

STATE OF SOUTH CAROLINA



JOINT CITIZENS AND LEGISLATIVE COMMITTEE ON CHILDREN

2018 Public Meetings
Summary Report on Testimony Received

Joint Citizens and Legislative Committee on Children

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There is no keener revelation of a society's soul than the way in which it treats its children.

- Nelson Mandela

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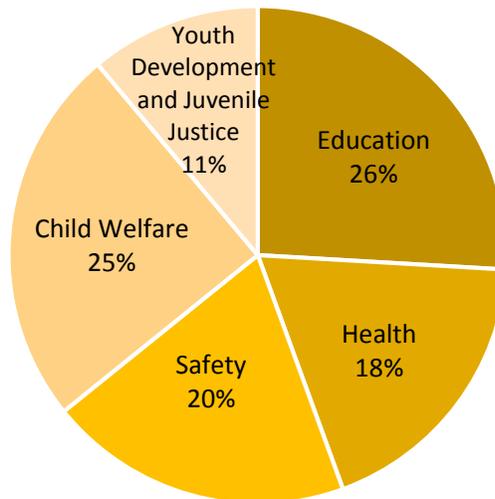
SUMMARY REPORT ON TESTIMONY

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 2018, the public hearings were held in Greenville on September 20, in Charleston on September 27, in Florence on October 4, and in Columbia on October 30. More than 80 citizens and advocates for children testified and offered recommendations for policy and legislative changes to be considered by the Committee on Children. Testimony and supplemental documents were also received via email and written submissions.

The collected body of information reflects a diversity of experiences and perspectives. Students, parents, educators, child service organizations, child and parent advocates, business owners, researchers, psychologists, attorneys, physicians, pediatricians, nurses, nutritionists and other professionals spoke to 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.

Areas of Testimony Topics



The summary presented in this report reflects the various issues raised during the 2018 public testimony period. The organization and order of these issues 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 Gun Violence/Safety

Issue:

- a. Gun violence is a public health problem of the highest priority. Gun violence is currently the second leading cause of death for American children and the leading cause of death for African American children and teenagers. Each year, over 2,700 children and teenagers ages zero to nine are fatally shot, and nearly 14,500 sustain gunshot injuries in America. American children ages five to 14 are 14 times more likely to be killed by guns than children in other countries. American teenagers and young adults ages 15 to 24 are 23 times more likely to be killed by guns than children in other countries. Approximately 1,600 deaths (or 60%) of the gun killings of American children and teenagers are homicides. Gun violence disproportionately affects African American children and teens who are four times more likely than Caucasian children and teenagers to be killed by guns.
- b. In 2017, South Carolina was first in the nation for the number of unintentional shootings of children under age 12. From 2014 through 2017, 198 teenagers in South Carolina were killed or injured by guns; 82 children under the age of 12 in South Carolina were killed or injured by guns in that time period. These tragic deaths are preventable. Evidence shows that responsible storage of firearms is associated with a lower risk of death from gun suicides and unintentional shootings.
- c. School safety should be guided by evidence and research. There is no real evidence that arming teachers and their personnel in schools would reduce gun violence. However, children often know where guns in the home are kept. According to one report, about 75% of children who were questioned knew where their parents hid guns. One third of the children said they had handled the gun, and 40% of those children said their parents did not know they had handled the gun. There is no program in place right now for schools and educators to help address the gun violence epidemic in South Carolina. Yet, nearly every school-aged child in our state lives with awareness and fear of gun violence as they take part in active shooter drills.
- d. Gun violence shapes the lives of millions of children – some witness it, some know someone who was shot, or some live in fear of the next shooting. Children exposed to violence, crime and abuse are more likely to use drugs and alcohol; suffer from depression, anxiety, or post-traumatic stress syndrome; fail or have difficulties in school; or engage in criminal activities as an adult. Only about half of the schools in South Carolina have a mental health counselor on staff.

- e. South Carolina ranks 2nd in the nation for aggravated assault with a gun crimes and 5th in the nation for gun homicides. For children under the age of 13, gun homicides most frequently occur in the home and are often connected to domestic or family violence. Another 35% of child and teen gun deaths (over 900 deaths per year) are suicides. These deaths usually involve a gun found in the home of a parent or relative. People with a history of committing domestic violence are five times more likely to subsequently murder an intimate partner when there is a firearm in the house. Nationwide, 93% of women killed by men were murdered by someone they knew, and the most common weapon was a gun. The link between guns and fatal domestic violence is so strong that studies show that simply living in a state with a high rate of firearm ownership increases a woman's risk of being fatally shot during a domestic violence incident.
- f. Most Americans support legislation to keep guns away from domestic abusers. Federal law prohibits domestic abusers from owning firearms, but that statute leaves victims vulnerable in many ways. Under the federal law, abuse is only considered domestic violence if the victim is currently or formerly married or living with the abuser, or if the parties have a child together, even though many people are murdered by dating partners. In recently years, at least 10 states, not including South Carolina, have passed a law to address this exclusion and include dating partners under the definition of domestic violence. Also, there is no quick way to temporarily seize someone's guns in South Carolina if they are a danger to themselves or others.
- g. In states that require background checks for all handgun sales, 30% fewer women are shot to death by an intimate partner. In South Carolina, about 20% of gun sales are completed without a background check. That means potentially someone convicted of domestic violence can legally buy a gun after their conviction. In addition, people adjudicated mentally ill can buy a firearm without a background check. Currently, South Carolina does not have any laws requiring responsible storage of guns. These dangerous gaps in our current law need to be closed.

Voice:

Very often when we approach schools or community organizations, when people hear anything about guns, they take a deep breath and say 'no, I don't want to address this hot button topic.' But this shouldn't be controversial. This is about education. It's not about new laws. It's not about taking away guns. It's about keeping your kids safe. And there are a lot of ways to do that and still have access to your gun... Not looking to take away anyone's guns, we just want to keep my four-and-a-half-year-old safe, anyone's child safe from gun violence.

Recommendations to the Committee:

- a. Require universal criminal background checks for all gun sales in South Carolina. Expedite sharing of information between the South Carolina criminal system and the federal criminal background check system.
- b. Oppose arming teachers at schools.
- c. Institute qualified mental health counselors in all schools throughout the state.
- d. Utilize Extreme Risk Protection Orders for those in crisis by temporarily separating a person from his or her firearm until they are evaluated by a mental health professional and deemed safe to handle it.
- e. Prohibit the possession of a firearm by anyone convicted of abusing an intimate partner or family member, including dating partners who do not marry or live together. Prohibit gun possession by anyone subject to a protective order restraining them from harassing, threatening, or stalking an intimate partner or family member.
- f. Raise the minimum age of purchase to 21, which could help deter a teenager from terrorizing another school.
- g. Limit the number of rounds in high-capacity magazines to give victims a chance to escape or fight back when a gunman has to change magazine clips.
- h. Encourage all medical professionals to talk to their patients about gun safety and provide guidance for doing so.
- i. Create laws that mandate safe storage of firearms and create more penalties for firearms that are not safely stored and are loaded. Twenty-seven states have enacted Child Access Prevention (CAP) laws that hold adults legally responsible for unsafe storage of firearms. Promote educational initiatives that encourage safe handling and storage of firearms. The state should get involved through the Department of Education or another organization to educate parents through the school system on the safe storage of firearms.
- j. Address the problems of stolen guns and the illegal trafficking of guns in a variety of ways, such as information campaigns about not leaving a weapon in an unlocked car and increasing penalties for those being found with an illegal weapon.
- k. Address the problems of poverty which undergird much of the neighborhood violence in minority communities.

2.2 Domestic Violence

Issue:

- a. In 2016, South Carolina was ranked the 6th deadliest state for women by the Violence Policy Center.
- b. According to the Centers for Disease Control and Prevention, teen dating violence is identified as the sexual, physical, emotional, or psychological aggression within a dating relationship, including stalking. Under Erin's Law, teen dating violence is

required to be discussed in schools, but little is done in the schools of South Carolina.

- c. Currently, S.C. Code Ann. § 20-4-40 allows a petition for relief to be made by any household members in need of protection or by any household members on behalf of minor household members. Children often have a difficult time communicating with their parents about relationships and may be more likely to confide in non-household members.

Voice:

As a state, we are unfortunately known for our history of high domestic violence rates. These instances of violence echo through our youth as they provide the lessons of how relationships function, what is permissible treatment, and whether or not it is ok to discuss. These echoes take hold as teen dating violence...In our world today, there are 13-year-old children being hit, being kicked, told they are worthless, and no one will ever love them. A child looking for pure acceptance and a place to fit in and thrive is instead finding fear, stress, and loneliness. Without the proper plans in place, we will continue to watch these echoes grow into shock waves through our children and their families.

Recommendations to the Committee:

- a. Support stricter legislation requiring schools to educate students on the signs of domestic violence, who they can talk with and how to get out of the situation.
- b. Amend S.C. Code Ann. § 20-4-40 to allow a non-household member to file an order of protection for a minor.

2.3 Youth Homelessness

Issue:

- a. National research indicates a range of circumstances and/or experiences that increase a young person's vulnerability to homelessness including poverty and family stressors such as addiction, abuse, divorce, death, teen pregnancy, and sexual orientation.
- b. Calculating the number of homeless youth locally has been challenging because of the various services and subpopulations providers serve. In 2017, the Homeless Management Information System reported 329 homeless youth between the ages of 18 and 24 in Richland and Lexington counties alone. More than likely, this number underrepresents the homeless youth population since many homeless youth are reluctant to seek services or may not be old enough to qualify for services.
- c. During a one-day count of homeless youth in January 2017, 60 youth were found either living on the streets or in shelters. During the 2016-17 school year, Richland School Districts 1 and 2 collectively identified 129 unaccompanied youth.

Unaccompanied youth are those who are experiencing homelessness while not in the physical custody of a parent or guardian. Many of these youth have left home because of family dysfunction, abuse, and/or neglect. Additionally, in 2017, the Richland County Sheriff's Department identified 316 missing persons or runaways between the ages of 16 and 22.

Recommendations to the Committee:

- a. Work with relevant organizations to facilitate change and advocate for more trauma-informed care across all systems for homeless youth.
- b. Support teaching of resiliency to the vulnerable youth. Train school leaders, agency staff, and community partners about the effects of trauma and appropriate responses to help mitigate the negative impact of adverse childhood experiences (ACEs) when serving youth of all ages.

III. Child Welfare

3.1 Daniel's Law

Issue:

- a. There is a need to extend the time of the Safe Haven law (also known as Daniel's Law) from 60 days to at least the first 120 days of life due to the prevalence of child injuries and abuse among children ages one and two. Some reasons that would make a child at risk for maltreatment include crying conditions like colic, which peaks at about two to three months of age, drugs in the home, parents with illnesses, or parents with prior criminal histories, etc.
- b. There is a lack of clarification in current law to address situations when infants are born at a Safe Haven and their mothers want to invoke the Safe Haven law at the time of birth.
- c. This lack of clarification also makes it difficult at times to discern instances of abandonment from instances protected under the Safe Haven law.

Voice:

I speak personally because my first son had colic and that was the path we followed. Having support, having a husband, having housing stability, no financial issues, no mental health or health issues amongst us, being educated and a nurse, I became frustrated when it was twelve weeks of his crying. So I can understand when parents who may not have support systems and are facing other issues when they have an infant who is crying, fussy, and how abuse and neglect can happen.

Recommendations to the Committee:

- a. Extend the Safe Haven provisions in S.C. Code of Laws Ann. § 63-7-40 to cover the first 120 days of life.
- b. Clarify current law to address births in Safe Haven locations.

- c. Provide additional guidance in the current law regarding whether abandonment or the Safe Haven law applies.

3.2 Kinship Care

Issue:

- a. In recent years, state and national initiatives have increased to promote the benefits of children who are cared for by their kin. South Carolina Department of Social Services (DSS) has joined this wave by requesting increased funding for those who choose to serve as kinship foster parents through their agency. DSS has also hired kinship care staff members to ensure the kinship care protocols are practiced as intended, however, there is still work to do.
- b. There are three ways children enter kinship care. The first is an informal arrangement where children reside with kin, but DSS is never involved. The second is a formal placement where the kinship family becomes a licensed foster care provider and the child is in the foster care system. The third arrangement is known as diversion, which tends to be the largest group in kinship care. With diversion, DSS assesses the situation and the children are placed with a family member before they are taken into state custody.
- c. Act 146 of 2018 allows for licensing of kinship caregivers, but it is not enough. Family members who step in to care for a child before the child enters state custody are being informed that they are not eligible to be licensed. As a result, kinship care families are not all connected to DSS. DSS mainly serves kinship care families with legal involvement, which leaves a larger segment, the informal kinship care families, with little to no structured support or consistent avenues for resources. Sixty-three percent of children placed in kinship care live with families whose incomes are below 200% of the federal poverty level; 55% of them live with a single caregiver; and 60% live with a caregiver who is older than 50 years old. One in four children lives with a caregiver who does not have a high school degree.
- d. There is a need for a more collaborative approach when serving kinship care families. This could be accomplished through the implementation of the Family First Prevention Services Act. The Family First Prevention Services Act will provide opportunities for Title IV-E funding to be used for services for children and families in the areas of prevention and treatment, kinship navigator systems, and assistance with identifying barriers and best models for licensing kinship care families.

Voice:

When I first got into the system, when the judge graveled that, "Ms. [name], you have legal custody of your two grandkids," it went downhill. I received no support, no type of information in order for me to properly move on and care for my children.

And the problem I found with DSS was the lack of communication, the lack of support, and the lack of communication among the other agencies... I was 51 years old. I haven't had any kids in my house for ten years. I don't know what Similac is anymore. I don't know how much it costs anymore. I didn't know about Pampers, and daycare. All of a sudden I had to regroup. And I had to regroup financially alone.

Recommendations to the Committee:

- a. Advocate for strengthening collaboration between DSS and other public agencies that serve kinship families to streamline the process of obtaining aid for children in kinship care.
- b. Encourage DSS to provide services (e.g., follow-ups) and resources to both formal and informal kinship care families.
- c. Further clarify whether or not the child entering state custody is a prerequisite for licensing of kinship care parents.
- d. Propose DSS institute more accurate training about licensing to ensure all kinship families are aware of their eligibility for licensure.
- e. Propose DSS track data and analyze data around diversion and kinship.

3.3 Statewide Child Abuse Response Protocol

Issue:

- a. South Carolina lacks standardized protocols setting forth minimum standards and policies when responding to child abuse cases. A state-wide child abuse protocol will ensure that all cases receive the same initial evaluation and standards for response.
- b. Currently, there is no implementation of the Child Advocacy Center Multi-Disciplinarian Team model (CAC MDT) throughout the state. The CAC MDT model supports a compassionate, coordinated investigative response to allegations in which children are named as victims of sexual abuse, physical abuse, or severe neglect, or as a witness to crime. Investigation of these allegations requires multiple agencies to determine whether a crime occurred. The CAC model reduces trauma and increases efficiency throughout the investigative process.
- c. There are areas in South Carolina where some child abuse cases are not being investigated through the CAC MDT model. In some cases, there are barriers to accessing services. In other cases, it is because decisions about whether to route child abuse cases through the CAC MDT model rests with local investigators who may not have clear guidance or policies on how to proceed. Since multiple studies show the CAC MDT model to be the best practice in the response to child abuse, a goal of a statewide protocol is needed to ensure all children have access to the model when they are in need.

Voice:

It is through the CAC where the family will receive continued advocacy, referral for mental health and medical services, amongst the vast array of other services. All of this comes at no cost to the children or families involved. It's really through the CAC model that child victims and their families can find comfort, healing, and justice.

Recommendation to the Committee:

- a. Legislatively establish a statewide child abuse response protocol as a minimum standard for the response to child abuse allegations in South Carolina.
- b. Encourage establishment of a group consisting of Children's Advocacy Centers and multi-disciplinarian teams to respond to allegations of child abuse.
- c. Support the statewide child abuse response protocol to ensure that all children have equal access to the trauma-informed, evidence-based services that the CAC MDT model can provide.

3.4 Family First Prevention Services Act

Issue:

The Family First Prevention Services Act, passed in February 2018 by the federal government, aims to keep families together by incentivizing preventative measures for children who are at-risk of entering foster care. The aims of the Act center on the following areas:

- a) Keeping families together: States can now use Title IV-E funds to provide prevention services and programs for up to 12 months for children deemed to be at imminent risk of entering foster care. The preventative measures include programs that help families dealing with substance use and mental health problems as well as teaching parenting skills.
- b) Recruiting foster families: The new law places a burden on the state to place children within its care into foster family homes. As a result of the shortage of foster families across the U.S., the federal government has given \$8 million to states for grants aimed at increasing their foster home capacity.
- c) Limiting support for congregate foster care: States can only claim Title IV-E funds on behalf of children living in congregate care for up to two weeks. Exceptions to this time-limit include living arrangements for prenatal, postpartum or parenting supports for teen moms, supervised living for a child 18 or older, "high quality residential services" for youth who have been victims of trafficking or who are at risk of it, and Qualified Residential Treatment Programs.
- d) Defining a Qualified Residential Treatment Program (QRTP): A QRTP is a licensed child-care institution with no more than 25 children. In order to receive federal funding, QRTPs must receive accreditation and licensing,

implement a trauma-informed treatment model, have registered or licensed nursing staff available 24/7, demonstrate family engagement and outreach, and provide discharge planning and family-based aftercare supports for at least six months post-discharge.

- e) Incentivizing placement in foster family homes: States can claim Title IV-E payments on behalf of a child living in a foster family home without a time-limit. A foster family home is defined as a home where a licensed foster parent resides with six or fewer foster children. The Act requires states to report additional data on out-of-home placements that are not foster family homes.
- f) Impacting congregate care facilities: In order to promote a family-like setting for children entering a state's care, the law has weakened the support given to congregate care providers.

Recommendations to the Committee:

- a. Gather input through public forums, schools, and community organizations to identify the most effective and equitable way to implement the Act.
- b. Use funding from the Act to provide prevention resources.
- c. Provide resources to parents such as in-home parenting skills training, parent education and counseling, and other critical resources.

3.5 Anti-Human Trafficking

Issue:

- a. The underground sex economy is a criminal enterprise driven by profit motive and subject to the laws of supply and demand. The criminal enterprise exists because the sex buyers are the sole source of revenue that creates and sustains the underground sex economy. The number of prostitutes and sex trafficked victims correlates directly to the revenue that flows from the sex buyers. As a group of offenders, the sex buyers are as responsible for the criminal enterprise that they create as the "pimps" who run it.
- b. Currently, the fines imposed on those who solicit sex are too low. In South Carolina, the penalty is only a fine of up to \$200, making it 47th out of the 50 states for lowest fines. By increasing the fines imposed on sex buyers, South Carolina could reduce the amount of human trafficking victims.
- c. Most providers of commercial sex enter the life as children. The Polaris Project recently reported that 44% of the 292 survivors that called in to the National Human Trafficking Hotline in 2014 entered commercial sex at age 17 or younger. Another study on domestic minor sex trafficking funded by the Department of Justice reported an average age of 15 for entry into commercial sex.

- d. There were eight reported cases of trafficking in Richland County last year and the number one relationship between a victim and a trafficker is a family member. Between 75-85% of children recovered from sex trafficking have been in social services at some point in their life and the majority have been runaways. Our children are not equipped with the tools to recognize the manipulation or formulate a strategy to escape it.
- e. Commercial sex is multi-traumatic for the victims. There are physical, emotional, spiritual, and psychological damages. “Pimps” and sex buyers are well documented as imposing violence, humiliation, degradation, and exploitation on their victims.
- f. There is a need for more safe house programs throughout the state; however, having more foster parent homes recruited, trained and supported is also necessary. Currently, the group homes and foster homes are where most confirmed victims are placed. Many of the placements are not adequately trauma-informed and trained to care for the trafficked victims.
- g. According to DSS policy, any child with suspicions of human trafficking involvement as well as children returning from runaway status must complete an assessment that identifies if a child is indeed a victim. Current practices in DSS are aligned with this policy. Victims of sex trafficking in DSS custody are not getting the therapy and services they need.

Voice:

As a [guardian ad litem] for commercial sexual exploitation (CSEC) of children, I am challenged daily with attempting to locate appropriate placements and therapeutic resources for the children I serve. It is almost impossible for a child to be placed in a residence where they will receive trauma-focused cognitive behavioral therapy for CSEC victims, continue their educational endeavors, maintain a sense of family while engaging with adequately trained staff who will not exploit them, because yes, it happens. The lack thereof proves the deficit in the state and a deterrent to recovery. It is with utter disappointment and anger that I am able to stand before you in 2018 and say that our state only has one open facility currently available to 10 females who are between 12 and 20 years old.

Recommendations to the Committee:

- a. Sponsor legislation in both the Senate and the House that would significantly increase the fines and penalties on sex buyers.
- b. Support legislation that requires human trafficking curriculum in every middle and high school throughout the state and mandates that school employees are trained on the signs to look for in potential human trafficking victims.

- c. Assemble a trauma-informed statewide response to include regional rapid response teams and multi-disciplinary teams (MDTs). Department of Social Services; Department of Juvenile Justice; Department of Mental Health; Department of Health and Human Services; Department of Education; direct service providers; law enforcement; GALs; healthcare professionals; children's advocacy centers; state, county, and regional anti-human trafficking task forces; and survivors must all be a part of multidisciplinary teams. Also, support the continued research efforts with funding from local, state, federal, and private levels to pilot MDTs in the state.
- d. Support law enforcement training on the identification and recovery of trafficked children and the development of a specific protocol on how to handle the runaways.
- e. Open and fund more assessment centers throughout the state for trafficked victims.
- f. Ensure the implementation of DSS policy that any child with suspicions of human trafficking involvement or returning from runaway status must complete an assessment which identifies if a child is indeed a victim.
- g. Add abuse and neglect reporting numbers to the human trafficking hotline poster and place the posters in more locations.
- h. Train, recruit, and support more individual foster homes for victims of human trafficking.
- i. Increase training to recognize and respond to human trafficking for guardian ad litem, school employees, and any other entities that may encounter a human trafficking victim.

3.6 Adding a Father's Name to a Birth Certificate

Issue:

- a. In South Carolina, when a court order establishes paternity, the father's name is not automatically added to the birth certificate like it is in the neighboring states and many others across the country.
- b. Paternity is established in about 90% of the births to married parents in the state. For the 10% of the birth certificates that do not have fathers' names on them, fathers or families have to go through a cumbersome and difficult process for the fathers' names to be added to the birth certificates.

Voice:

Birth certificates are really important documents. It supports your ID. It tells you where you're from and who your parents are and it needs to have both your parents on it. And when a child gets a birth certificate to go to school, I mean, if a father's name isn't on it, he's going to have a hard time enrolling that child in school.

Recommendation to the Committee:

Introduce legislation to add father's name to birth certificate automatically when paternity is established by court order.

3.7 Other Important Child Welfare Issues

- a. DSS faces challenges complying with requirements under the *Michele H.* lawsuit and the compliance could take 10-15 years to resolve. DSS should collaborate with high quality child placing agencies that deliver therapeutic foster care services to facilitate getting help to the children who need it most.
- b. We must develop child welfare policy that is right for the state of South Carolina. Multiple external factors including the lawsuit, program improvement plans, and changes in federal law are dictating what is happening right now and limiting our ability to make decisions in the best interest of each child.
- c. The use of safety plans by DSS should be better regulated. There are approximately 4,600 children who are in actual foster care when there are 74,000 children who have been taken from their families and put in some other placement that is completely unregulated.
- d. It is important to get maltreated children to permanent situations as quickly as possible. However, one of the big obstacles to permanency was delayed family court hearings. Cases were being continued repeatedly because there does not seem to be enough family court time.
- e. Children involved in abuse and neglect cases should be provided their own attorneys to facilitate the path to permanency.

IV. Child Health

4.1 Children Using Tobacco/Electronic Cigarettes

Issue:

- a. Young people and children are the most vulnerable population being impacted by the use of tobacco and e-cigarettes in our community.
- b. E-cigarettes are harmful to health. The American Academy of Pediatrics recently published a study that documented the presence of multiple carcinogens in the urine of youth using e-cigarettes. A National Institutes of Health (NIH) study showed that 66% of teens using e-cigarettes think that there is only flavoring in their e-cigarettes. Only 13% realized that nicotine is an ingredient. There was also widespread belief that e-cigarettes are less harmful than traditional cigarettes.
- c. The Food and Drug Administration (FDA) is seeking to address the epidemic of youth e-cigarette use. The FDA Commissioner believes that e-cigarette manufacturers are specifically targeting youth with child-friendly flavors. He has

recently used the authority of the FDA to demand that all e-cigarette manufacturers submit evidence of strategies and practices to keep youth from purchasing and using e-cigarettes.

- d. Despite state law requiring that an individual be age 18 or older to purchase and/or possess e-cigarettes, the use of e-cigarettes is rampant among middle and high schoolers. In 2016, 12% of high schoolers were using e-cigarette products. It has continued to increase since then. There is a substantial number of children who are initially use e-cigarettes and then switch to tobacco because of addiction to nicotine. It is easy for children to get addicted to tobacco. About 95% of adults who smoke tried their first cigarette before the age of 21, and as DHEC's most recent Youth Tobacco Survey has indicated, this problem may only worsen as child cigarette use has grown dramatically in the past several years. Nicotine is dangerous to the developing brain. It can interfere with the maturation of the prefrontal cortex which helps with planning, self-control, memory, and attention.
- e. Children can easily access tobacco products, not only socially through older friends, but also through retailer that have readily available access. Advertisements for tobacco products are everywhere. In Dorchester County, most students pass a minimum of 17 locations that sell tobacco on their way to school. Moreover, 13 is the average age for first use of tobacco, and 15 is the average age for first use of e-cigarettes in Dorchester County. Eighty-one percent of those youth said that it was very easy or somewhat easy for someone to access tobacco, and 80% said it was easy and simple to get e-cigarettes.
- f. E-cigarettes, especially Juuls, the best-selling brand, are small devices that look like USB drives. They are marketed in many flavors that are child-friendly. Some e-cigarette devices also allow for the vaping of marijuana. Given their small size, children can easily vape in the classroom, in the school restroom, and on the school bus. They inhale when the teacher is not looking and exhale into a shirtsleeve, hoody, or backpack. Juuls are extremely high in nicotine. E-cigarettes are not taxed at all in some locations in the state because they are not considered cigarette items by some legislation regarding taxation.
- g. A tobacco tax increase has been found to be an effective solution to child tobacco use. A tax increase of \$1.50 per pack would bring in over 250 million dollars of consistent revenue to the state and could reduce youth smoking by 16.4%, prevent 26,500 children under 18 from becoming adults who smoke, prevent 17,900 premature smoking-caused deaths, and provide over 1.3 billion dollars in long-term healthcare costs savings from adult and child smoking declines.
- h. Increasing the tax on other tobacco products to 47% of the wholesale price

would generate an additional \$61.4 million for the state in addition to countless long-term benefits due to declines in tobacco use. Increasing the funding of South Carolina's tobacco prevention and cessation programs to \$10 million annually would also help as it would allow many more addicted children and adults to have access to the resources they need to quit.

Voice:

Why is it [Juuls] are so popular? The flavoring. This is huge with the kids. Cool mint, bubble gum, red hot, orange popsicle... They are marketing to children and it is working. It is working in South Carolina...Children don't see this as being harmful. They think it's water vapor with flavor in it. Even that flavor is not necessary for them to inhale. It has nicotine in it. Even the products that are sold and say they don't have nicotine... They aren't regulated and when they have been tested, some of them do contain nicotine... I am also concerned as a mother of teen boys. They are constantly exposed to secondhand vapors in the classroom, on the school bus, and in particular, the restrooms at schools. My high school freshman reports that he cannot use the restroom at school without smelling e-cigarettes vapors. He has been telling me for a couple of years that he routinely sees kids vape in the classroom.

Recommendations to the Committee:

- a. Increase the South Carolina cigarette tax by \$1.50 per pack and increase the tax on other tobacco products to about 47% of the wholesale price.
- b. Amend South Carolina e-cigarettes definition to designate e-cigarettes as tobacco products subject to tobacco excise taxes. Youth are more price sensitive to the cost of tobacco. Utilization decreases as the price increases.
- c. Raise the minimum age for tobacco and e-cigarette purchases to age 21, such as in Hawaii, Maine, California, New Jersey, Massachusetts, Oregon, and District of Columbia.
- d. Consider retail licensing requirements for sales of e-cigarettes. Regulate the flavors that are available to the public so that they do not attract children. Messaging to teenagers should include warnings about the potential risk from toxic exposure to carcinogenic compounds generated by the products.
- e. Amend South Carolina Clean Indoor Act to expressly prohibit e-cigarette use in schools, facilities providing services to children, and public transportation including school buses. Engage the South Carolina Department of Education to assess what their needs are with respect to controlling in-school e-cigarette use.
- f. Increase the funding of South Carolina's tobacco prevention and cessation programs to \$10 million annually.

4.2 PANS and PANDAS

Issue:

- a. Pediatric Autoimmune Neurodeficiency Syndrome (PANS) results from an inflammation from infections that cause neurological symptoms in children such as obsessive-compulsive disorder (OCD) and anxiety. Pediatric autoimmune neuropsychiatric disorders associated with Streptococcus infections (PANDAS) is a subset of PANS.
- b. PANS affects 1 in 200 children, or 5,500 children in the state of South Carolina. There is no specialist that will treat PANS in South Carolina, and the Intravenous immunoglobulin (IVIG) treatment, an effective treatment, is not covered by most insurance companies.

Voice:

I felt that the medical community was watching my son in quicksand sinking deeper and deeper with all of them at the sidelines stating "sorry I can't help." When the prednisone ran out, his symptoms returned within minutes. I called my specialist again in New Jersey who ordered IVIG, he would help me, but I knew it was less likely for my insurance to cover, and I was right. We got denied. But at this point I was desperate. I let them know that I would pay the \$8,000 in cash. Well it was the best \$8,000 I ever spent because my son came back when he received the IVIG on June 11, 2018. He is now able to attend school. His tutor, psychiatrist, friends, and family have stated this is the best they've ever seen him since 2017... Obviously a lot of people can't afford \$8,000 and having your kids completely gone from you, to me it was almost worse than a death really when he was in an active state of it.

Recommendations to the Committee:

Pass legislation similar to that in Illinois and Delaware requiring insurance companies to cover the IVIG treatment of PANS.

4.3 Childhood Obesity

Issue:

The childhood obesity rate is decreasing and that has a direct relationship with the amount of wellness programs implemented in schools. Schools that participate in wellness programs have a higher attendance rate, lower expulsion rate, and lower retention rate.

Recommendations to the Committee:

Put health and wellness back as one of the top priorities so that evaluation of the wellness programs may continue.

4.4 Intrauterine Illicit Drug Exposure

Issue:

- a. The impact of in utero exposure to drugs is both short and long term. Infants born with drugs in their system will suffer withdrawals, the short-term effect. The long-

term effects include behavioral problems, attentions issues, cognitive performance issues, and lifelong significant mental health problems.

- b. Interventions at the infant and early childhood stage have shown results with improved behavior, better school performance, increased social and emotional health, and self-sufficiency skills. The earlier the services for the child and family, the better the chance of becoming a productive and active part of their community. Unfortunately, this is not taken into consideration in connection with receiving services from Medicaid.

Recommendations to the Committee:

Promote the acceptance of the current research of intrauterine drug exposure. The need to acknowledge the impact of drug use in utero is crucial to those children receiving services and being able to possibly move out of the cycle of substance use and mental illness.

V. Education

5.1 School Breakfast

Issue:

- a. South Carolina is currently ranked seventh in the nation for child hunger, and the issue of hunger is getting worse. One solution to that is being able to serve breakfast in the schools efficiently.
- b. Hungry children are not eating breakfast due to lack of choices, lack of opportunity if late to school, and negative stigma from peers. Children who eat in schools are often labeled as poor children. Stigma prevents hungry children from participating in breakfast programs. Other obstacles include bus schedules, parental drop off, tardiness, and food quality.
- c. In some of South Carolina's poorest districts where 100% of the children qualify for free breakfast, only 25% are eating breakfast. Additionally, middle and high school students are disproportionately impacted given that only eight to nine percent of those children are eating breakfast. There are associated negative effects when children are hungry at school including lower academic achievement, more frequent visits to the nurse's office, and poor classroom behavior.
- d. When children eat breakfast, their academic performance improves and a decline in tardiness and nurse visits is seen. Many elementary schools do a breakfast in the classroom program where all students eat in the classroom; this increases participation because it takes no effort on the part of the child such as going to the cafeteria to find food. High school students do not always function that well first thing in the morning. Therefore, there is a need to look at alternative breakfast programs for high school students.

- e. Breakfast in the Classroom is one of the alternative programs where all children eat in the classroom. Another program is the Second Chance Breakfast where breakfast is actually placed somewhere other than the cafeteria in high schools and middle schools between the first and second period. A different option involves grab-and-go carts for the traditional meal service periods. Some of these programs depend on the flexibility within the schools of where principals will allow food to be within their schools.
- f. Many states recognizing the benefit of serving breakfast at school have enacted a range of policies related to school breakfast (e.g., New Mexico, Virginia). The policy with the largest impact on connecting students to school breakfast are those that require schools to make breakfast a part of the school day, otherwise known as School Breakfast After the Bell. Some states require all schools to implement an after-the-bell model. Others target schools by grade level or level of need, based on the percentage of students eligible for free or reduced-price meals. Legislation can incorporate funding to help schools comply with a requirement, but many successful examples exist without this funding. States that implement this legislation have seen a dramatic increase in the number of children eating breakfast.

Voice:

I have eight schools in my district, all of which participate in Breakfast in the Classroom in order to make sure the children eat. They don't go to the cafeteria. That's where the poor kids eat breakfast. Now, instead of being in a situation where kids come - the cafeteria opens from 6:30 to 7:50 - the food is in the classroom and they have access to it through homeroom... And that way, it's not: this child is going to the cafeteria because they can't afford to eat breakfast. It is: everybody does it. It removes the stigma, and the children who would normally not eat because of being embarrassed actually get the opportunity to eat. It also eliminates a lot of phone calls to my desk from nurses going "I hate to tell you this. I know y'all were starting to get ready to serve lunch, but I've got a child in here hungry. That's what's wrong with him. They're hungry." And "it's okay, send him down I'll have something for him in five minutes". But that throws chaos because you have to stop what you're doing and make sure there is food for them. So, getting the principals and superintendents to agree with it - it's not a hard project.

Recommendations to the Committee:

- a. Consult with people in communities to recognize the importance of serving breakfast to children at school and advocate for the expansion of school breakfast in every school.

- b. Properly utilize the ample federal resources available for school breakfast programs, which will pay for the costs of food, labor, equipment, and overhead.
- c. Support alternative breakfast programs such as Second Chance Breakfast or Grab and Go Breakfast so that children have the opportunity to receive breakfast outside of the cafeteria.
- d. Increase breakfast participation through legislation implementing models such as School Breakfast After the Bell to include breakfast as part of the school day.

5.2 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 (e.g. a felony, a significant misdemeanor, or multiple minor misdemeanors).
- b. In South Carolina, DACA recipients are not eligible to receive in-state tuition, state-funded scholarships, or professional licenses despite being educated and qualified. Due to the restrictions, many DACA students are forced to leave South Carolina to work in other states after receiving a K-12 education from the state.
- c. South Carolina is experiencing work shortages across the state. Blocking DACA recipients' entrance into the work force is a betrayal to the investment that the state has already made --- investing in them K-12 but then preventing them from entering the workforce makes no economic or moral sense. This is a drag on the state's economy and handicaps our growth.
- d. DACA recipients make positive and significant contributions to South Carolina. Many DACA recipients work in the agriculture industry, are self-employed business owners, or are striving to become professionals. For example, in 2014, immigrant-owned businesses generated \$207 million dollars for South Carolina. Also, in 2014, immigrant-led households paid \$958.2 million dollars in federal taxes, \$379.2 million dollars in state and local taxes, and had \$4.1 billion in spending power. Moreover, in 2016, DACA recipients in South Carolina paid an estimated \$11.8 million dollars in state and local taxes. The parents of DACA recipients are by definition undocumented. In 2017, undocumented immigrants in South Carolina earned in total \$1.2 billion, of which \$44.9 million went to state and local taxes.

Voice:

We can all agree that every child deserves a fair chance. I'm advocating that you prioritize laws that will help every child live up to their full potential. This can be

done by removing barriers that stifle their ability to thrive in education and reach their professional goals.... By giving all children equal opportunities for economic and educational mobility, our businesses, our communities, our economy and our state can only become stronger... Investing in Dreamers is not only a humanitarian issue, but it's a smart choice for businesses and for the future of our state's economy.

Recommendations to the Committee:

- a. Support legislation with the goal of giving DACA recipients in-state tuition, state scholarships, and professional licenses.
- b. Reintroduce legislation that combines the three issues and consider the possibility of breaking up the legislation to allow it to pass.

5.3 Lack of Funding for South Carolina Education and Educators

Issue:

- a. South Carolina is not funding education as required under Section 59-20 of the South Carolina Code of Laws. Education has not been fully funded in the last 10 years and has only been fully funded eight times in the last 40 years.
- b. Teacher salaries in South Carolina are \$2,000 below the southeastern average. Educators are leaving the profession at rapid rates;6,660 teachers exited in 2017.

Voice:

Currently, I teach a student whose father died unexpectedly this past summer, a student whose mother has stage four colon cancer, and a student who is recovering from sexual assault. These are some of the stories that I know... My 104 students all bring a story into my classroom every day, and it is my job to help them succeed and prepare them for the future. But my hands are often tied due to lack of funding and a misguided use of the allocated money. South Carolina teachers are expected to meet the needs of all of their students while battling large class sizes, an unrealistic amount of academic content due to mandated testing, and inadequate supplies and resources. Despite these odds, teachers meet their students' needs every day. Imagine how teachers could impact lives if public education were fully funded.

Recommendations to the Committee:

- a. Fully fund education to at least meet the mandated level and increase financial support to educators.
- b. Support the request from SC for Ed and the South Carolina Education Association to increase teacher salaries across the board by 10%.
- c. Take steps to discourage the General Assembly from mandating new programs, tests, assessments, and reporting measures that place strain on teachers and additional obstacles for students.

5.4 Later School Start Times for Middle and High School Students

Issue:

- a. Adolescence is a time of great social change as well as a time of vulnerability. Unlike adults, who usually need about seven and a half hours of sleep a night, adolescents need about nine hours. However, very few adolescents get that. At about age 12, there is a natural shift in adolescents' internal clock by about two hours. That natural shift results in it being more difficult for those children to fall asleep and wake up in the morning for school. The current school start schedule does not coincide with adolescents' internal clock and brain development.
- b. Adolescents do not get enough sleep for a number of reasons, for example, school work, athletic activities, social activities, jobs, smart phones, and early school times. All these things have an impact and make it hard for adolescents to get enough sleep. Approximately half of schools start before 8:30 am in South Carolina.
- c. The effects of insufficient sleep are well documented in the medical literature. These effects affect every aspect of children's lives and can lead to mental health problems such as increased depression, higher obesity rates due to increased appetite, adverse effects on the endocrine system, increased risk of heart attack, strokes, high blood pressure, diabetes, and other long-term problems. Academically, the effects of insufficient sleep include increased truancy rates, inability to show up to school on time, decreased academic performance, and difficulty focusing. When children are tired, instead of falling asleep they start moving around and fidgeting and they look like children who have ADHD.
- d. School start times for secondary schools should be delayed to start at 8:30 am or later. This is supported by research and by the American Academy of Pediatrics, the Centers for Disease Control and Prevention, the American Ethical Research Association, the American Academy of Sleep Medicine, the American Academy of Child and Adolescent Psychiatry, the American Psychological Association, the American Thoracic Society, the National Sleep Foundation, the National Education Association, the National Parent Teacher Association and the National Association of School Nurses.
- e. Studies have examined the effects of delaying school start times. Truancy rates went down in all the schools that moved their school start times from earlier to later across the country whether it was in Tennessee, Colorado, or West Virginia. Crash rates decreased by 15% in most of these studies. In Minnesota, some children's SAT scores were 150 points higher in one year with delaying school start times. Children were more ready to learn and take those standardized tests. In a state that is looking for ways to improve its academic performance and standing, this small change could result in significant progress..

Voice:

The first concern about starting later is that the teenagers are going to stay up an hour later. The answer is absolutely not. The average student in the school districts who moved their school start times from earlier to later by an hour increased their total school time by 45-55 minutes so they are getting more sleep. That is sustained sleep, not just the recovery sleep on the weekend that doesn't help them long term.

Recommendations to the Committee:

Delay school times to at least 8:30 am for middle school and high school students.

5.5 Mental Health Training for Teachers

Issue:

- a. Many students are affected by mental illness and are not getting the proper help. According to the Association for Children's Mental Health, over 50% of students aged 14 and older with emotional and behavioral disabilities drop out of high school.
- b. Under the Jason Flatt Act, teachers are required to have mandatory training on how to help and recognize students with mental illness. A recent survey of high school teachers in the state found that out of 92 teachers who responded, 53% stated that they had never had training under the Act and 98% stated that they had never had any mental health training at all in the last 5 years.
- c. The Jason Flatt Act only requires training for teachers to recognize signs of suicide, and mental needs are much more diverse than that. This means that more than half of the teachers surveyed would not have been trained to help or see the signs of a student with any socioemotional issues.

Voice:

I listen to my friends try to figure out how to cope with everything that is expected of them and I worry when I hear panic in some of their voices. This should not be an issue. We have adults around us every day - people who we should be able to look up to, to talk to, and to be able to get advice from. Yet those same adults don't always know what to do or say.

Recommendations to the Committee:

Mandate standardized mental health training in each district without allowing for substitutions. Records of training should be kept to ensure accountability that each educator in the state has received training.

5.6 Early Childhood Education

Recommendations to the Committee:

- a. Reintroduce legislation regarding childcare facilities definitions.
- b. Review South Carolina Code Section 63-13-20(e) and request an opinion from the Office of the Attorney General regarding the requirement of licensure of South Carolina child care services.

- c. Recommend a liaison among the legislature, the Governor's Office, and organizations involved in early childhood education to bring the stakeholders together and coordinate efforts to pass legislation to protect the children.

VI. Youth Development and Juvenile Justice

6.1 Promoting Positive Youth Development in Schools

Issue:

- a. Despite ongoing educational reform efforts, educational disparities persist across South Carolina and the nation. Students living in poverty, students from racial/ethnic minority backgrounds, students with disabilities, and students who are English language learners are particularly vulnerable subgroups. As a result, promoting positive youth development in schools has become an exceptionally critical priority emphasized in new and expanded models of school and district improvement, through recent educational policy (e.g., Every Student Succeeds Act), and across national collaborative research efforts aimed at addressing some of the most complex challenges facing the nation.
- b. To support and promote students' healthy development, schools and districts need to be able to develop, coordinate, and evaluate a comprehensive system of learning supports. This system needs to include prevention, early intervention, and treatment/crisis services; needs to leverage school, family, and community resources; and needs to be informed and evaluated using multiple types of data. When these systems are in place, all students benefit through development of key social and emotional skills, critical protective factors that can buffer against many of the challenges that our students face to learning in schools, and those students at higher levels of risk receive services and supports aligned with their needs.
- c. Part of the problem, however, is that too many schools across South Carolina offer services to support youth that are not well coordinated, are not evidence-based or data-informed, or only focus on treatment/crisis services. This limits the ability of schools to comprehensively promote positive youth development for all students. This is not to say that treatment services are not critical, but it is equally important that schools offer prevention and early intervention programs to help prevent students from needing higher levels of services and supports.

Recommendations to the Committee:

Consider funding for school social work positions in every school. Schools should be required to have at least one social worker in every school building who can 1) develop and coordinate the learning supports offered, 2) provide evidence-based prevention and early intervention programs, and 3) evaluate the impact of these services and

supports on students' positive development. School social workers are trained and prepared to do this.

6.2 Raise the Age Implementation

Issue:

- a. The Raise the Age bill (Act 268 of 2016) sets July 1, 2019 as the date when 17 year olds will be taken out of the adult criminal justice system and added to the juvenile justice system, "contingent upon the Department of Juvenile Justice having received any funds that may be necessary for implementation."
- b. The Raise the Age bill presents a tremendous opportunity for positive change for our state for two reasons. First, it presents an opportunity to treat 17-year-old children as children. That means placing them in the juvenile justice system, not trying and punishing them as adults. The developmental evidence is quite clear that 17 year olds are children, so implementing this change is essential to treating them fairly. It is also essential to effectively rehabilitating 17 year olds who commit crimes, rather than treating them punitively which only increases recidivism rates. Second, implementing Raise the Age effectively presents a great opportunity to make long-needed reform in our juvenile justice system. Today, there are too many children incarcerated for minor offenses when less punitive approaches would be more effective and less expensive for DJJ. In addition, by not filling DJJ's facilities with children who could succeed in the community, effective reforms can make it possible for DJJ to implement Raise the Age without building new prisons.
- c. Research indicates that incarcerating children imposes significant harms. One study conducted in South Carolina demonstrated that incarcerating children at secure evaluation centers leads to recidivism rates one third higher than letting children stay in the community with certain conditions. Incarcerating children unnecessarily is a very expensive way to increase the crime rate.
- d. Research also shows that prosecuting rather than diverting many children also increases the likelihood of reoffending. A long-standing study out of Clemson University concluded prosecution for first offenses leads to more re-offending. This is particularly true for less serious first offenses, but it is also true for felonies. Other national studies found that diversion programs are generally more effective than prosecution in reducing recidivism. Locking up children for minor offense imposes significant costs on DJJ and likely increases recidivism.

Voice:

I want to emphasize that I am mostly not talking about reforms internal to DJJ. Rather, I am talking about what the legislature controls, because DJJ does not control its front door. Family court judges determine whether to commit children for secure evaluations, and judges determine whether to commit children to DJJ custody for

longer periods of time. And family court judges do so under statutes which provide far too much discretion. And that discretion is used to punish children, and to incarcerate them in a way that harms children, increases crime, and drains DJJ resources.

Recommendations to the Committee:

- a. Reintroduce legislation that would prevent the incarceration of status offenders.
- b. Amend the South Carolina Code Section 63-19-1440 to prevent secure evaluations absent guilty adjudications. Similar reforms are necessary to prevent pre-trial detention of children for more minor offenses.
- c. Expand diversion options for children.
- d. Limit the discretion that judges have in sentencing youth.

6.3 The Use of Residential Evaluation Centers

Issue:

- a. Evaluation centers are used to evaluate each youth for mental health concerns prior to their final disposition. Residential evaluations require young people to be removed from the community to a secured evaluation facility for up to 45 days. Each residential evaluation costs around \$9,000.
- b. More than half (54%) of all evaluations in the state take place in the residential evaluation centers and the remainder (46%) in the community. The use of residential evaluation ranges from a high 71% in the first circuit (Calhoun, Dorchester, and Orangeburg counties) and 69% in the second circuit (Aiken, Bamberg, and Barnwell counties) to a low of 18% in the 14th circuit (Allendale, Beaufort, Colleton, Hampton, and Jasper counties).
- c. Statewide, judges are somewhat more likely to order residential evaluations for more serious offenses. However, some status offenders are still sent off to residential evaluations. Circuits demonstrate large variety in the use of residential evaluation for status offenses. Overall, 47% of status offense adjudications result in an evaluation taking place in a residential evaluation center. This ranges from at least 70% in the second circuit (Aiken, Bamberg, and Barnwell counties), first circuit (Calhoun, Dorchester, and Orangeburg counties) and 15th circuit (Georgetown and Horry counties) to a low under 15% in the 12th circuit (Florence and Marion counties), third circuit (Lee, Sumter, Clarendon, Williamsburg counties), and 14th circuit (Allendale, Beaufort, Colleton, Hampton, and Jasper counties). The three circuits with the highest overall use of residential evaluation are also the three circuits with the highest use of residential evaluation for status offenders.
- d. Locking up children for minor offenses imposes significant financial costs on DJJ and likely increases recidivism. The Campaign for Youth Justice recently examined all children incarcerated for up to 45 days for secure evaluations. Only 38% of

children incarcerated for secure evaluations were adjudicated guilty of a felony. In some judicial circuits, that number was as low as 13%. Seventeen percent of children committed for secure evaluations had committed only status offenses, and 46% had only committed misdemeanors. Most of these children came back to court and were only placed on probation.

- e. The current evaluations require some psychological testing that can only be done by a psychologist even though there are many other licensed professionals in the community who are able to diagnose mental health conditions.

Voice:

Forty-five days in jail for a child is an eternity and it costs South Carolina lots of money. We should use residential evaluation centers extremely rarely. Forty-five days - you've lost a year of school. Some of these kids we're sending off to residential evaluations have never spent the night away from home. This is a radical intervention supposedly just to find out what they need. That should be done at home in their community and we should think very hard about using that tool for any purpose other than when it absolutely needs to be used.

Recommendations to the Committee:

- a. Encourage the use of more community evaluations than residential evaluations.
- b. Disincentivize the use of residential evaluations for status offenders.
- c. Incentivize using other mental health professionals to evaluate youth instead of only psychologists so that more evaluations can take place in the community as opposed to in the residential evaluation center.

6.4 Juveniles on the Sex Offender Registry

Issue:

- a. Placing juveniles on the sex offender registry imposes a life sentence on them. Those juveniles will likely be denied housing, employment, educational opportunities and social support because of this label for the rest of their lives.
- b. The registry law allows no minimum age for registration and, as a result, countless children have been put on the registry. Many of those crimes would have resulted in an informal reprimand and would have been an opportunity for teaching a child about boundaries a generation ago.
- c. The registry was based on the belief that sex offenders often show a high risk of reoffending. In fact, it has been found that sex offenders as a group have the second lowest rate of recidivism of any class of criminal offenders. While public officials for years brandished an 80% re-offense rate, research now reveals that rate is typically below 5%.

Voice:

Adolescents and teens are notoriously rash and impulsive. They routinely exhibit poor judgement and inability to associate consequences with their actions. Adolescents are not mentally equipped to make decisions about their behavior that are going to impact their future for the rest of their lives. The bottom line is we are giving life sentences for youthful offenders, denying them the opportunity to ever live a normal adult life, just for being stupid, irresponsible, normal kids.

Recommendations to the Committee:

Reintroduce the bills initiated by the Committee to give family court judges discretion over whether juveniles should be put on the registry.

6.5 Life without Parole Sentence for Juveniles

Issue:

- a. Juvenile sentencing has changed significantly over the last decade. A sentence of life without parole (LWOP) is now unconstitutional for children who have not committed a homicide crime but is still an option for children who are charged with homicide.
- b. In order to sentence a child to LWOP, that child must have an individualized sentencing hearing. However, children are still being sentenced to a long term of years that is the functional equivalent of LWOP. Mandatory minimums of 30 years are imposed on children who commit homicide.
- c. A large life expectancy study found that the expectancy of an 18-year-old male entering the South Carolina Department of Corrections is 55 years. Therefore, a sentence of 40, 50 or 60 years is the functional equivalent of LWOP.
- d. Another issue that is creating a functional equivalent of LWOP involves children who are sentenced to life with parole sentences and have repeatedly been denied parole for various reasons. Most of the children are representing themselves at the parole hearings. There are definitely better outcomes in instances where they have an attorney representing them.

Recommendations to the Committee:

- a. Introduce legislation to end LWOP for juveniles.
- b. Support a definition of 'effective life,' or the functional equivalent of a life sentence when sentencing juveniles.
- c. Support additional consideration and study of the use of mandatory minimum sentences applied to juveniles.

6.6 Other Important Juvenile Justice Issues

Issue:

- a. We need to have proportional and timely probation orders that are possible for children to follow.

- b. To stop locking up status offenders and status offenders who violate court orders or their probation.
- c. To be clear in legislative guidance given to the South Carolina Department of Juvenile Justice about the use of sentencing and solitary confinement.

VII. Programs and Resources (Listed Alphabetically)

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.

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.

Child Abuse Prevention Association

The Child Abuse Prevention Association (CAPA) is a local non-profit organization, incorporated in 1981. CAPA exists to break the destructive cycle of child abuse and neglect by equipping parents, children and their caregivers with necessary skills, knowledge and values. CAPA offers community and school-based Outreach Programs, safe sleep education, home visitation, and foster care.

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.

Connie Maxwell Children's Home

For 125 years, Connie Maxwell Children's Home has provided hope for South Carolina's children and families in need. Established in 1892 as a ministry of the South Carolina Baptist Convention, Connie Maxwell has positively impacted more than 17,000 individuals throughout our long history. We are a 501 (c) (3) nonprofit organization accredited by the Council on Accreditation (COA).

Family Voices United South Carolina

Family Voices United is a campaign that allows the unique and compelling voices of those affected by child welfare systems to work in concert with each other to drive change with specific emphasis on keeping families together. The goals are to engage local child welfare leaders in a collaborative learning environment, where the voices of people with lived experience are heard; cultivate deeper relationships among youth, parents and relative caregivers; and build capacity of foster youth, birth parents and relative caregivers to engage in conversations about Family First Prevention Services Act, historic new federal legislation that provides every state the opportunity to transform their child welfare system to better meets the need of families and children.

Felician Sisters

We are a Franciscan community of religious women who are committed to fulfilling the mission of cooperating with Christ in the spiritual renewal of the world. The Felician Sisters remain committed to promoting respect to human dignity, caring service that shows forth God's compassion, transformation that encourages open hearts and minds, and our continuous improvement in serving God and one another, solidarity with the poor ensuring that their needs are met through advocacy and action, and promoting justice and peace that ensures our children will live in a sustainable environment in peace and right relationship with all people.

Greenville Family Partnership

The Greenville Family Partnership (GFP) is a 501(3)c non-profit, focused in drug prevention and is a community/family-based organization. GFP focuses on prevention of drug use/misuse in youth around the upstate and believes in educating Parents as well as youth on the dangers of using drugs, especially at a young age. GFP works with students in Greenville County Schools, Greenville County/City Recreation Centers, and with Parents in our monthly parenting classes.

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.

Hello Family

Hello Family is a Pay for Success (PFS) project currently in development in the City of Spartanburg, South Carolina. PFS project is a project that drives better outcomes by paying for positive, measurable outcomes once they are achieved by service providers instead of paying for services upfront regardless of any results they produce. Institute for Child Success worked with the City of Spartanburg, South Carolina to assess the feasibility of using PFS. Hello Family seeks to improve outcomes for young children and their families by providing a continuum of evidence-based services for all children born in the City of Spartanburg, from prenatal care through age five, and linking payment to actual improvements in families' lives.

Hispanic Alliance

The Hispanic Alliance unites the largest network of agencies and individuals working collaboratively to advance Hispanic communities in the Upstate region. It builds trust with Hispanic communities by speaking their languages, promoting their culture, and understanding and addressing their needs. It helps partner agencies serve the local Hispanic population in a culturally, linguistically and socially appropriate way. Hispanic Alliance is nonpartisan and is a faithful advocate for diversity, equality, acceptance, and understanding. Our network advocates particularly for those who have left their countries behind – as well as their families, friends, and culture – to pursue better opportunities for their children.

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.

Justice 360

Justice 360 is a South Carolina non-profit organization working to reform policies and practices in capital proceedings. The mission of Justice 360 is to promote fairness, reliability and transparency in the criminal justice system for individuals facing the death penalty and juveniles facing lengthy sentences in South Carolina.

Lighthouse for Life

Lighthouse for Life exists to educate people about the realities of human sex trafficking in the United States and strives to arm individuals, families and organizations with the necessary knowledge and tools to detect, prevent and protect their communities from human trafficking. For the victims of human trafficking, the mission of the organization is to provide a safe environment for their spiritual, physical, and emotional well-being.

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.

MIRCI Youth Drop-In Center

The Youth Drop-in Center, as one of the services provided by the MIRCI- the Mental Illness Recovery Center, serves youth between the ages of 17-24 who are experiencing or at risk of homelessness by providing access to basic needs, behavioral healthcare, and referral to community partners for housing, medical, legal, education, and employment resources. MIRCI- the Mental Illness Recovery Center, Inc. is a 501(c)3 nonprofit organization that assists individuals with mental illness to recover in the areas of their lives impacted by their illness through housing, behavioral healthcare, and assistance with obtaining and managing their disability income.

Moms Demand Action for Gun Sense in America

Moms Demand Action for Gun Sense in America is a grassroots movement of Americans fighting for public safety measures that can protect people from gun violence. Moms Demand Action campaigns for new and stronger solutions to lax gun laws and loopholes that jeopardize the safety of families. Moms Demand Action has established a chapter in every state of the country and, along with Mayors Against Illegal Guns, Students Demand Action and the Everytown Survivor Network, it is part of Everytown for Gun Safety, the largest gun violence prevention organization in the country with more than 5 million supporters.

No Kid Hungry

No Kid Hungry is a national campaign run by Share Our Strength, a nonprofit working to solve problems of hunger and poverty in the United States and around the world. After 25 years of successfully investing in local nonprofits and helping find the best approaches to eradicating poverty and hunger, Share Our Strength launched No Kid Hungry in 2010.

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.

Safe Schools Project

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

SC for Ed

SC for Ed is a grassroots organization of educators. SC for Ed focuses on placing an extraordinary teacher in every classroom in South Carolina because our children deserve a high quality education. The mission is educational empowerment through community and advocacy in South Carolina.

Shifa Free Clinic

Shifa Free Clinic's mission is to provide compassionate and high quality medical care to uninsured, indigent adult residents of our community regardless of race, religion, ethnicity or national origin and to put into practice the Islamic teachings of compassion, mercy and service to humanity.

South Carolina Citizens Review Panel

Citizen Review Panels (CRPs) are federally mandated mechanisms for citizen participation in child protection, through evaluation and public outreach. Each state is required to have at least one CRP. Volunteer panel members assess their state and local child protective services (CPS) agencies and collect public opinion on CPS policies and services. The primary purpose of the Citizen Review Panels is to assist state and local child protection systems to be more responsive to community needs and

opportunities in providing child protection services through evaluation, public outreach, and advocacy.

South Carolina Network of Children's Advocacy Centers (SCNCAC)

SCNCAC is the accredited state Chapter of the National Children's Alliance (NCA). NCA is the national association and accrediting body for a network of more than 850 Children's Advocacy Centers (CACs). CAC is a child-friendly facility where many professionals work together to investigate abuse, help children heal from abuse and provide compassionate care for families. SCNCAC is the coordinating entity for the 17 CACs in South Carolina.

South Carolina Tobacco-Free Collaborative

The South Carolina Tobacco-Free Collaborative (SCTFC) is a 501(3)c organization. The Mission of SCTFC is to eliminate the toll of tobacco use by providing leadership, guidance, and resources to state and local partners. SCTFC was formed in 2001 to serve as a forum and voice for eliminating the toll of tobacco use in South Carolina. TFC promotes a coordinated effort among its member organizations to prevent tobacco use and its consequences while maintaining economic viability of communities.

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.

Women's Rights & Empowerment Network

Women's Rights & Empowerment Network (WREN) is a nonpartisan, nonprofit whose mission is to build a movement to advance the health, economic well-being, and rights of South Carolina's women, girls, and their families. In order for women to do fully engage in the workforce, WREN support policies that ensure that women are paid fairly and equitably; create access to paid leave- including earn paid sick days and paid family and medical leave; invest in women's leadership at all levels- that foster inclusion; increase access to affordable child care; and create ways to make post-secondary education attainable for women.