved. The pattern and practice are constitutionally suspect.

**Recommendation to the Committee:**

Investigate the use of safety plans and make recommendations based upon findings.

### **3.5 Foster Care Review Board (FCRB)**

**Issue:**

- a. Since 1970, the Foster Care Review Board has provided an external, third-party review system for children residing in foster care in South Carolina. This independent system of accountability has successfully utilized volunteers to promote safe, permanent homes for children in foster care in a timely manner and has increased public awareness regarding issues faced by children and families involved with the foster child welfare system.

- b. From 1994 to 2015, the Review Board existed within the Governor’s Office of Executive Policy and Programs. In July 2015, as a part of restructuring the Review Board along with other programs, the Review Board was moved to the Department of Administration pending further legislative action. This is a temporary move. A permanent place is needed for the Review Board.

**Recommendation to the Committee:**

Support the Review Board’s efforts for a Department of Child Advocacy.

### **3.6 Private child serving agencies for children in foster settings**

**Issue:**

In South Carolina, there are currently 4,000 children and youth living outside their family homes as a result of abuse or neglect. These children are served by private agencies which provide a variety of care in emergency, long-term adoptive and foster settings. Every child is different and has diverse needs. We need all types of homes and treatment options in South Carolina.

**Voice:**

*It takes a village to care for children and youth who have experienced immense trauma in their short lives. That village is made up of agencies and organizations who recruit, train, and support foster families; manage homes for children and teens; manage psychiatric residential treatment homes for kids who have seen extreme trauma; and work to find and support adoptive families.*

**Recommendation to the Committee:**

- a. Establish a stable funding platform for therapeutic foster care agencies that recruit, train, and support foster parents caring for children who have diverse mental, emotional, and behavioral health needs. Currently, there are over 1,500 children in therapeutic foster care.
- b. Create a rate methodology for group foster care providers that adequately reimburses them for the cost of caring for children placed by state agencies.
- c. Advocate for continued coordination between psychiatric residential treatment facilities and managed care organizations to ensure timely care and appropriate reimbursements.
- d. Partner with the Department of Social Services to comply with recommendations made by the Michelle H. lawsuit monitors who stressed the need for increased collaboration in their latest report.

## IV. Child Health

### 4.1 Childhood obesity

#### Issue:

- a. South Carolina's health outcomes continue to rank among the worst in the nation. Childhood obesity is related to illnesses such as type 2 diabetes and heart disease. Obesity and chronic disease cost our state nearly 2.3 billion dollars every year.
- b. Many communities in South Carolina have poor access to affordable, healthy food and to safe places to be active. In 2012, South Carolina was ranked the 3<sup>rd</sup> highest in terms of teen obesity among states in the country. In 2015, the ranking had improved to 8<sup>th</sup> and last year our ranking was 17<sup>th</sup>. In 2015, South Carolina ranked 16<sup>th</sup> highest in the number of children receiving federal food assistance (WIC). Last year, that ranking improved to 45<sup>th</sup> for babies and children receiving WIC.
- c. Over 100,000 children in South Carolina attended an afterschool program for up to four hours a day. This block of time is crucial in the development of a child's learning to make responsible decisions and in the fostering of positive educational outcomes.

#### Voice:

*When we evaluated ourselves here in Charleston County, the schools that had high scores on our school wellness checklist—that means implemented many programs with regard to nutrition and physical activity together, not one or the other but both—those schools had half as many kids sent to the principal's office and they had 1/3 lower obesity, and fewer missed days of school.*

#### Recommendation to the Committee:

- a. Continue to focus on wellness and obesity prevention efforts for children.
- b. Continue to support and implement programs that address both nutrition and physical activity.
- c. Support H. 4285 to create a voluntary recognition program for South Carolina out-of-school time providers that integrate evidence-based healthy eating and physical activity standards into best practices - a recognized strategy for addressing childhood obesity and closing the health disparity gap that exists in our state.

### 4.2 Healthy childhood development

#### Issue:

- a. South Carolina is home to approximately 292,000 children under age five. Nineteen percent of South Carolina children under the age of six were diagnosed with a developmental delay. The largest percentage of these children were

diagnosed with speech and language problems which are associated with reading difficulties, social problems, and performing below grade level.

- b. Many organizations and early childhood health and education providers in South Carolina have been working to improve child health outcomes, but insufficient integration of these initiatives has resulted in duplication of services, insufficient data to track progress and monitor trends, poor health outcomes, and children unprepared to start school.
- c. There is a lack of public awareness about the importance of healthy child development, and there is no integrated early childhood data collection system in the state.
- d. A standardized developmental screening tool can help detect areas where a child has strengths or areas where they might benefit from some further evaluation, increase parental awareness of child development, and serve as a key strategy for enhancing family protective factors.

**Voice:**

*South Carolina has made great strides in early childhood development in recent years; however, we remain a state where children continue to have great needs, and where coordinated systems approach to healthy childhood development remains a significant opportunity to make real progress in the lives of children and families.*

**Recommendation to the Committee:**

- a. Create a developmental health promotion effort with an initial focus on universal developmental screening for the benefits of enhanced awareness of child developmental stages, early detection of children with developmental and behavioral concerns, improved percentages of children ready to start school, and long term cost savings for systems like special education and juvenile justice.
- b. Support the Child Health and Well-Being Coalition through the South Carolina Department of Health and Environmental Control.

### **4.3 PANDS and PANDAS**

**Issue:**

- a. According to the National Institute of Mental Health, at least one in 200 children is impacted by Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) and Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS) across the nation, including over 5,000 children in South Carolina.
- b. Researchers suspect that PANS is the result of infections or environmental triggers that cause abnormal activation of the immune system, which then attacks neuronal cells. Children with PANS present with neuropsychiatric symptoms

including obsessive-compulsive disorders and/or tics, anxiety, emotional lability and/or depression, irritability, aggression and/or severely oppositional behaviors, behavioral (developmental) regression, deterioration in handwriting or math skills, sensory or motor abnormalities, sleep disturbances, and enuresis or urinary frequency.

- c. PANDAS is a subset of PANS. Unlike PANS, with which the trigger is not easily identified, diagnosis of PANDAS requires association with a streptococcal infection.
- d. Proper treatment could help children adequately within weeks, rather than trying to correct the damage after years of a misdiagnosis. However, there is currently a lack of awareness, education, treatment, medical care, insurance coverage, knowledgeable doctors, and school personnel.

**Voice:**

*So many of our children are misdiagnosed and marginalized by inadequate psychiatric care for many, many years. Parents spend days begging one health care provider or another for help, but help seldom comes and when it does, it doesn't typically come covered by insurance... My own child was treated as a psychiatric patient for 9 years, all the pills and the weight gain are the side effects, and all these combined with at the time was an unknown entity, destroyed any chance he had for a typical childhood... My husband and I are now broke. Our retirement's gone, our credit card debt is crushing us, and we've tried to be just grateful that our children are okay. Truly our story is not unique, and sadly, some of our kids don't make it.*

**Recommendation to the Committee:**

- a. Create a legislative advisory council coordinating with the Education Committee to examine neuroimmune disorders and provide medical care for children with PANS/PANDAS.
- b. Increase awareness of PANS/PANDAS in communities and schools, and promote support and educational resources to families and children who are impacted by PANS/PANDAS.
- c. Support insurance coverage recommendations for PANS/PANDAS.

#### **4.4 Lyme disease**

**Issue:**

- a. Children in South Carolina suffer from Lyme disease which affects every system in the body. Lyme disease has been called the "Great Imitator" because it mimics other diseases such as lupus, fibromyalgia, chronic fatigue, multiple sclerosis, amyotrophic lateral sclerosis, Parkinson's, and Alzheimer's. It is often misdiagnosed because of the wide range of symptoms. According to the



International Lyme and Associated Diseases Society, the average Lyme patient sees five doctors over a two-year period before getting a diagnosis of Lyme.

- b. Lyme-literate doctors typically do not take insurance and the first appointment can cost anywhere from \$300 to \$1700. Not every family could afford that.

**Voice:**

*Over the past three years, [child's name] has been on homebound at school off and on depending on symptoms. My child, unfortunately has not felt well enough to go back to school. We do school work at home when he is able. Unfortunately, he has fallen behind. For almost four years, we have seen doctors in Charlotte, Chapel Hill, Ashville, Atlanta, and even Germany to try to help [my child] get better. He is at least out of bed more now, but still not able to live a normal life.*

**Recommendation to the Committee:**

Promote the education of Lyme disease in communities and change policies that affect children suffering from this disease.

#### **4.5 School-based mental health**

**Issue:**

- a. One in five children and youth contend with concerning behavioral problems, but less than half of them receive any mental health services. Many barriers impede effective care including stigma, transportation, insurance nonpayment, waiting lists, and others. Failure to identify and provide evidence-based early intervention to students in need of such services directly contributes to school failure, juvenile justice system involvement, school drop-out, and other problems.
- b. Because of support by the legislature for the South Carolina Department of Mental Health (SCDMH) under the leadership of Director Magill, Geoff Mason, and Louise Johnson, our state is a national leader in providing more comprehensive mental health services to children in schools. Over 640 public schools in our state have SCDMH clinicians to serve their students. When done well, more comprehensive school mental health services involving education-mental health system partnerships lead to a range of benefits, including improved social, emotional, behavioral, and academic functioning in students and increased graduation and postsecondary success.

**Recommendation to the Committee:**

- a. Continue to strengthen school-based mental health programs led by the SCDMH with state funding to expand into more schools, with an ultimate goal to be present in all 1,300 South Carolina public schools.
- b. Work closely with the South Carolina Department of Education (SDE) to reinvigorate and prioritize the use of Positive Behavioral Interventions and

Supports (PBIS), which creates multi-tiered systems of support involving promotion/prevention (Tier 1), early intervention (Tier 2), and intervention (Tier 3), and facilitates the effectiveness of school-based mental health services.

- c. Strengthen training, coaching, technical assistance, and ongoing quality improvement efforts for school-based mental health services through enhanced funding to the SCDMH and SDE, focusing on effective mental health-education system partnerships and strategies for high-impact school-based mental health services.

#### **4.6 Trauma and toxic stress**

##### **Issue:**

- a. Children who are involved in the child welfare system typically have experienced five or six different types of trauma, such as abuse or neglect. They have also experienced one interpersonal trauma; that is, a trauma involving their key relationship with a caregiver. About 80% or 90% of children in juvenile justice systems have experienced significant traumas.
- b. The American Academy of Pediatrics defines “toxic stress” as a combination of experiencing terrifying moments, along with the breakdown in the protective child caregiver system which can help a child buffer those traumas. Nationally there is a growing awareness of trauma, the effect of trauma, and Adverse Childhood Experiences. The American Academy of Pediatrics has named toxic stress its top priority issue.
- c. Multiple studies have shown that experiencing multiple traumas leads to tremendous cost for each child personally, as well as each family, each community, and each state. These costs are largely preventable if there is an investment in trauma treatment programs, especially resilience center treatment programs.

##### **Recommendation to the Committee:**

- a. Recognize that there are evidence-supported treatment programs that can work to rebuild primary relationships that can help children who have experienced toxic stress succeed.
- b. Promote trauma- and resiliency- centered framework in all service systems including education, child welfare, mental health, and juvenile justice.
- c. Conduct trauma- and resilience- focused assessments for children involved in child welfare services, mental health, and juvenile justice services and develop a coordinated plan for each identified child that includes a focus on both trauma and resiliency, primarily rebuilding relationships with someone who is committed to caring for that child in the long run.

#### 4.7 Child tobacco use

**Issue:**

- a. The health effect of cigarette use is devastating. Cigarette use accounts for approximately one-third of all cancers. One out of two long-term users are going to die prematurely as a result of smoking.
- b. Tobacco use is a pediatric disease. Lung cancer has its roots in youth because many adult smokers began smoking when they were under the age of 24: the average age was 14 years old. Children in South Carolina also suffer from secondhand smoke.
- c. Smoking is prevalent among women during pregnancy. It costs millions of extra dollars in terms of low birth weight and care for a low birth weight infant. The effect of tobacco and nicotine on the developing brain and of tobacco on birth weight are well documented.
- d. South Carolina currently ranks 5<sup>th</sup> lowest in the nation on state cigarette tax: \$.57. Raising the tax just \$1.50 would reduce youth smoking by 7% and decrease overall smoking prevalence, and about 5,000 pre-mature deaths would be prevented over the next 30 years.
- e. Raising the tax on cigarettes can help prevent children from smoking, motivate adults to quit, reduce healthcare costs, and generate additional revenue. States that have increased the tax substantially have still seen a net revenue increase, which could provide important additional funds for cessation programs, support programs, particularly for these pregnant women, and prevention programs in our state.

**Voice:**

*Most of the tobacco growing has been outsourced—70% of the tobacco that is in the cigarettes that you buy in the store here in South Carolina come from overseas—that's where the tobacco is coming from, so that business is no longer South Carolina business, so we can do good for the kids, and do good for the adults and everyone else.*

**Recommendation to the Committee:**

- a. Work to enact current JCLCC bills H 3994 and S 575 further limiting tobacco product access to children.
- b. Support raising taxes on combustible products including cigarettes, cigars, roll-your-own tobacco, and pipe tobacco by \$1.50.
- c. Support increasing the legal age for purchasing any tobacco product from 18 to 21 years.

## V. Education

### 5.1 Deferred Action for Childhood Arrivals (DACA)

#### Issue:

- a. DACA recipients are young people who arrived in the United States before the age of 16 and lived continuously in the U.S. for at least 5 years, along with other stringent requirements. DACA recipients must be currently in school, have graduated from high school, have their GED, or have been honorably discharged from the military. DACA recipients must not have a criminal record for a felony, a significant misdemeanor, or multiple minor misdemeanors. According to the U.S. Citizenship and Immigration Services, in South Carolina, the total number of individuals granted DACA as of September 4, 2017 was approximately 6,000.
- b. The benefits of DACA include being able to obtain a work permit and a South Carolina driver's license, and the ability to enroll in state-funded colleges. What is not included is the right to in-state tuition or professional licensure. DACA recipients currently must pay out-of-state tuition for higher education in South Carolina and are not eligible for state scholarships and federal financial aid even if they have been paying taxes. DACA recipients are not able to receive professional licensure in many fields including nursing, cosmetology, and almost every profession listed on the Department of Labor, Licensing and Regulation's website. South Carolina is one of only three states that systematically obstruct unauthorized immigrants from attending public higher education.
- c. DACA recipients make positive and significant contributions to the national economy. According to the Institution on Taxation and Economic Policy, in South Carolina, undocumented immigrants pay an estimated \$67 million dollars in state and local taxes a year.
- d. Restricting access to economic opportunities has negative consequences for mental health. DACA students who are unable to further their education due to lack of tuition equity and licensure are likely to experience depression, anxiety, and hopelessness. Researchers from Massachusetts General Hospital and the Harvard School of Public Health found that "the implementation of DACA was associated with a 50 percent drop nationwide in the measured risk of clinical depression among Latinos eligible for the program."
- e. Many DACA recipients are now adults with citizen children. Their socio-economic status and marginalization affect entire families. Unable to establish gainful employment, they may not be able to access health insurance and adequate

health care. In time this affects communities, contributing to the cycle of poverty and other social ills.

- f. According to the American Psychiatric Association, international medical graduates, some of whom have DACA status, are needed to ensure an adequate supply of physicians. This is particularly important in rural and underserved areas.

**Voice:**

*I am here to represent those people who are DACA recipients specifically, who are unable to go to college because of out-of-state tuition, or because they are struggling like I am. I have worked really hard like a machine, but I am only human, and I need help. So don't close the door on us, and help us with in-state tuition. You know we're trying hard but we need your help.*

**Recommendation to the Committee:**

- a. Recognize DACA recipients as residents of South Carolina.
- b. Extend in-state tuition and financial aid to DACA recipients in South Carolina.
- c. Allow DACA recipients to attain professional licensure.
- d. Encourage the South Carolina congressional delegation to support and pass the DREAM Act.

## **5.2 Early childhood education and care**

**Issue:**

- a. There is a lack of quality child care and a shortage of child care providers.
- b. There were not enough child care centers or programs that could support children who were home because school or child care centers were out. As we have more and more people coming into the community, this issue needs to be addressed.
- c. Research emphasizes the importance of high quality out-of-school time learning opportunities for children's academic success in school, as well as their health and well-being. Out-of-school time programs beginning in early childhood, can support and promote academics, socialization, sports, and safe environments for children before and after school, on Saturdays, and during scheduled school breaks.

**Voice:**

*We have child care providers rotate or leave at an astronomical rate. As soon as the SLED check is completed and all of the information has been given on that person they might leave after a week. And I know of one instance where the girl was hired on a Monday and she quit on Tuesday. And so we have a shortage [of child care providers]. There weren't enough child care centers as we have more and more people coming into the community...People don't understand how much it costs to give quality settings to care for infants and toddlers. Parents are usually young when they*

*have the youngest children and so it truly is kind of a “catch-22” to be able to provide the care and expand those days that the children need for school breaks and everything else. I actually think in the past few years we've lost close to 700 child care centers across the state.*

**Recommendation to the Committee:**

- a. Provide support for employees for summer child care and engage the workforce to step up and support their employees.
- b. Increase and expand investments in the state’s out-of-school time programs to include funding for community- and possibly faith-based programs to provide high quality learning and retention activities that prioritize the most vulnerable, high needs children and families.
- c. Maintain and increase investments aimed at improving school readiness, focusing on early childhood data, community systems, program quality, and workforce development.
- d. Ensure that the state’s current ABC Quality Rating System (QRS)<sup>1</sup> programs have resources to incentivize all early childhood providers, including preschool, licensed child care centers, and homes to reach and maintain high quality standards.
- e. Be aware of and gain more knowledge on the upcoming initiative on tax credits for child care facilities and individuals.

**5.3 Public school educators**

**Issue:**

- a. Public school educators are not respected as gauged by their salaries compared with other professional salaries.
- b. There is a lack of teachers of color in classrooms; more than 80% of all public school classrooms are staffed by white female teachers.
- c. There is a lack of cultural sensitivity training for administrators, staff, and teachers in public schools.

**Voice:**

*In 2017, many of our teachers are still working two jobs to make ends meet. Isn't it sad that men are not going into education? Isn't it even sadder that teachers are not recognized as other professionals in terms of salary? It's sad.*

**Recommendation to the Committee:**

- a. Fully fund public education in South Carolina.
- b. Increase the number of teachers of color in classrooms.

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<sup>1</sup>ABC Quality is a voluntary rating and improvement program that helps South Carolina parents identify high quality child care and daycare providers.

- c. Provide cultural sensitivity training for all administrators, staff, and teachers.

#### **5.4 Teaching children of poverty**

**Issue:** There is a lack of preparation for teachers teaching children of poverty.

**Voice:**

*Teachers pretty much get a one-size-fits-all teacher preparation program, regardless of where they are going to teach, if they're going to teach in a high-end school — a school that primarily serves high-income students, or a school that serves primarily low-income students — they get this one-size-fits-all education. We lose a lot of really great teachers because if they have not lived in low-income, or have not lived in poverty, many times they land in those schools, and they don't understand the unique needs and issues of families and children who live in poverty face.*

**Recommendation to the Committee:**

Support, require and incentivize coursework in teaching children of poverty for all educators.

#### **5.5 Educational challenges of system-involved youth**

**Issue:**

- a. Students who graduate from high school on time have better life outcomes on a number of measures including postsecondary education and training, employment, income, and health outcomes. However, there are educational challenges facing children involved in the family court. Even before court involvement, certain youth face significant hurdles preventing them from accessing a quality education in South Carolina. The inadequate funding of public schools disproportionately impacts low-income students, minority students, and students with disabilities, who are all also overrepresented in the population of justice system-involved youth.
- b. A very high percentage of justice system-involved youth come from or return to alternative schools, which largely lack guidance by state standards or accountability resulting often in a lack of individualized and appropriate education for students.
- c. Overrepresentation of students with school-related disability in the justice system is dramatic. The percentage of students in the Department of Juvenile Justice School District receiving special education services under an Individualized Education Plan (IEP) is nearly three times higher than the state average.
- d. Failure to identify students with disabilities is a major area of concern. Often these students are identified as having a learning disability for the first time when they are evaluated by the Department of Juvenile Justice.

- e. Education in the state’s juvenile facilities can be well below the state standards or non-existent. Even if students do receive educational services, it may be one-size-fits-all programming that fails to account individual student needs and progress. Blended curriculum with overreliance on online courses blocks students’ education progress and is nearly impossible to accurately record and track, and students may miss standardized testing while committed. GEDs are also overemphasized.
- f. Another major problem is that student records documenting the educational needs of DJJ-involved children may not be provided timely to the facility where they are located even after weeks or months, including in the evaluation centers. If students return to their local school districts following evaluation, they may not receive any credit for the classwork (“seat-time”) completed at the evaluation center. This dynamic is exacerbated for students with Individualized Education Plans (IEPs) with specific services that are disrupted either as the student enters DJJ or upon return to their home school district.
- g. At reentry to their home community, system-involved youth face a number of additional challenges, including being automatically assigned to alternative schools.

**Recommendation to the Committee:**

- a. Enact legislation mandating immediate transfer of school records for system-involved youth.
- b. Enact legislation mandating schools/districts to provide students with opportunities to continue their education at the school they attended prior to system involvement.
- c. Enact legislation mandating school districts appoint a Point of Contact Person for system-involved youth.

**5.6 Charter schools**

**Recommendation to the Committee:**

- a. Update the charter school law to enable more high-performing charter options.
- b. Fund charter schools equitably with traditional schools, particularly for transportation and facilities for charter school students.

**VI. Youth Development and Juvenile Justice**

**6.1 Risk and resilience in youth**

**Issue:**

- a. South Carolina has one of the largest and fastest growing populations of rural youth in the U.S. Research shows that this population usually initiates smoking



and alcohol and substance use at a younger age. The suicide rate of rural adolescents is twice that of urban adolescents, and the gap is widening. Rural suicide completers are significantly less likely to have received mental health care/diagnosis than urban suicide completers. Rural youth living in poverty also have the highest dropout rate in U.S. (23%). School dropouts have higher levels of aggression, early parenthood, unemployment, delinquency, and early death.

- b. Resilience refers to better outcomes for children and youth (e.g., higher achievement, lower aggression) when they have experienced some risk related to less positive outcomes. It is typically not measured directly and instead is inferred when better developmental outcome is apparent after having encountered some risk such as poverty.
- c. For resilience to occur, some risk for poor outcomes must be incurred. Risk and risk factors are antecedent variables that predict problematic outcomes in the future. The central goal of resilience research is to identify protective factors. Protective factors are apparent when a significant interaction indicates that a variable (e.g., parent involvement) moderates and either significantly reduces or ameliorates the relationship between a risk factor (e.g., poverty) and a focal outcome (e.g., achievement). Some protective/promotive factors serve that role for several problems/outcomes, but some are specific to particular problems/outcomes.
- d. Distal/status risk often assumes risk across a high-risk group of individuals. However, the use of a single distal or status risk factor (e.g., poverty, minority status) is often inaccurate and stereotyping because many individuals within such groups are not at risk.

**Recommendation to the Committee:**

- a. Support for research to identify general and population/issue specific risk, protective, and promotive factors.
- b. Use data-based systems to screen for issues and emergence of multiple risk factors.
- c. Promote prevention/intervention efforts that are comprehensive and multifaceted to target reduction of multiple risk factors if feasible and provide malleable protective/promotive factors.
- d. Use innovative strategies to reach underserved and rural youth where possible such as:
  - 1) Making sure students and schools have access to services of mental and physical health professionals, including via telehealth.
  - 2) Encouraging the implementation of the Interconnected Systems Framework (ISF) which builds on PBIS and School Mental Health systems in improving student

behavioral health. ISF creates a broader spectrum of services by including community-based providers and can address specific issues for a particular population (e.g., Check & Connect Dropout Prevention).

## **6.2 Special needs of LGBT youth**

### **Issue:**

- a. Lesbian, gay, bisexual, and transgender (LGBT) youth experience many hardships. 40% of homeless youth are LGBT. Nationwide, 14% of homeless agencies do not address LGBT issues despite the elevated homelessness rates of LGBT youth.
- b. 48% of homeless LGBT youth have experienced family rejection. 54% have experienced family abuse. Nearly one in three transgender people have been turned away from shelters, and that does not factor in the number of transgender individuals who just refuse to go to a shelter out of fear of being inappropriately treated. 15% of homeless shelters report helping homelessness of LGBT youth is not central to their mission.
- c. 27% of homeless LGBT youth who held or applied for a job in the last year reported being fired, denied a promotion, or not being hired because of their transgender status. Nearly a quarter of those employed in the last year reported other forms of discrimination on the job, including harassment and physical and sexual abuse. 90% of 28,000 respondents reported job discrimination.
- d. Nearly 1 in 4 LGBT youth faced housing discrimination in the past year. Out of the respondents who had visited a restaurant, a retail store, or public accommodation in the last year, 31% experienced discrimination in places of public accommodation.
- e. There is not specifically a youth homeless project initiative in the state and there is not a youth-specific homeless shelter, much less an LGBT youth homeless shelter in South Carolina.

### **Recommendation to the Committee:**

- a. Support currently-introduced anti-discrimination legislation (H 3021 and H 3745).
- b. Support mandatory health care coverage for transgender care for all ages.
- c. Oppose surgical intervention for intersex children.
- d. Establish clear gender marker policy to reduce cost burden of the name change procedure for some individuals.
- e. Support paid advocates for LGBT youth.
- f. Encourage the formation of Gay-Straight alliances in all public schools.

### 6.3 Sexting

**Issue:**

- a. According to the national statistics on teen sexting for the National Campaign to Prevent Teen Pregnancy in the Pew Research Center, 24% of high school students are involved in some form of sexting. Of that percent, a large amount of those students know that texting is a crime, but they still do it. Over 70% of those teens are involved in relationships that influence the crime. Influences from peers make teens more likely to commit the offense and make certain decisions in behaviors that lead to negative or positive outcomes.
- b. According to the Harvard Review of Psychiatry, one way to understand the transmission of sexually explicit images between teens is to understand the relative brain development during that period. Major structural changes in the prefrontal cortex occur until the age of 25, with immaturity in this region associated with underdeveloped capacity, which involves judgment, impulse control, decision-making, planning, and integration of emotion and thinking.
- c. Teens in our state are being criminalized by the act of sexting. The punishment in our state is severe and will negatively impact teens for the rest of their lives.
- d. Forty percent of all states have a state sexting statute that specifically defines sexting and uses the term sexting. Eleven states offer the option to pursue the case outside of the juvenile justice system or criminal justice system, and ten states have the option of pursuing the case, the option of counseling, and educational programs. South Carolina does not fall into any of these categories.

**Voice:**

*When they commit this offense, they do not know what they are doing, but they are in a very vulnerable stage in their life where they believe that they can trust the person on the other end who they were sending messages to. So should they be punished for the rest of their lives for something they did when they were simply an adolescent? Being on the sex offender registry will label them as a criminal in the society and they will always be judged, and at every corner they will still live in constant fear of not knowing what will happen. It will be hard for them to get a job, hard for them to obtain a scholarship, and hard for them to get student loans. It will be hard for them to live in the state, but most importantly these adolescents are not only our peers, but they are also our future. If we hurt these young minds now for something they did, they will not have a chance to grow.*

**Recommendation to the Committee:**

- a. Amend S.C. Code § 16-15-385 to create less punitive measures to ensure the safety of minors who commit the offense.

- b. Enact legislation specifically addressing sexting to educate teens on the offense and its consequences, similar to previously-filed legislation from 2011-12.

#### **6.4 Juveniles on the sex offender registry**

**Issue:**

Placing juveniles on the sex offender registry is a true life sentence that keeps registrants from ever living a normal, productive life as adults in our society. The practice has been shown by abundant research to be counter-productive and to offer no benefit to society.

**Voice:**

*When we put young people on the registry today, they will be denied educational opportunities; they will be denied housing, and they will be denied work opportunities for the rest of their lives. They will be ostracized and held in suspicion by neighbors, by classmates, and even by churches. They will sometimes be prohibited from fulfilling parental roles. They will continue to have hateful labels like predator and pedophile hurled at them even 30 or 40 years after their offense. We have seen cases where people just because they are on the registry have been subjected to assault and even killed a couple of years ago.*

**Recommendation to the Committee:**

Enact current JCLCC bills S 560 and H 3948 to limit registration requirements on juvenile offenders and give family court judges the discretion to determine whether a juvenile offender poses sufficient risk to warrant registration.

#### **6.5 Teen dating violence**

**Issue:**

- a. Nationally, one in three adolescents will face some form of abuse from a dating partner, whether that be physically, emotionally, sexually, or verbally. It is a statistic that is disturbingly high, and even more disturbingly, it has not improved significantly over the years.
- b. South Carolina has been haunted with the title of most women killed by men in the nation. In our state, young victims of relationship violence often do not fit the criteria to receive legal aid against abuse, particularly if they are younger than 18 years, and actual violence against young people begins to occur between the ages of 12 and 18.

**Voice:**

*Our teenagers are not receiving the education and legal protection that they need in order to create and sustain safe and healthy relationships, nor are they receiving the education in order to identify the signs of unhealthy relationships, and*

*exit those. They are left quite honestly to fend for themselves in situations where their mental health, physical safety, and well-being on the line. They have no formal knowledge; they have no legal options, and they are not guaranteed effective support systems... Our teenagers are desperate for education, desperate for protection and desperate for guidance and understanding.*

**Recommendation to the Committee:**

Enact Sierra's Law or a similar Teen Dating Violence Prevention Act that would allow those aged 16 to obtain an order of protection, and permit those younger than 16 to obtain one through their parent or legal guardian. Such legislation would also hold abusers accountable for the crime that is relationship violence, and would create relationship violence education programs in South Carolina public schools where adolescents can learn the warning signs of an unhealthy relationship.

### **6.6 Objective standards for taking a child into custody**

**Issue:**

In most jurisdictions of South Carolina, police officers make the decision to take a child into custody for a criminal or status offense or to release him or her to parents or guardians with little or no guidance. That decision, which can radically alter a child's life, is often made subjectively. In the Charleston area, the major law enforcement agencies have adopted a Uniform Risk Assessment Instrument, which provides an objective numerical scale to determine whether a child should be detained or not. Use of that instrument has reduced juvenile incarceration.

**Recommendation to the Committee:**

Support the statewide adoption of the use of the Risk Assessment Instrument.

### **6.7 The use of residential evaluation centers**

**Issue:**

The residential evaluation centers are secure facilities. Any child sent to such a facility experiences being in jail. The family court may send a child to a residential center in order to get an evaluation, meaning the child is in jail, away from home, for up to 45 days. In some instances, commitment to the evaluation center is being used as punishment or shock incarceration. In 2015-2016, a residential evaluation cost \$8,631. This is not good stewardship of public funds.

**Recommendation to the Committee:**

Support legislation which would eliminate all residential evaluation referrals for status offenders and require community evaluations referrals for all youth unless the referring judge makes a specific finding that an evaluation could not be completed safely in the community.

## **6.8 Incarceration of status offenders**

### **Issue:**

Many young people are referred to the juvenile justice system for status offenses such as truancy, incorrigibility, or running away. These are only criminal offenses because they are children.

### **Recommendation to the Committee:**

Enact current JCLCC bills S 580 and H 3946 eliminating the use of incarceration as an intervention for status offenders and support the development of evidence-based alternatives to incarceration.

## **6.9 Probation orders**

**Issue:** The probation orders currently used in status offense cases and in non-status offense cases are so generalized that they set most children up to fail. Many of these orders stay in place for years. Most of the children who must try to live under these orders are status offenders who have not committed any crime, or children who have committed a minor, non-violent crime. These are crimes that if committed by an adult would be a misdemeanor with the maximum jail time of 30 days.

### **Recommendation to the Committee:**

Advocate for orders that have specific, attainable goals and that last for a period of time related to the seriousness of the offense. Probation orders for status offenders should not threaten incarceration for more than six months.

## **6.10 The use of solitary confinement**

### **Issue:**

All evidence indicates that solitary confinement of young people should be avoided. Children should only be kept in isolation for short periods of time as may be needed to deescalate a situation. Despite the evidence, the South Carolina Department of Juvenile Justice continues to rely upon solitary confinement for punishment.

### **Recommendation to the Committee:**

Eliminate the use of solitary confinement for juvenile offenders.

## **6.11 Raise the Age implementation**

### **Issue:**

- a. S 916, signed into law in 2016, increased the age for South Carolina's juvenile court jurisdiction to age 18 (effective July 1, 2019, contingent on funding) , so young people will not be put into the adult criminal justice system.
- b. In the fiscal impact statement for S 916, the South Carolina Department of Juvenile Justice (DJJ) estimated it would need funding for additional youth detention beds, costing the state over \$10 million dollars. Long-term trends suggest that the DJJ

instead needs funding for more community-based programs for 17-year-olds instead of more youth detention beds. Community-based programs, not jails or prisons, are better equipped to serve most 17-year-old youth.

- c. Our state's juvenile justice system heavily and negatively impacts young women of color and LGBTQ youth of color, particularly in its approach to youth charged with status offenses and disturbing school. These charges criminalize young women of color seeking to escape domestic violence and abuse and disproportionately punish young women of color in South Carolina for minor behaviors.
- d. Many youths end up detained in the DJJ's residential evaluation centers. According to a 2017 Legislative Audit Council report, DJJ does not properly train its juvenile correction officers, is out of compliance with the Prison Rape Elimination Act, is inconsistent in its financial reporting, and failed to properly investigate and report the deaths of at least 2 young people detained in facilities last year.

**Voice:**

*It costs South Carolina \$63 a day to provide community-based therapy to a young person, as opposed to \$426 a day to incarcerate a young person. Most 17 year olds are in the system for drug and liquor violations and theft causes. These young people can be served in the community. Only 10% of the 17 year olds are involved in larger offenses such as robbery, aggravated assault, burglary, or weapons offense.*

*Implementation of Raise the Age is not only about the future of the 17 year olds, but also the several thousand that would come into the juvenile justice system and family court systems, but it really represents an opportunity for us to talk about a larger conversation about reforming our juvenile justice system and how it is that we best serve young people in South Carolina by increasing these community alternatives.*

**Recommendation to the Committee:**

- a. Implement Raise the Age responsibly.
- b. Invest in community-based programs and alternatives to incarceration.

**VII. Parental Rights and Responsibilities**

**7.1 Incarceration of indigent parents**

**Issue:**

Despite the clear admonitions of the United States Supreme Court in *Turner v. Rogers*, 131 S.Ct. 2507 (2011), South Carolina continues to send indigent parents to jail when they are unable to comply with outstanding child support orders. Current research has confirmed that children suffer when their parents are put in jail for any reason.

**Recommendation to the Committee:**

Encourage the Child Support Enforcement Division of the Department of Social Services to work with Court Administration and the legislature to develop new procedures that will protect the fabric of families by assuring that indigent parents are not incarcerated when they are unable to comply with child support orders.

## **7.2 Adding a father's name to a birth certificate**

### **Issue:**

- a. Currently, in South Carolina paternity can be established in three ways. First, if parents are married, the father's name is automatically placed on the birth certificate. Second, if a father signs a voluntary acknowledgment of paternity, usually at the hospital, then his name is also automatically added. The third way is by a court order establishing paternity.
- b. There are thousands of birth certificates without fathers' names on them. What many did not realize was that the father's name not being on the birth certificate does not mean that paternity had not been established.
- c. Child Protective Services (CPS) usually orders the long form birth certificates to determine paternity in situations when fathers are not involved. If the father's name is not on the child's birth certificate, it takes CPS weeks or months instead of just a few days to start working on finding that father and getting him engaged.
- d. Research shows that children whose fathers actively engaged and complied with treatment plans exit foster care twice as fast. Those children ended up being reunited with one of their parents or being placed with a relative at a significantly higher rate than children without involved fathers. Therefore, it is very important that people know who the father is and that they know quickly and accurately.

### **Voice:**

*If paternity has not been established by a court order, it is probably not there, and if you don't have the father involved in these cases, you've cut off half of the family tree; and even if the father is not a good candidate to keep this child out of foster care, maybe his parents, maybe his brother or sister, the child has an aunt or an uncle. Somewhere on that half of the family tree you've got somebody that could take this child.*

### **Recommendation to the Committee:**

Implement a process to get the father's name on a birth certificate after a court order establishing paternity. When a court order establishes paternity, the clerk of court would submit information to DHEC to add the father's name to the birth certificate.



### **7.3 Need for statutory recognition and protection of parties utilizing assisted reproductive technology**

#### **Issue:**

- a. Right now families of children in South Carolina who were conceived through assisted reproduction involving egg or sperm donors are legally ambiguous, which is contrary to South Carolina policy of supporting stability and family relationships.
- b. In many South Carolina families, the couple needs to use sperm or egg donation to achieve pregnancy. When a couple divorces, many questions remain unresolved under South Carolina's statutory scheme. For example, does the genetic parent have a stronger custody case than the non-genetic parent? Can the non-genetic parent avoid a child support obligation? What if the sperm or egg donors are known to the couple and the donors wish to have visitation or have custody of the child?
- c. Thirty-seven other states have what are called "donor statutes" that direct that the intended parents should be treated by law as the legal and natural parents of the child conceived through the use of assisted reproduction. These "donor statutes" also direct that the donor is treated by law as if the donor was not a natural parent of the child conceived.

#### **Recommendation to the Committee:**

- a. Amend S.C. Code § 63-3-530 to provide specific jurisdiction for the establishment of parental rights for children born through assisted reproduction involving egg or sperm donors.
- b. Enact a statutory definition of "donor." A "donor" would be an individual who donates sperm or eggs for the purposes of assisting an intended parent who is not their spouse and conceiving a child through the use of assisted reproduction; and those donations must be through a licensed physician.
- c. Enact a statutory definition of "assisted reproduction." There also needs to be a form that must be signed before conception to avoid parties redefining what the relationship is after the fact.
- d. Enact a statutory definition of "intended parent." These statutory changes could be done with amendments to the paternity statute and the jurisdictional statute, and it would give a lot of families a sense of certainty that their children and their way of bringing them into this world is as valid as anyone else's.

## **VIII. Programs and Resources (Listed Alphabetically)**

### **AmeriCorps VISTA with Greenville Family Partnership**

*We are a local community-based not-for-profit organization. The AmeriCorps VISTA program is centered on protecting those that are most vulnerable in our society and the goal of Greenville Family Partnership is to keep children from using harmful substances.*

### **Arm in Arm**

*We are a non-profit, non-partisan organization of gun owners, and non-gun owners working together to reduce gun violence in our communities. Together, we'll close the loopholes in laws that make it too easy for guns to fall into the wrong hands, while supporting the Second Amendment right of citizens to lawfully own guns.*

### **Be SMART Campaign**

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

### **Carolina Youth Action Project**

*We are one of the community-based programs. In 2015, we established South Carolina's first alternative to incarceration program, intervening on the school-to-prison pipeline, by providing arts-based leadership development programming to young women and transgender youth who would be otherwise punished or detained by the Department of Juvenile Justice. Currently, we are working in partnership with 5-10 different community-based non-profit organizations here in Charleston, as the Charleston Alternative to Incarceration Collaborative.*

### **Children's Trust of South Carolina**

*Children's Trust of South Carolina is a statewide organization focused on the prevention of child abuse, neglect and injury. The organization trains and educates professionals who work directly with families and also funds, supports and monitors proven prevention programs. Children's Trust is the voice for South Carolina's children and advocates for strong, well-founded policies that positively impact child well-being.*

*Children's Trust is home to Prevent Child Abuse South Carolina, KIDS COUNT South Carolina and Safe Kids South Carolina.*

### **Eat Smart, Move More South Carolina**

*Eat Smart, Move More South Carolina is a 501(c)(3) non-profit organization dedicated to positively impacting the health of all South Carolinians. We work to reduce obesity by ensuring that all South Carolinians have access to healthy affordable foods, and safe places to be physically active.*

### **Family Engagement Services**

***National Youth Advocate Program** partners with **the South Carolina Department of Social Services** in the provision of a transformative program called **Family Engagement Services**. **Family Engagement Services** is a family-centered and strength-based approach partnering with families in decision making, setting goals, and achieving desired outcomes. First, these services can result in early reunification, children spending less time in foster care. Second, the services are effective in engaging non-custodial parents, which has historically been something that has been challenged by. Third, the services can improve relations between DSS and families. It can reduce stress and address constituent concerns in a way that brings everyone to the table to have a voice in that process. **Family Engagement Services** seeks to strengthen existing supports and resources, to widen that family circles and seeks to develop individualized plans of care.*

### **Francis Marion University Center of Excellence to Prepare Teachers of Children of Poverty**

*The mission of the Francis Marion University Center of Excellence to Prepare Teachers of Children of Poverty is to increase the achievement of children of poverty by improving the quality of undergraduate teacher preparation, graduate teacher preparation, and the professional development of in-service teachers. Our work is primarily focused on K-12 schools and is grounded in the science of learning and in neuroscience.*

### **HALOS**

*The mission of HALOS is to provide support and advocacy to abused and neglected children and kinship caregivers. We provide support and services to kinship families in which grandparents and other relatives have taken children into their homes so they won't have to go into foster care. We work closely with the Berkley, Dorchester, and Charleston County Department of Social Services.*

### **Help Me Grow South Carolina**

*We are a program of the Bradshaw Institute for Community Child Health and Advocacy. We are also the South Carolina affiliate for the National Help Me Grow Network. The Help Me Grow System promotes healthy child development through parent engaged developmental screening, early detection of developmental and behavioral delays, and linkage to community-based services. We launched in 2012, and since then we have served 3,500 families. We have made 5,000 referrals to community-based services, and worked with local and state partners to support parents in completing more than 2,000 developmental screenings.*

### **Home Visiting**

*Home visiting is a service delivery strategy that has existed for many years and in various fields to serve clients in ways that best meet their needs and eliminates barriers that may otherwise inhibit access to services. This strategy has become an especially significant intervention in the context of early childhood given its proven effectiveness at achieving improved outcomes around the health and well-being of children and families, as well as its ability to reach adverse populations most in need of the services. Programs target improved outcomes related to health, development, early learning, family support, and prevention of child abuse and neglect. Services pair new or expecting families with home visitors who provide family-focused strategies throughout the critical first few years of the child development. Several early childhood home visiting models are currently implemented in the state. **Children's Trust** convenes the South Carolina Home Visiting Consortium to collaborate and strengthen the infrastructure serving all the state's home visiting programs.*

### **Homeless No More**

*Homeless No More has worked to create a seamless continuum of care for at-risk and homeless families with children throughout the Midlands of South Carolina. This continuum includes safe housing, free and affordable child care and other important programs our families and their children need to regain their footing and works towards true self sufficiency.*

### **Lutheran Services Carolinas (LSC)**

*With the help of thousands of volunteers, donors, and advocates, LSC reaches out to veterans facing homelessness; safeguards survivors of human trafficking; protects children through foster care; advocates for those battling severe and persistent mental illness; fosters independence in those with intellectual and/or developmental disabilities; helps children find loving adoptive homes; welcomes refugees seeking*

*sanctuary; assists those affected by disasters; and improves the lives of many other vulnerable populations facing extraordinary life challenges.*

### **Multisystemic Therapy (MST)**

*MST is a nationally-recognized, intensive family- and community- based treatment program that focuses on addressing all environmental systems that impact chronic and violent juvenile offenders. The focus is to address each system (home, family, schools, friends, and communities) to improve the quality of life for youth and their families. Services are targeted to youth offenders between ages 12 to 17.*

### **MUSC Boeing Center for Children's Wellness**

*We address children's health and development from birth through adolescence. In partnerships across the state, we are working to instill a culture of wellness and prevent obesity such that each child is healthy, succeeds in school and thrives in life.*

### **National Youth Advocate Program (NYAP)**

*NYAP in collaboration with South Carolina's Department of Social Services provides Family Engagement Services in 3 of the 5 regions which are comprised of 26 counties in Upstate South Carolina, the Pee Dee region, and the Low Country. Family Engagement Services are designed to empower families whose children are involved in the child welfare system and to assist those families in developing plans to ensure the safety and well-being of their children. NYAP also provides Family Group Conferencing services in all counties in region 2 and 5 comprised of the Midlands and the western half of the state.*

### **Pediatric Research & Advocacy Initiative (PRAI)**

*PRAI is a grassroots non-profit organization that advocates on behalf of youth who suffer from neuroimmune disorders such as Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) and Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS) by providing emotional and social support to families, raising community awareness, and investing in data-driven research.*

### **South Carolina Alliance of YMCAs**

*For the past several years, the YMCAs in South Carolina have been working on addressing childhood obesity and closing the health disparity gap in South Carolina through our afterschool and summer camp programs by providing an opportunity for a healthy snack (preferably whole fruit) and trying to get 30-60 minutes of moderate to vigorous activity a day.*

### **Strengthening Families Program (SFP)**

*SFP is a program that is designed to educate parents about the importance of positive parental behavior and their role in being a role model, a guide, and a monitor of their child, as their child develops their values and chooses their behaviors and path in life. SFP has been selected as a model family program by the communities across the United States and their commitment to prevent and reduce substance abuse and other risky behaviors facing youth and their parents. **Children's Trust** has been the intermediary agency in partnering with 19 other providers across the state, currently serving 24 counties with the strengthening youth family program.*

### **The Campaign for Youth Justice (CFYJ)**

*CFYJ is a national initiative focused entirely on ending the practice of prosecuting, sentencing, and incarcerating youth under the age of 18 in the adult criminal justice system. The campaign utilizes both federal- and state-level strategies for youth justice reform. We strongly believe that any movement must involve those who are most impacted by the laws and policies. Thus, we seek to empower those affected by encouraging them to use their voices and experiences to affect meaningful change.*

### **The Institute for Child Success**

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

### **The Palmetto Association for Children and Families (PAFCAF)**

*The Palmetto Association for Children and Families is a statewide association representing the various agencies throughout South Carolina that provide child welfare services including fostering, adoption, group care and family preservation services. Our priority is to advocate on behalf of our members and the children they serve. We also provide our members with continued training opportunities, access to resources and innovations to improve the delivery of services and the opportunity to network and discuss best practices to improve outcomes for South Carolina's children*

*and families. PAFCAF is dedicated to championing initiatives and innovations that transform and strengthen South Carolina's child welfare system.*

**United Way of the Midlands**

*Our mission at United Way of the Midlands (UWM) is to unite people and resources to improve the quality of life in the Midlands. We fight for the health, education and financial stability of everyone in our community. For the past ten years, we have focused our resources on helping vulnerable children succeed by providing education supports such as tutoring, kindergarten preparation and quality child care, and also support to children, families and adults experiencing homelessness. These supports include emergency shelter and also assistance for permanent housing.*