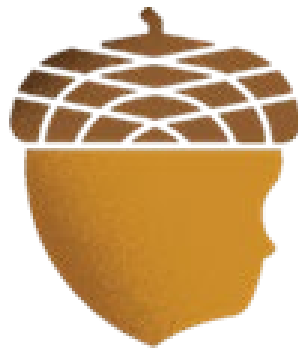


# **2020 Annual Public Hearings**

**Summary Report on Testimony Received by the**

**JOINT CITIZENS AND LEGISLATIVE  
COMMITTEE ON CHILDREN**



# Joint Citizens and Legislative Committee on Children

## Membership

### Appointed by the President Pro Tempore of the Senate:

Senator Katrina Frye Shealy, Lexington, Chair  
Senator Brad Hutto, Orangeburg  
Senator Darrell Jackson, Columbia

### Appointed by the Speaker of the House:

Representative Neal A. Collins, Easley, Vice Chair  
Representative Beth E. Bernstein, Columbia  
Representative Mandy W. Kimmons, Ridgeville

### Appointed by the Governor:

Ms. Marie M. Land, Manning  
Mr. W. Derek Lewis, Greenville  
Dr. Kay W. Phillips, Summerville

### Ex Officio:

Director, Department of Social Services ..... Michael Leach  
Director, Department of Disabilities and Special Needs ..... Mary Poole  
Director, Department of Juvenile Justice ..... Freddie Pough  
Director, Department of Mental Health ..... Kenneth Rogers  
State Superintendent of Education ..... Molly M. Spearman

**Committee Website:** [www.sccommitteeonchildren.org](http://www.sccommitteeonchildren.org)

### Committee Staff:

#### Children's Law Center, University of South Carolina School of Law

Amanda Adler, Senior Resource Attorney ..... amandaadler@sc.edu  
Morgan Maxwell, Child Law Fellow ..... mm96@email.sc.edu  
Liyun Zhang, Research Scientist..... zhang349@mailbox.sc.edu

1300 Pickens Street  
Columbia, South Carolina 29208  
(803) 777-1646

<https://childlaw.sc.edu>

# TABLE OF CONTENTS

<b>I. Overview .....</b>	<b>1</b>
<b>II. Child Safety .....</b>	<b>2</b>
2.1 Secure Firearm Storage	
2.2 Gun Ownership and Suicide	
2.3 Gun Violence in Schools	
2.4 Open Carry of Handguns in Public	
2.5 Background Checks for Firearm Possession	
2.6 Domestic Violence and Firearm Possession	
2.7 Lock Down Drills and Active Shooter Training	
2.8 Implementation of a Statewide Child Abuse Protocol	
2.9 Regulation of Motocross Venues	
2.10 Hate Crime Legislation	
2.11 Youth Homelessness	
<b>III. Child Welfare.....</b>	<b>8</b>
3.1 Support for Kinship Families	
3.2 Child Welfare System Experiencing Increased Demands in COVID-19 Pandemic	
3.3 Implementation of the Family First Prevention Service Act and the <i>Michelle H.</i> lawsuit	
3.4 Implementation of the Supportive Decision-Making Model	
3.5 Lengthen Time Limit Under Safe Haven Law	
3.6 Legislation to Define Child Torture	
3.7 Changing Incarceration from “Voluntary Unemployment” in Child Support Matters	
3.8 Medicaid Childcare Waiver 1115	
3.9 Language Barriers in Latinx and Indigenous Communities	
3.10 Parental Deportation	
3.11 Other Important Recommendations	
<b>IV. Child Health .....</b>	<b>13</b>
4.1 Food Insecurity	
4.2 Immunizations	
4.3 Lack of Agency Services for Children and Families that are Hard of Hearing	
4.4 Behavioral Health Services	
4.5 Tobacco Retail Licensure	
4.6 Youth Tobacco Use	
4.7 Pediatric DNR	
4.8 Gender and Racial Gaps in South Carolina	
<b>V. Education .....</b>	<b>18</b>
5.1 Teaching Equality in Schools	
5.2 Childcare Shifts with COVID-19	
5.3 Access to Affordable and High-Quality Early Education	
5.4 Childcare and Early Education Staff as Essential Workers	
5.5 Effects of COVID-19 and Education Funding	
5.6 Arts Education in Schools	

5.7 Special Education Needs During COVID-19  
5.8 College Access and Workforce Development (CAWD) Act  
5.9 Underfunding of Public Schools in South Carolina  
5.10 Sex Education in Schools  
5.11 Social-Emotional Learning  
**VI. Youth Development and Juvenile Justice ..... 24**  
6.1 Factors for Sentencing of Youth  
6.2 Waiving Juveniles to Adult Court for Sentencing  
6.3 Life Without Parole Sentencing for Youth  
6.4 COVID-19 Issues in Juvenile Detention Centers  
6.5 Appropriate Behavioral Health Services for Children with Disabilities  
6.6 Youth Community Services  
**VII. Other Important Issues..... 27**  
7.1 Invest in South Carolina’s Children  
7.2 Climate Change and Global Warming  
**VIII. Community Programs and Resource ..... 28**

The summary presented in this report reflects the various issues raised during the 2020 public testimony period. Their organization and order reflects topical grouping and does not indicate endorsement, priority, or weight. Issues and data are presented as they were received in testimony. This report is presented solely as information to members, stakeholders, and the public.

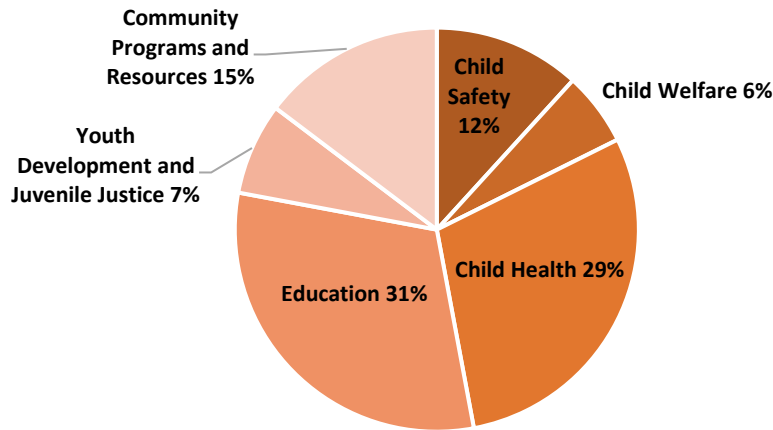
## SUMMARY REPORT ON TESTIMONY

### I. Overview

Every year, the Joint Citizens and Legislative Committee on Children holds public hearings throughout the state to solicit information from the public regarding key issues affecting children in our state. During the fall of 2020, the public hearings were held in Columbia on October 1, in Charleston on October 8, in Greenville on October 15, and in Florence on October 20. More than 50 citizens and advocates for children testified and offered recommendations for policy and legislative changes to be considered by the Committee. Testimony and supplemental documents were also received as email and written submissions.

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

**Areas of Testimony Topics**



## II. Child Safety

### 2.1 Secure Firearm Storage

#### Issues Presented to the Committee:

- a. 4.6 million children live in a household with at least one loaded unlocked gun, and the majority of children in gun owning households are aware of where their parents store their guns. More than one-third of these children reported handling their parent's gun and nearly a quarter of the parents were unaware that their children had handled the guns.
- b. South Carolina does not require gun owners to securely store their guns to protect minors or to protect against thieves.
- c. Households with locked firearms and separate locked ammunition have a 78 percent lower risk of self-inflicted firearms injuries.
- d. In addition to thievery and other misuse, unsecured firearms pose the risk of unintentional discharge by children and teens.

#### Voice:

*“A Friday I never forget, November 15, 2013, my only son, at the age of 21, with him and four of his friends, was shot. Black children and teens are 14 times more likely than white children to die by gun homicide. Black and Hispanic children and teens are impacted by gun violence at a higher rate than their white peers. My son, Nathan, is a stat... We need better gun laws to protect our sons, our daughters, and grandchildren from gun violence.”*

#### Recommendations to the Committee:

- a. Enact law to require people to securely store firearms when they are unattended.
- b. Sponsor a storage campaign to raise awareness of the requirement of this law, inform the state of the responsibility of firearm storage, and educate the public on ways to store firearms securely.

### 2.2 Gun Ownership and Suicide

#### Issues Presented to the Committee:

- a. Firearms are now the leading cause of death for children with teens in this country with 3,000 deaths per year. Approximately one-third of those deaths are related to suicide.
- b. In an average year, 1,100 children and teens die by firearm suicide. Nearly half of those who survive a suicide attempt report spending 10 minutes or less deliberating before the actual attempt. Risk of suicide increases with the accessibility to an unsecured firearm. 90% of suicide attempts with a firearm result in a fatality.
- c. Individuals who contemplate suicide with a firearm do not switch to another means if they do not have access to a firearm.

#### Voice:

*“[The Journal of the American Academy of Child and Adolescent Psychiatry] confirm this relationship between firearm ownership and teen suicide risk, and they found that each 10 percent increase in the state's firearm ownership rate was*

*associated with a 39 percent increase in firearm suicide among children aged 14 to 18.”*

**Recommendations to the Committee:**

- a. Enact secure firearm storage requirements.
- b. Connect individuals to mental health treatment.
- c. Support availability of mental health counseling for all students.
- d. Support Extreme Risk Laws with due process rights for gun owners.

**2.3 Gun Violence in Schools**

**Issues Presented to the Committee:**

- a. School shootings are becoming more prevalent and creating a culture of fear among students.
- b. The primary source of guns used in school violence with a shooter is from the home. Up to 80% of shooters under the age of 18 obtained the guns from their own home, around their home, or from friends.

**Voice:**

*“My 12-year-old granddaughter, she’s caring, she’s nervous, and she’s scared to sit on the porch now because Nate was shot and killed on the porch. She doesn’t want to come outside. She also told me that on her elementary school lockdown shooter drill, that she was so nervous and scared, her legs and shoulders were shaking so bad—she showed me how she was shaking. She told her friend and classmate next to her, she whispered, ‘Don’t say anything because the shooter will kill us like my Uncle Nate was killed while he was sitting on the porch’.”*

*“The thought that [at Marjory Stoneman Douglas High School] 17 lives were stolen in a matter of minutes at school, the place parents entrusted the safety of their children and the thought that the 17 lives lost could have easily been me and my classmates; that was a wake-up call. I realized how truly unfair it is that we as students are faced daily with the possibility that today could be our last.”*

**Recommendations to the Committee:**

- a. Support Extreme Risk Laws.
- b. Support and promote secure firearm storage at home, especially while people are spending more time at home during the coronavirus pandemic.
- c. Pass school safety resolutions within the School Boards that would require schools to send information about secure gun storage at home to parents.

**2.4 Open Carry of Handguns in Public**

**Issue Presented to the Committee:**

Police and Public Health Officials state that open carry of handguns in public will endanger our daily lives and making policing much more difficult.

**Recommendations to the Committee:**

- a. Oppose public open carry laws.
- b. Do not weaken the Concealed Weapons Permit (CWP) requirements.

## 2.5 Background Checks for Firearm Possession

### Issues Presented to the Committee:

- a. During the first seven months in South Carolina, citizens suffered 310 deaths, 490 injuries, and 813 incidents of gun violence.
- b. There is a loophole in South Carolina creating a way for firearms to be able to be purchased without a complete background check.
- c. Nationally, almost 300,000 guns were sold without completed background checks because of inefficiencies and poor funding of the federal background check system and the absence of a Universal Background Check policy at the state level.

### Voice:

*“Police have shared that reducing the opportunities to purchase firearms without a background check will ‘give us a fighting chance’ to deal with this situation.”*

### Recommendations to the Committee:

- a. Oppose legislation allowing “open carry” of handguns in the public.
- b. Enact legislation that encourages safe storage of firearms.
- c. Enact Universal Background Check policies with common ground exceptions.
- d. Implement a robust firearm safety campaign following law enforcement recommendations.
- e. Implement a vigorous awareness campaign that has the messaging that directly links unsecured firearms to suicide risks and encourages mental health to be part of the conversation in firearm sales.
- f. Support the availability of mental health counseling for all students before they are a harm to themselves or others.
- g. Support Extreme Risk Orders with due process for the rights of gun owners.

## 2.6 Domestic Violence and Firearm Possession

### Issues Presented to the Committee:

- a. Between 2014-2018, 111 women in South Carolina were fatally shot by an intimate partner.
- b. Nationally, nearly one-third of the children under age 13 who are victims of gun homicide connected to intimate partner or family violence.
- c. Children who witness domestic violence are more likely to become an abuser.
- d. South Carolina currently has loopholes in the domestic violence laws that allow people who are prohibited from possessing firearms under federal law to keep them under South Carolina law.

### Voice:

*“Children who survive and witness the death of their parent from IPV [intimate partner violence] suffer life-altering consequences, including severe PTSD [post-traumatic stress disorder], behavioral problems, and suicidal thoughts. These impacts significantly disrupt children’s school performance, and the trauma can follow them into adulthood. Children who witness domestic violence are much more likely to either be a victim or an abuser. I believe if we can reach the children, we can possibly break the cycle of domestic violence by educating adults and children about healthy relationships and helping them escape abuse.”*



**Recommendation to the Committee:**

Prohibit all people subject to order of protection related to domestic or family violence from possessing firearms.

**2.7 Lock Down Drills and Active Shooter Training****Issues Presented to the Committee:**

- a. During active shooter training, some are advising students and educators to counter or confront an intruder, advice that many experts believe is dangerous.
- b. Trainers often suggest teachers recruit the “biggest and bravest” students to counter an intruder as they enter a classroom.
- c. Teachers are instructed to tell the rest of the class to use anything to disorient an intruder, including the throwing of textbooks, desks, etc.
- d. Active shooter drills in schools are associated with increased in depression (39%), stress and anxiety (42%), and physiological health problems (23%) overall, including children from as young as five years old up to high schoolers, their parents, and teachers.

**Voice**

*“Sitting through active shooter training was simultaneously helpful and traumatic. Now I am expected to act as a medic? This is not what I signed up for nor did I sign up to train students to save me if I am the one shot.”*

**Recommendation to the Committee:**

Pause before rushing toward active shooter drills as a potential solution to school violence, as evidence suggests that they are causing lasting emotional and physical harm to students, teachers, and the larger community.

**2.8 Implementation of a Statewide Child Abuse Protocol****Issues Presented to the Committee:**

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

**Voice:**

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

*really minimize the stress created for children and families experiencing abuse during the legal investigative process.”*

**Recommendation to the Committee:**

Join the Child Justice Act Task Force in supporting a statewide protocol that is legislatively mandated to make sure all children in South Carolina are receiving the best practice services that Children’s Advocacy Centers and multidisciplinary teams provide.

**2.9 Regulation of Motocross Venues**

**Issues Presented to the Committee:**

- a. Motocross venues in South Carolina are completely unregulated. First, the venues have no separation for riders based on size of bikes, age of rider, or experience level. Second, there is no directional division on the tracks, which has resulted in head-on collisions. Third, the venues do not have properly placed entrances and exits for tracks, which led to the death of a young boy trying to exit the track at the only exit, located at the base of the hill. Fourth, people can freely consume alcohol and drugs on the premises, then enter the track with young children.
- b. Despite the use of protective equipment, motocross injuries can range from broken bones to traumatic brain injuries, or even death. When these injuries occur, there are no emergency medical services available at the facilities.
- c. Riders are issued liability waiver upon arrival, even if the venue knows that they are a minor.

**Voice:**

*“I had a 13-year-old son that was killed at a [motocross] facility due to egregious gross negligence in the operation... The facility where my son was killed didn't have any insurance and liability insurance, and it also was not capitalized. So, I'm in the process of trying to hold these people accountable for what they've allowed to occur and have no means of any type of recovery... The fellow that ran over and killed my son, he packed up and left. He rode off into the sunset. He was identified by name and there was no effort to even try to locate this guy.”*

**Recommendation to the Committee:**

Evaluate and push for regulation of motocross venues across the state.

**2.10 Hate Crime Legislation**

**Issues Presented to the Committee:**

- a. The federal government classifies a hate crime as a crime motivated by bias against race, religion, color, national origin, sexual orientation, gender, gender identity, or disability. South Carolina is one of four states that does not have updated hate crime laws or graduated sentencing for violent crimes.
- b. The lack of state hate crime laws allows people to discriminate without any additional penalty.
- c. There is a correlation between hate crime and the commission of extremely egregious acts of violence using firearms. Children are being recruited to commit

acts of hate. When exposed to hate crimes, children suffer anxiety and may be at an increased risk of suicide.

**Voice:**

*“For example, Sang Kun Pak from York County never truly received justice or felt safe after his martial arts fitness center was vandalized with anti-Korean graffiti and then, the eventual burning of the building. This resulted in the culprits only being charged with arson. People cannot feel safe in our country.”*

**Recommendations to the Committee:**

- a. Reintroduce and support Bill 3063, which would carry two-to-15 years in prison if someone assaulted, intimidated, or threatened others because of their race, religion, age, sex, national origin, or homelessness.
- b. Change sentencing guidelines to allow for greater penalties for repeat offenders and mandatory minimums for those committing hate crimes.

### **2.11 Youth Homelessness**

**Issues Presented to the Committee:**

- a. South Carolina is experiencing a youth homelessness crisis, especially during the COVID-19 pandemic.
- b. In the Midlands alone, there are about 82 units of housing across shelter, transitional, and permanent housing, specifically targeting homeless youth, and we know now that there are over 700 youth in the Midlands experiencing homelessness. That means that one twin-sized bed is expected to sleep nine people at a time in order for us to have adequate housing.
- c. Homelessness during COVID-19 presents additional risks as many providers are operating at limited or no capacity, leaving more and more homeless individuals to seek out safe havens wherever they can find them.

**Voice:**

*“2020 has been a wild year. As author Karen Russell said, ‘This season is unremittingly grim.’ It’s even more so for those who are unsure of where they’ll sleep tonight, where they’ll get their next meal, or how they’ll pay for their healthcare. And the days may yet grow darker, the nights more weary grow. Therefore, I’m calling on this Committee to take action. Let us work together to foster hope for the hopeless.”*

**Recommendations to the Committee:**

- a. Allocate funds through the State Housing Trust Fund, COVID-19 federal relief dollars, and/or the Savannah River Site settlement to establish emergency low-barrier shelters across the state.
- b. Establish a statewide task force of legislators, advocates, providers, state officials, youth, and other stakeholders to study and try to end youth homelessness in the state.
- c. Expand the legislative definition of “homelessness” by shortening the time frame required to meet this definition.
- d. Adopt legislation that requires youth discharged from public systems to be identified, and provided safe and stable housing.

- e. Require public, postsecondary institutions to reserve housing for homeless students.

### III. Child Welfare

#### 3.1 Support for Kinship Families

##### Issues Presented to the Committee:

- a. Families that have children placed in kinship care foster placements receive little to no communication from their South Carolina Department of Social Services (DSS) case manager.
- b. Kinship families frequently do not receive information about resources or services that are available to them.
- c. Kinship families frequently are not updated or informed about case status for the children.
- d. If DSS closes a family preservation case without going to court, the biological parent(s) retain legal custody which creates obstacles for kinship caregivers to provide safety for the children in their care.

##### Voice:

*“We know that this cannot only be solved DSS. This is a community-based issue and we need community-based solutions. I believe that South Carolina must continue to develop and support community-based programs to support kinship families.”*

##### Recommendations to the Committee:

- a. Develop and support community-based programs to support kinship families.
- b. Allocate funding to support kinship caregivers who have vulnerable children in their care.

#### 3.2 Child Welfare System Experiencing Increased Demands in COVID-19 Pandemic

##### Issues Presented to the Committee:

- a. The child welfare system has had to respond to increased demands from the COVID-19 pandemic and work harder to ensure that children and families in their care remain safe and well.
- b. There are increased needs associated with pivotal shifts to support children during the pandemic.

##### Voice:

*“We need your help in ensuring that this vulnerable population of children are kept at the forefront of discussions related to COVID-19 funding, as well (as) increased expectations of multi-agency collaborations (that) support child well-being system during the pandemic.”*

##### Recommendations to the Committee:

- a. Direct funding to support children, families, and caregivers in the welfare system throughout the COVID-19 pandemic.
- b. Support a more robust and responsive system to better support children in the welfare system, including those placed with kin and fictive kin.
- c. Reform the current Medicaid state plan to better align with the needs of the children and DSS.

### **3.3 Implementation of the Family First Prevention Service Act and the *Michelle H.* lawsuit**

#### **Issues Presented to the Committee:**

- a. DSS is working to transform the child welfare system in accordance with the Family First Prevention Service Act and the *Michelle H.* lawsuit.
- b. There are increased financial needs associated with implementing this change, and the child welfare system does not currently have the service continuum infrastructure needed to safely transition.

#### **Voice:**

*“In thinking about the federal court oversight in the Michelle H. matter and about the impending reforms. It must be emphasized that DSS needs the support of this Committee in helping to convince lawmakers on the Appropriations Committee that funding is desperately and critically needed. Without funding, the many objectives in the budget request, DSS is not going to be successful in meeting their federal required benchmarks. Our system of services and supports to vulnerable children and families will remain well below what is needed in order to impact change and create resiliency.”*

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

Allocate funding to DSS to help ease the implementation of the Family First Prevention Service Act and the *Michelle H.* lawsuit amidst the pandemic.

### **3.4 Implementation of the Supportive Decision-Making Model**

#### **Issues Presented to the Committee:**

- a. Parents often do not want their children to be in a guardianship, but feel they have no other choice.
- b. Many parents of children with disabilities work really hard to promote their child’s independence. However, the nature of some disabilities may mean that they require some level of support in making big choices in life.

#### **Voice:**

*“If someone opts for the decision-making model, they'll appoint a trusted person in their life, usually family member or friend who by serves as a supporter. And these supporters help the individual understand, make and communicate their choices. This model allows the individual to retain their autonomy while still receiving support they need. The great thing about supported decision-making is that it's very flexible. Each individual's plans will be tailored to their needs.”*

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

Enact a supportive decision-making model to provide people with disabilities in South Carolina an opportunity to live independent lives whilst offering their families peace of mind and confidence in their ability to continue to support their children.

### **3.5 Lengthen Time Limit Under Safe Haven Law**

#### **Issues Presented to the Committee:**

- a. The COVID-19 pandemic has decreased the number of children who are seen by child-serving professionals in the community.

- b. South Carolina's current Safe Haven Law is 60 days, and children under six months old are frequently subject to abuse and neglect but not covered under the current Safe Haven Law.

**Voice:**

*"The pandemic has changed our ability to see these kids. Children are not coming into schools. They're not coming into community settings. Parents are worried to bring their kids in the emergency department, and pediatric visits have been massively changed and effected in that way. And so, we don't have eyes and ears on these kids like we used to, which makes it all much more important to get out into the community, as early as that can be, and to think outside the box."*

**Recommendations to the Committee:**

- a. Lengthen the time frame for South Carolina's Safe Haven Law to six months.
- b. Provide funding to proactive community programs, such as a community paramedic program, that can conduct home evaluations for high risk children.

### **3.6 Legislation to Define Child Torture**

**Issues Presented to the Committee:**

- a. The majority of children who are tortured end up dying.
- b. Individuals who torture children have very poor rehabilitation prospects and a high rate of recidivism.
- c. A torturer moves onto the next child after the child being tortured dies. Therefore, the siblings of a tortured child are at a substantially higher risk than in other forms of abuse.
- d. The Federal Adoption and Safe Families Act (ASFA) allows states to forgo reunification if the abuse by a parent is verified and the parent has subjected the child to "aggravated circumstances." Torture is included in the list of "aggravated circumstances" cited in this federal law.

**Voice:**

*"Defining child torture in Title 63 will enable DSS case workers to quickly and accurately distinguish child torture from other forms of child abuse, also facilitating the correct safety plan for the child and any siblings. It also provides clarity for family court processes."*

**Recommendation to the Committee:**

Sponsor or support legislation to define child torture as a form of child abuse in Title 63.

### **3.7 Changing Incarceration from "Voluntary Unemployment" in Child Support Matters**

**Issues Presented to the Committee:**

- a. One of the largest barriers to rehabilitated citizens is child support debt that accrued while incarcerated.
- b. Of the 2.2 million people incarcerated in the United States, at least one in five have a child support obligation.

- c. Incarceration is treated as “voluntary unemployment” in South Carolina, thereby allowing the child support debt to accrue. However, under recent federal guidelines, states may not consider incarceration to be “voluntary unemployment.”

**Voice:**

*“Take the example of Stewart, one of our clients. He was institutionalized as a child and in and out of homelessness or jail most of his adult life. Unbeknownst to him, he was ordered to pay child support while he was incarcerated. When he got out, he owed more than 20,000 dollars in child support debt. He had never held a job and never had his mental health needs adequately met. Had he not been in Soteria’s residential and job program, his criminal record most likely would have barred him from employment and housing. When he received his first paycheck from Soteria, almost all of it was garnished for the back debt, taking his bank account down to 20 dollars. Without the support of Soteria, which most of the 1,000 returning citizens monthly in South Carolina don’t have, he would have been homeless.”*

**Recommendations to the Committee:**

- a. Amend current legislation to change incarceration from “voluntary unemployment” to “involuntary unemployment.”
- b. Automatically stay child support when someone is incarcerated for over 180 consecutive days. The stay shall remain in effect until 90 days after a person is released.

### **3.8 Medicaid Childcare Waiver 1115**

**Issues Presented to the Committee:**

- a. Although parents pay a lot for childcare, the childcare workers are still barely able to make ends meet. In South Carolina, the median annual income of a childcare worker is \$19,570.
- b. Childcare workers are helping to make sure that the economy continues during the COVID-19 pandemic, but since these childcare workers are not classified as essential workers, they are not allowed hazard pay during COVID-19.
- c. The state of Georgia passed House Bill 1114, which required Georgia Medicaid to cover lactation care and services to pregnant and lactating women, and to children who are breast feeding or receiving their mother’s milk, as well as postpartum care for mothers for a period of six months following the date that that woman gives birth. Georgia just passed a Bill requiring that if State Medicaid coverage could not cover the expenses for these mothers under State Medicaid without federal permission, that they would then be required to write an 1115 Waiver.

**Voice:**

*“Not everybody realizes who these childcare workers are and what they deal with every day. The first one is about Megan. She has a four-year bachelor’s degree from Clemson University in Elementary Education, but she works three jobs in order to make ends meet. She has been a childcare professional for 13 years, but yet, she cannot secure affordable housing because all of her check goes to housing and she does not have insurance. She’s worried about her future and if she ever were to get sick. Now*

*she works in a childcare center and she chose this profession definitely not for the money. She works so much so that she can continue to stay in childcare because she might have to leave if things don't get better for her. She is one example of a person who said even just having health care would really help her be able to stay in the profession... The least we could do for those taking care of our children and teaching them while we work is to provide access to health care."*

**Recommendation to the Committee:**

Write a Medicaid Waiver 1115 in order to allow Medicaid for childcare workers.

### **3.9 Language Barriers in Latinx and Indigenous Communities**

**Issues Presented to the Committee:**

- a. The Latinx and Indigenous communities are not being adequately served.
- b. When becoming involved with DSS, these families are not being provided with an interpreter in their native language.
- c. The language barriers cause a lag in the time it takes a case to close.

**Voice:**

*"As a former caseworker, I understand how difficult it is to deal with high caseloads and know that many times cases requiring an interpreter are not on the case worker's priority list."*

**Recommendation to the Committee:**

Pursue and encourage state agencies to hire people that can properly communicate with Latinx and Indigenous families.

### **3.10 Parental Deportation**

**Issues Presented to the Committee:**

- a. When parents are arrested for a crime, their children are brought into foster care.
- b. If these parents are deported, the child remains here.

**Voice:**

*"Sometimes, the parents end up being deported and the children remain here in a foster home. The child is then faced with staying in the US with hopefully an adoptive family, or returning to their family and loved ones in a country that they do not want to be in."*

### **3.11 Other Important Recommendations**

- a. Grant children and families in South Carolina's child welfare system priority access to vaccines and rapid testing.
- b. Allocate funding to ensure continuity and stability in education during the COVID-19 pandemic.
- c. Direct funding to nonprofits that provide support services to the children in South Carolina's guardianship.
- d. Proactively prevent shortages in appropriate placement settings during the implementation of the Family First Prevention Services Act.
- e. Support the House Resolution 8443, Cottage Homes to Improve Lives for Dependents (CHILD) bill.



## IV. Child Health

### 4.1 Food Insecurity

#### Issues Presented to the Committee:

- a. More than 200,000 children in South Carolina were identified as food insecure, as much as one in four children.
- b. A sustainable solution needs to be developed that does not place parents in a situation where they are forced to choose between employment or picking up food for their child.
- c. The COVID-19 pandemic has caused a decrease in well-child visits resulting in a lack of screening for developmental delays, mental health disorders, and socioeconomic risks.
- d. Food insecurity can lead to failure to thrive if the child has inadequate access to food, or obesity if the child only has access to unhealthy food.

#### Voice:

*“Measures have been taken by school districts, as well as many organizations, to provide temporary solutions to childhood hunger, especially in these last seven months. While the efforts were genuine and really helped many children, they are simply not sustainable. For example, bus stop meals. They’re a really good solution for a few days, but long-term we’ve seen that it’s not. Really, it boils down to: What are parents to do when they’re having to make choices that are so difficult—leaving a minimum wage job to try to pick up a meal, or losing that job, feeding their children, paying transportation costs.”*

#### Recommendations to the Committee:

- a. Support the Healthy Bucks program
- b. Support a study on food insecurity and its effects on education and the economy in South Carolina
- c. Provide support to state agencies to locate the families that are facing food insecurity and lack of child well-being screening.

### 4.2 Immunizations

#### Issues Presented to the Committee:

- a. Since the start of the COVID-19 pandemic, there has been a decrease in well-child pediatric visits, which has caused a decrease in immunizations given to children.
- b. There was a 35.4 percent decrease in our immunization rates from April 2019 to April 2020. Due to this drop in immunization rates, the population is below the immunization level needed for herd immunity against other communicable diseases like measles and whooping cough.

#### Voice:

*“We know our immunization levels have dropped so low that we don’t have it anymore. That leaves us susceptible to outbreaks of these diseases among the entire population of the state, not just among the children. If that happens, that will be devastating for the health of South Carolina. It will be devastating to the economy of South Carolina. We really need to make sure that doesn’t happen.”*

#### Recommendation to the Committee:

Children should be required by schools to be up-to-date on their vaccinations for every year of enrollment, regardless of whether the child is attending school in person or virtually.

### **4.3 Lack of Agency Services for Children and Families who are Hard of Hearing**

#### **Issue Presented to the Committee:**

In South Carolina, there is a high number of unidentified children with hearing loss (approximately 9,925), many of whom are receiving services daily from child-serving agencies who are not equipped to identify them or adequately serve them and their families.

#### **Voice:**

*"When I was working in the Department of Mental Health in Deaf and Hard of Hearing Services, I began working with a young man, we're going to call him Jay, who was already in his eighth or ninth foster care placement. He was seven years old and he had no language. I can tell you a long story about a tumultuous life, but let's suffice it to say, he's been through every single system represented by the JCLCC. He's endured 30 plus foster care placements, including two disruptions after adoption. He's had countless mental health workers. He's had more IEPs [Individualized Education Programs] than we could count, attempting to remediate the language deprivation of the first seven years of his life solidified, but he aged out of school before that was successful. And since there are no programs to teach language and vocabulary to deaf adults, his opportunities to improve the skills that were not repaired by the public school system are gone. He will forever struggle. That is now evident in his attempts to navigate the systems necessary to keep him going back to prison. After moving through DJJ and now SCDC, he's a convicted felon, having pled guilty to a crime he didn't understand because he did not have access to an interpreter when meeting with his public defender. He is 22 and I just spoke with him two days ago. He's aged out of our services, but I find myself still feeling somewhat responsible to help out because I was part of the system designed to support him that didn't. I wish that I could tell you that his story has improved, but it hasn't. And I wish that I could tell you that his story is unusual in South Carolina, but it isn't."*

#### **Recommendations to the Committee:**

- a. Develop a protocol on how each organization/agency tracks (or does not) children and families who are deaf or hard of hearing.
- b. Address the gaps in service provisions to ensure the unique needs of these children are met.

### **4.4 Behavioral Health Services**

#### **Issues Presented to the Committee:**

- a. During the COVID-19 pandemic, there has been an increase in behavioral issues in students and the lack of community-based services has resulted in mentally ill or intellectually disabled children being sent to Department of Juvenile Justice (DJJ).
- b. School behavioral assessment plans for students with behavioral issues are not consistent school to school and district to district.

- c. When a child is denied placement at a treatment facility, the appeals process can take weeks, resulting in a delay in services.

**Voice:**

*“In South Carolina, there currently is a law that states, ‘No juvenile with mental illness or intellectual disability shall be committed to the Department of Juvenile Justice.’ However, given the lack of community-based services, including appropriate intensive mental health services for the more seriously mentally ill children and child, courts are having no option but to send these youth to DJJ... DJJ is not equipped to provide appropriate mental health services and other treatment services, especially with the issues of COVID has just added to that pressure that they are facing in providing services, and appropriate services to youth.”*

**Recommendations to the Committee:**

- a. Advocate for funding to support community-based behavioral health services so mentally ill children are not institutionalized.
- b. The Department of Mental Health should provide more service placements for children with mental illness.
- c. Change the appeals process for Medicaid denials for treatment facilities so parents do not need to go through Managed Care Organizations (MCOs) first.

#### **4.5 Tobacco Retail Licensure**

**Issues Presented to the Committee:**

- a. South Carolina does not have a licensing scheme for tobacco sales (only one of 12 states without licensing requirements).
- b. Over half of high school South Carolina students report having used tobacco products including cigarettes, e-cigarettes, chewing tobacco, and new nicotine delivery systems that are constantly coming onto the market.
- c. Children are targeted by tobacco companies to become addicted to tobacco products.
- d. Children using tobacco products in schools takes away from teacher’s time for instruction and administration time to address to issue of vaping and e-cigarette use.

**Voice:**

*“I’m the mother of a child with severe asthma. My daughter suffers from asthma when she encounters a triggering substance. And it can take days to bounce back from an asthma attack like this. For myself, as a mother, the fact that she can be exposed to these tobacco products, which carry such dire health consequences for her, while sitting in the classroom at school is just unacceptable.”*

*“A 15-year-old young man presenting for a well adolescent exam... I ask, ‘Do you smoke?’ He says ‘no.’ ‘Do you vape?’ ‘No.’ ‘Do you Juul?’ ‘Yes!’ ‘How much?’ ‘One to two pods a day.’ The amount of nicotine in one Juul pod is equivalent to the amount in one pack of cigarettes. When compared to other e-cigarettes, Juul pods, for example, contained twice the amount of nicotine compared to other e-cigarettes. Think back to our young man. If he’s smoking one to two pods a day, that’s one to two packs of cigarettes per day.”*

**Recommendations to the Committee:**

- a. Support legislation to require licensure to sell tobacco.
- b. Increase penalties that youth are facing if they are caught with possession or using tobacco products.
- c. Limit the influence of the tobacco industry from creating more tobacco products directed at children.

**4.6 Youth Tobacco Use****Issues Presented to the Committee:**

- a. Tobacco use is the leading cause of preventable death and disease in the United States, responsible for the deaths of 480,000 Americans annually. An additional 16 million Americans live with a disease caused by tobacco.
- b. There were reductions in youth tobacco use, but the current youth e-cigarette epidemic is undermining the progress that has been made. In 2019, 21% of South Carolina's high school students reported using e-cigarettes.
- c. Vaping harms developing lungs and overall health, and contains the addictive chemical nicotine, sometimes in higher amounts than cigarettes.
- d. South Carolina is one of 12 states that does not require a license for retail sales of tobacco products, including e-cigarettes.

**Voice:**

*"The best way to prevent tobacco addiction in both youth and adults is to prevent youth and young adults from ever starting its use in the first place."*

**Recommendations to the Committee:**

- a. Establish and require statewide tobacco retail licensure, along with a penalty structure to hold retailers accountable for selling tobacco to minors.
- b. Defend state funding for tobacco control programs including prevention, education, and cessation.
- c. Pursue a cigarette tax increase of \$1.25 to reach the national state average of \$1.82.
- d. Ensure continued access to tobacco cessation services for all those who want to quit smoking.
- e. Support comprehensive smoke-free laws that cover all bars, restaurants, outdoor spaces, and multi-unit housing.
- f. Prohibit the sale of all flavored tobacco products, including menthol.
- g. Oppose all forms of preemption of state and local tobacco control authority.

**4.7 Pediatric DNR****Issues Presented to the Committee:**

- a. Pediatric DNR (do not resuscitate) orders are medical orders requested by parents or legal guardians of a child with a terminal illness after extensive consultation with the child's physician. DNR orders allow for comfort care but prohibit painful interventions such as chest compressions, electric shocks to the heart, and intubation.

- b. S.C. Code Ann. § 44-78-50 (B) states “No person under the age of eighteen years may request or receive a ‘do not resuscitate order for emergency medical services’ as provided for in this article.”
- c. Pediatric DNR orders are honored in healthcare settings, but because of the language in S.C. Code Ann. § 44-78-50 (B), they cannot be honored in a community setting.

**Voice:**

*“A young boy was admitted to hospice. After extensive consultation with the boy’s physician, his mother made the decision to request a DNR order. She wanted to focus on his quality of life and avoid any further painful interventions such as chest compressions or intubation. When her son started showing symptoms consistent with the active dying process, the mother contacted hospice. The grandmother, however, contacted EMS [emergency medical service]. EMS was the first to arrive and the mother provided EMS personnel with the signed DNR order. EMS notified the mother that they were required by law to perform chest compressions and intubation. Her son was transported to an emergency room where he later died.”*

**Recommendation to the Committee:**

Sponsor or support legislation to allow EMS workers to honor DNR orders.

#### **4.8 Gender and Racial Gaps in South Carolina**

**Issues Presented to the Committee:**

- a. Over two-thirds of South Carolina families have women as the primary or co-breadwinner for their household, and women head over 70% of single-parent families in the state.
- b. Poverty rates for women and children in South Carolina are higher than the national average.
- c. With schools and most daycares closed due to the COVID-19 pandemic, many women and families are struggling to bring income into their households and to keep family members safe, healthy, and educated.
- d. The COVID-19 pandemic crisis is already worsening gender inequality, with long-term implications for women’s employment.

**Voice:**

*“The long-term implications are clear: The COVID-19 pandemic will exacerbate inequalities between women and men in career advancement, lifetime earnings, and economic independence. That’s why South Carolina needs to act now to prevent the disastrous fallout already seen and soon to come... In order to effectively and responsibly respond to the economic crisis and ongoing pandemic, we must ensure that our children’s parents, caregivers and guardians are able to thrive and live in dignity.”*

**Recommendations to the Committee:**

- a. Raise minimum wage without exclusions for tipped workers, people with disabilities, and others.
- b. Guarantee equitable pay across genders.
- c. Advance paid sick and paid family and medical leave policies for all.

- d. Ensure high-quality, affordable childcare for families, and adequately compensate the childcare workers.

## **V. Education**

### **5.1 Teaching Equality in Schools**

#### **Issues Presented to the Committee:**

- a. Students are experiencing inequality in schools.
- b. School Counselors are required to learn about equality in their training, but they are not required to teach it to their students.

#### **Voice:**

*"I can say this with confidence because I see this daily with my kids in school. I've had the joy of spending numerous hours with children and hearing their voices. It breaks my heart that many are not comfortable or confident because of the inequality they experienced firsthand. Their voices need to be heard. A child should not feel smaller than anyone, but there are parents, students and others that make them feel this way."*

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

Require all School Counselors to teach equality to all students.

### **5.2 Childcare Shifts with COVID-19**

#### **Issues Presented to the Committee:**

- a. The COVID-19 pandemic caused many childcare centers to close—almost a 41 percent drop in providers. These closures are detrimentally impacting families and the economy of South Carolina.
- b. The childcare needs and demands are increasing at a rate that the open centers cannot keep up with.
- c. Families are choosing to keep children home during the pandemic. This lower attendance creates a higher cost for the center.
- d. One 4K classroom in each of the 17 non-CERDEP (Child Early Reading Development and Education Program) eligible districts would allow First Steps 4K to serve eight out of 10 four-year-old children that are categorized as deserving, at-risk, low economic children living in poverty.

#### **Voice:**

*"Since March 13<sup>th</sup>, many families in South Carolina have relied on unpaid childcare including family, friends, relatives, and neighbors for childcare. Currently in our state, those childcare options families had before March 13<sup>th</sup> aren't in existence anymore. And sadly, we're seeing many more centers that are not able to meet needs and demands. This is a huge crisis for South Carolina; not just for families, but for our economy, our businesses, our workforce, to not have an active, vibrant childcare system throughout the state."*

#### **Recommendations to the Committee:**

- a. Support statewide expansion of the CERDEP and First Steps 4K.
- b. Support full funding of at least \$4,800 per student for four-year-olds.

- c. DSS should provide childcare vouchers to lower income families that cannot afford childcare.

### **5.3 Access to Affordable and High-Quality Early Education**

#### **Issues Presented to the Committee:**

- a. Many children are starting school without the foundation of knowledge that is provided by early childhood education programs.
- b. The brain is 90 percent developed by the time a child is five years old, so early education and early childcare is crucial to a child's development.
- c. Early education helps break the cycle of poverty. Children who receive this education are 20 percent more likely to graduate from high school and earn more money than those who do not receive it. Research has also proven that a high-quality education for children before age five yields great results including: less likely to repeat a grade, less likely to be identified as having special needs, more prepared academically, more likely to graduate from high school, and higher earnings in the workforce.
- d. Early childhood educators are often paid hourly and do not receive benefits.

#### **Voice:**

*"We have this unspoken expectation of students to walk in the door, having a foundation of letter knowledge, early numeracy skills and social skills to build upon. In my experience, not every child, regardless of their economic situation, has an early education that is necessary to build this foundation... I could tell after the first day of class which of those children had attended preschool and which had not. The difference was so stark as far as their readiness to learn academically, their ability to get along with their peers, and their ability to follow along with classroom routines and procedures."*

#### **Recommendations to the Committee:**

- a. Foster strong communication between state and private agencies to ensure no child or family falls through the cracks during the COVID-19 pandemic.
- b. Support affordable access to early education for all children in South Carolina.
- c. Keep early childhood education at the forefront of any changes made to the education system post-COVID-19.
- d. Pass legislation for universal access to public 4-K for all children in South Carolina.
- e. Implement a streamlined structure to unite all publicly funded early childhood service programs to ensure fidelity to best practices, from birth to five-year-old children.
- f. Develop a way to incentivize employers to subsidize or provide early childcare for their employee's children.

### **5.4 Childcare and Early Education Staff as Essential Workers**

#### **Issues Presented to the Committee:**

- a. The COVID-19 pandemic has caused early childhood education centers to close and when children cannot attend daycare or 4K, families and local economies suffer.

- b. Early childcare and education are essential to development, therefore the centers that provide these services must remain open during the COVID-19 pandemic.
- c. Early childhood education providers do not qualify for Medicare and frequently do not make enough to afford medical insurance.

**Voice:**

*“I am very worried about the teachers of young children. We know that those first three years of life are so critical for a child and their development. Early childhood staff are having to make very hard decisions right now, risking their own health and safety to feed their families while caring for the children of others. They are working harder than others, as we heard before, even though they haven’t been deemed essential workers.”*

**Recommendations to the Committee:**

- a. Continue to support early childhood education through the Cares Act.
- b. Identify teachers, daycare employees, and education staff as essential workers.
- c. Allocate hazard pay and medical insurance benefits for education workers during the COVID-19 pandemic.

## **5.5 Effects of COVID-19 and Education Funding**

**Issues Presented to the Committee**

- a. The COVID-19 pandemic is presenting many social-emotional effects in classrooms and early childhood service organizations across the state.
- b. As a result of COVID-19 complications and underfunding, teachers are overworked and failing our students daily.
- c. Many teachers are choosing to leave the profession, causing a teacher shortage.

**Voice:**

*“By 8:30 in the morning, I've done the tasks of ten different jobs that are all contracted, and all paid for by school districts. I'm failing my students daily... I know that I'm an effective educator, but what I'm doing each day is not teaching. When it's a time that we know our children need our attention the most, they're getting the least of us. I'm here tonight to testify just to bring up that we already know we're in a teacher shortage. This week alone, I know four friends who have resigned early or they signed a leave of absence. Teachers are working around the clock to try to make up for all the holes in education where resources should have been spent but weren't. I believe that policy made in boardrooms instead of classrooms will not be effective solutions.”*

**Recommendation to the Committee:**

Work with teachers and keep learning at the focus of much needed education reform.

## **5.6 Arts Education in Schools**

**Issues Presented to the Committee:**

- a. Fine Arts classes have played a limited role in a student’s curriculum, leading to a lack of knowledge in those subjects compared to other core classes.



- b. Funding and budget cuts due to the COVID-19 pandemic have fallen disproportionately on arts education.
- c. Arts education has been proven to have lasting positive effects on students in and outside of the classroom.
- d. Schools prioritize sports, such as football, over arts education.

**Voice:**

*“When my teacher informed me that we could not meet to sing (even if we social distanced) at all during Phase 1, I was upset, but I understood why. However, I was appalled to learn that full-contact sports such as football would continue during this phase... It is not my intention to re-open activities for all art programs and clubs, especially while the corona numbers are still high. However, I hope you all consider to acknowledge its importance when we do decide to return and begin to treat the arts with as much respect as you do for sports.”*

**Recommendation to the Committee:**

Respect and prioritize arts education in South Carolina public schools.

### **5.7 Special Education Needs During COVID-19**

**Issues Presented to the Committee:**

- a. Through the COVID-19 pandemic there has been a significant increase in behavioral issues amongst students with disabilities.
- b. Behavioral assessments and plans for students with behavioral issues is not consistent across South Carolina schools.
- c. The COVID-19 pandemic has created record numbers of children and adolescents with anxiety, depression, eating disorders, and suicidality.
- d. Some children cannot participate in virtual school, further creating mental health issues.

**Voice:**

*“Pediatricians are seeing record numbers of children and adolescents with anxiety, depression, eating disorders, even suicidality, more than anything we've ever seen before. I can tell you I've been in practice for over 20 years and I've never, ever seen anything like this before. The causes are multifactorial. They include isolation from school closures. They include fear of the disease itself, stress from parental job loss and parental stresses, and then grief related to the loss of loved ones if a family member has died from the pandemic.”*

**Recommendations to the Committee:**

- a. Support and allocate resources for the Office of Special Education to train school districts to be better prepared for the increased needs of their students with disabilities, especially during the pandemic.
- b. Children with special needs should receive priority to return to in-person learning as soon as it is safe and feasible to do so.

## 5.8 College Access and Workforce Development (CAWD) Act

### Issues Presented to the Committee:

- a. In South Carolina, Deferred Action for Childhood Arrivals (DACA) recipients do not have access to in-state tuition, state scholarships, and professional licensing such as teaching, nursing, and cosmetology. The College Access and Workforce Development (CAWD) Act would eliminate these educational and professional barriers.
- b. The CAWD Act was H3404/S431 in the previous legislative session, but due to the COVID-19 pandemic, the Bill did not make it through.
- c. The CAWD Act would also benefit South Carolinians who have received work authorization and deferred status who might be immigrant victims of crime or human trafficking and are waiting for their visa applications to be processed.

### Voice:

*“As much as I want to go to school in South Carolina and be able to practice and serve my South Carolina community, I will not be able to because of these barriers. I will have to leave this state if I wish to pursue law school. Pursuing my education has been the toughest battle. I've had to work three jobs at the same time, one of those jobs including night shifts, to be able to make my tuition payments every month. These barriers are unfair to those of us who have grown up in the state and only want to give back to the community that they grew up in. The CAWD Act would allow me and any other DACA recipients in this state with dreams of pursuing an education and serving this state they call home.”*

### Recommendation to the Committee:

Continue support of the CAWD Act by reintroducing the Bill in the upcoming session.

## 5.9 Underfunding of Public Schools in South Carolina

### Issues Presented to the Committee:

- a. According to the Education for All (EFA) Standards, South Carolina is underfunding public schools by \$606 per student.
- b. The underfunding in schools is becoming more visible and prevalent during the COVID-19 pandemic.

### Voice:

*“We’re seeing the effects of that more than ever right now with COVID and reopening, that we just don't have the resources to do the things that we need to do to even keep students safe, much less to provide them with a high-quality education at every school. Obviously, this impacts some schools more than others. Some districts have a lot of local revenue that they can make up some of that lack that we're getting from the state; some districts are being hit really hard. I guess I just hope that we'll continue to advocate for an improvement to our base student costs. It's not going to fix everything, but it's certainly a year where some students are literally unable to go to school safely because we don't have the PPE [Personal Protective Equipment] or other measures in place to make that happen. And they also don't have the technology or the broadband internet or the Chromebooks or laptops or whatever to take home.*

*I think we're really seeing the effects of that inequitable funding more than we ever have."*

**Recommendations to the Committee:**

- a. Re-evaluate funding in South Carolina's public schools.
- b. Prioritize better pay and working conditions for teachers in South Carolina.

**5.10 Sex Education in Schools**

**Issues Presented to the Committee:**

- a. There is a detrimental lack of sex education in South Carolina schools.
- b. Topics covering puberty, sexually transmitted diseases (STDs), pregnancy, and consent are not adequately addressed in schools, and the effects of this are lasting.
- c. Proper sex education would lower the STD and teen pregnancy rates, as well as teach our children proper consent rules.

**Voice:**

*"I remember back in high school, multiple girls were being sexually assaulted and the guys just didn't know that it was wrong. They sometimes even thought the girls were playing around; or that because they were in a relationship, everything was okay and they were allowed to do everything they wanted, whenever they wanted. Then, this year on Twitter, I truly saw how bad things actually were, the amount of girls that were raped/sexually assaulted by guys from my high school is not okay at all. On multiple occasions, the guys would admit to what they did, but just not know that it was wrong at the time."*

**Recommendations to the Committee:**

- a. Pass legislation to reform sex education standards in South Carolina to benefit all students and victims of sexual assault.
- b. Require the state to teach medically accurate health information.
- c. Require specificity in consent education, gearing lessons towards both potential perpetrators and potential victims of sexual assault.
- d. End abstinence-only education.

**5.11 Social-Emotional Learning**

**Issues Presented to the Committee:**

- a. Emotions can facilitate or impede children's academic engagement, work ethic, commitment, and ultimate school success.
- b. The COVID-19 pandemic and racial injustice social movements have created emotional turmoil for our students with fear, stress, loss, and anxiety in the face of uncertainty, change, and violence.
- c. Proven effective social-emotional learning (SEL) programs help students learn compromise, conflict resolution and problem solving, and build empathy to help prevent school discipline problems, suicide, gun violence, and bullying.

**Voice:**

*"Growing up is tough. Growing up without the resources and the support you need is even tougher and our young people need our help... Every child needs [SEL] skills to*

*form healthy relationships, succeed in school and eventually excel in the workplace and in life.”*

**Recommendations to the Committee**

- a. Promote and advance SEL in all schools, families, organizations, and communities.
- b. Develop standards for the development of specific SEL skills at each grade level.
- c. Provide SEL training for educators.

**VI. Youth Development and Juvenile Justice**

**6.1 Factors in Sentencing for Youth**

**Issues Presented to the Committee:**

- a. Juveniles, who are now adults, were sentenced to parolable life sentences stand before the adult parole board.
- b. The adult parole board is not required to consider that they were a juvenile when they were sentenced or at the time of the offense was committed.
- c. The parole board does not consider the *Aiken v. Byars* factors established by the South Carolina Supreme Court. The factors include defendant’s chronological age and the hallmark features of youth—immaturity, impetuosity, and failure to appreciate risks and consequences; family and home environments surrounding defendant; circumstances of the homicide, including the extent of defendant’s participation and how familial and peer pressures may have affected him; incompetencies associated with youth including defendant’s inability to deal with police officers or prosecutors or to assist his own attorneys; and the possibility of rehabilitation.

**Voice:**

*“As a result, we’ve seen a number of people have been denied parole multiple times, sometimes just on the basis of the nature and circumstances of the offense. So, that’s the one thing that the juvenile cannot change, so even if they have shown that they have been reformed and have shown that they are doing well and are ready to be released into society, the parole board has denied parole simply on the basis of the nature of the offense. And so, what we believe that is doing is turning these sentences into life without parole sentences without an individualized sentencing hearing or without consideration of those *Aiken v. Byars* factors.”*

**Recommendations to the Committee:**

- a. Abolish all extreme sentences that might turn into life without parole for youth.
- b. Consider parole reform.
- c. Require parole boards to consider that they were juveniles when the offense occurred in determining parole and resentencing.
- d. Require the parole board to consider the *Aiken v. Byars* factors.

**6.2 Waiving Juveniles to Adult Court for Sentencing**

**Issues Presented to the Committee:**

- a. Juveniles who are charged with murder are being waived into adult court to face life without parole sentences.

- b. The courts are using outdated factors when determining whether a juvenile should be transferred into adult court.
- c. The attorneys handling these waiver cases are not fully trained and have little to no experience in the *Aiken v. Byars* factors and in what is known about juveniles sentenced to life without parole.

**Voice:**

*“Those factors are based on a 1966 United States Supreme Court case called Kent v. United States. They don't take into account what we actually know about children, and I think the symbol of that is that one of the factors is if the person has an adult co-defendant, then that weighs in favor of waiving somebody into adult court so that they can consider all of the cases together in general session, rather than in the family court. But what we know about juveniles from the neuroscience is that they are more susceptible to the influence of older adults, and so actually, that should weigh in favor of keeping a juvenile in family court... If these children are facing the most extreme sentence that they are eligible for, life without parole or death in prison sentences, then there needs to be funding and resources that go to the attorneys who are working on these cases for investigation, preparation, and for adequate care both in family court and in general session.”*

**Recommendations to the Committee:**

- a. Re-evaluate and reform what factors the family courts are considering when waiving juveniles into adult court.
- b. Allocate funding to ensure there are resources, both in family court and adult court, for attorneys handling juvenile waiver cases.
- c. Consider specific training requirements for attorneys handling waiver cases.

### **6.3 Life Without Parole Sentencing for Youth**

**Issues Presented to the Committee:**

- a. The U.S. is the only country in the world where a child can be sentenced to die in prison.
- b. The U.S. Supreme Court has issued a series of opinions holding that life without the possibility of parole for minors is unconstitutional, except in the rarest of cases where the child is deemed “irreparably corrupt.” Over half of the states have said that a child cannot be “irreparably corrupt,” therefore they cannot be sentenced to life without parole.
- c. The life without parole sentence is given 10 times more frequently to black children than white children.
- d. The recidivism rates for juveniles was 1.14 percent. This correlates to the fact that a children’s brain is still developing, meaning that they have the ability to grow, mature, and become productive adults.

**Voice:**

*“The prison environment is definitely not conducive to any child seeking to better themselves. But like many other children that are currently serving these sentences, I did it, I bettered myself. Sadly, though, with years of minimal contact with people from the outside, I stand before you today, a witness and an example that children have a*

*unique capacity for change in spite of the violence, often occurring depression, and the fact that our sentences would outlast our lifetimes, we dreamed of a chance to correct the errors and our judgement. While growing up in prison, I matured...Out of the 600+ youth whose have been released, who were told that they would die in prison, 140+ of those men and women are active within our ICAN network and active within their communities. All of our members were charged with homicide related crimes and faced life without parole as children. We are not monsters. Yes, we made critical errors in our judgment as adolescents, but we are all more than the worst thing that we have ever done. We just need an opportunity to prove it.”*

**Recommendations to the Committee:**

- a. Abolish life without parole sentencing for youth in South Carolina.
- b. Propose and/or support a juvenile sentencing reform act that eliminates life without parole (and its equivalent) sentences for juveniles
- c. Renew the 2019 Youth Sentencing Reform Act.
- d. Require consideration of the characteristics of youth as part of the Parole Board's consideration when reviewing juveniles sentenced to parolable sentences.
- e. Require family courts making waiver determinations to consider factors consistent with Aiken and Miller.

#### **6.4 COVID-19 Issues in Juvenile Detention Centers**

**Issues Presented to the Committee:**

- a. The COVID-19 pandemic has slowed down and delayed all court processes including juvenile sentencing cases, juvenile resentencing cases, and juvenile cases currently in the waiver process.
- b. Chronically understaffed detention centers are turning to solitary confinement during this delay.

**Voice:**

*“[T]here are more children who are sitting in the juvenile detention centers with un-adjudicated crimes. They are getting longer periods of time there, and I'm sure you're all aware of the lawsuit against the Charleston Juvenile Detention Center as a result of issues with the conditions there. We're finding very similar conditions at the Midlands Juvenile Detention Center, which houses juveniles from around the state who are in a pre-adjudication standing. We find that they are chronically understaffed there; they're using solitary confinement for juveniles, as far as we can tell, as punishment for a longer period of time than is appropriate because they are juvenile.”*

**Recommendations to the Committee:**

- a. Seek ways to remedy the COVID-19 delays.
- b. Allocate funding to help improve the conditions in the detention centers.
- c. Consider reforms that eliminate solitary confinement for juveniles.

#### **6.5 Appropriate Behavioral Health Services for Children with Disabilities**

**Issues Presented to the Committee:**

- a. S.C. Code Ann. § 63-19-1450 states, “No juvenile may be committed to an institution under the control of the Department of Juvenile Justice who is seriously

handicapped by mental illness or retardation.” However, due to the lack of community-based services, including appropriate intensive mental health services for the more seriously mentally ill children, courts are forced to send these youths to the Department of Juvenile Justice (DJJ).

- b. The *Alexander S.* lawsuit was settled with DJJ stating that once a child has been evaluated and diagnosed with a serious mental illness or disability, DJJ is to transfer that child’s care to the Department of Mental Health (DMH) or the Department of Disabilities and Special Needs (DDSN). However, children with disabilities are continually being placed with DJJ, and DJJ is not equipped to provide appropriate mental health and treatment services to these children.

**Voice:**

*“We have seen directly how the lack of community-based behavioral health services are impacting our children. One of the most troubling trends in South Carolina is the institutionalization of children who have mental illness and intellectual disabilities.”*

**Recommendations to the Committee:**

- a. Enforce the *Alexander S.* lawsuit against DJJ.
- b. Support community-based resources for children with disabilities.

## **6.6 Youth Community Services**

**Issues Presented to the Committee:**

- a. South Carolina needs more recreational outlets for youth ages 13 to 20.
- b. South Carolina youth need access and resources to provide for themselves and their families.
- c. State agencies need to be accountable to the communities they serve and offer transparency regarding state spending.

**Voice:**

*“In 2017, My Brother’s Keeper Alliance of South Carolina began work with the Campaign for Youth Justice to assist with implementation of South Carolina’s raise the age legislation. Our youth educated youth and community members around the state about the importance of this legislation. We were both proud of our efforts and excited about the opportunity to invest in community alternatives rather than building new youth facilities when the legislation was successfully implemented in 2019.”*

**Recommendation to the Committee:**

Implement a Youth Advisory Council at the Department of Juvenile Justice to assist them in developing community programs to prevent youth arrests.

## **VII. Other Important Issues**

### **7.1 Invest in South Carolina’s Children**

**Issue Presented to the Committee:**

South Carolina has an opportunity to invest in the future of the state and our neighbors.

**Voice:**

*“Communities are worth it. Families are worth it. Parents are worth it. Children are*

worth it. The return on investment: Children are 25 percent of our population and 100 percent of our future. Healthy and strong families are good for everything.”

**Recommendations to the Committee:**

- a. Extend pride, honor, and help to our surrounding communities.
- b. Invest in South Carolina’s children and keep them at the forefront of decisions.

**7.2 Climate Change and Global Warming**

**Issues Presented to the Committee:**

- a. The World Health Organization says that nine out of 10 people in the world breathe polluted air. It is estimated that seven million people die every year due to polluted air.
- b. Climate change has caused multiple natural disasters over the last 20 years such as droughts, heat waves, wildfires, hurricanes, etc. These disasters are becoming more frequent due to the rising temperatures on earth.
- c. The world’s temperature is rising at increasingly rapid rates, and it is estimated that the temperature will increase by up to 3.2 degrees Celsius in the next couple of years. These temperature rises can be avoided if countries reduced their use of fossil fuels and greenhouse emissions.
- d. Further predictions include that 99 percent of coral reefs will be extinct by 2050, that nearly 350 million people globally will be exposed to deadly heat stress by 2050, and that nearly one trillion dollars’ worth of damage will be done to infrastructure and coastal real estate values nationally by 2100.

**Voice:**

*“Global warming has been overlooked to the point where two artists by the name of Andrew Boyd and Gan Golan created a global warming clock that is displayed on the Metronome in Union Square New York. This clock depicts how much time we have left until global warming becomes irreversible. As of October 15, 2020, we have seven years, 77 days and 13 hours left. To me, my partner Emilei, and the rest of the younger generation, this is extremely terrifying. Although seven years may seem like a long time, it is not.”*

**Recommendations to the Committee:**

- a. Implement policies aimed to combat climate change and economic inequality like the Green New Deal.
- b. Reallocate funding to projects that will prevent and reverse the conditions that contribute to poor environmental conditions.

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

**Carolina Youth Development Center (CYDC)**

CYDC is a 501(c)(3) organization. The mission of CYDC is to empower and equip our community’s most vulnerable children by providing a safe environment, educational support, and career readiness, in collaboration with families and community partners. Its vision is that all children will have loving and stable families and a nurturing community empowering them to lead successful lives. Founded in 1790, CYDC is an important part of Charleston’s historic and cultural heritage, a direct descendant of the Charleston Orphan



House, America's first publicly funded orphanage. Today, CYDC provides programs reaching over 1,200 children, youth and their families locally each year. CYDC cares for young people who are victims of physical and sexual abuse, neglect and abandonment, as well as providing resources and support to area families at risk of having their children removed from their home. Accredited by the Council on Accreditation (COA) continuously since 1980, CYDC is a funded partner of Trident United Way, and a member of Child Welfare League of America, the Palmetto Association for Children and Families and the Alliance for Strong Families and Communities.

### **South Carolina Infant Mental Health Association (SCIMHA)**

SCIMHA is a multidisciplinary association of professionals working to promote nurturing relationships for South Carolina's infants, young children and their families through resources, policies and practices to foster healthy social-emotional development and well-being. SCIMHA provides professional development services for all entities that would serve children to encourage assessment and development of infant mental health. SCIMHA has developed the Prenatal-3 plan that focuses on fostering a collaborative, coordinated, and comprehensive system of care that is relationship focused, developmentally sensitive, culturally responsive, trauma informed, and spans the continuum of promotion, prevention, and treatment. The plan includes "reinforcing supports" comprised of: childcare, infant mental health, teacher well-being, developmental screenings, parent coaching and education, home visiting for infant and toddler trauma, postpartum home visiting, newborn and maternal health nutrition, Safe Baby Court Initiative, and child-parent psychotherapy.

### **Waccamaw Youth Center**

Waccamaw Youth Center is a member of the Palmetto Association for Children and Families. The association is a fraternity and trade association for providers of services to children and families in South Carolina. These providers deliver services such as residential services, therapeutic foster care services, regular foster care services, transportation, community-based and prevention services, and behavioral health and assessment services.

### **Healthy Steps Program (Carolina Health Centers, Inc.)**

The Healthy Steps Program supports and assists families through a pediatrician's office by screening and addressing social determinants of health such as substance abuse, personal safety, and strides to prevent child abuse and neglect. The program is designed to be a place where families can come and they feel safe and secure, and families are connected to these services starting at their newborn well child visit. The program also assists in bridging the communication between parents and pediatricians as well as communication within the clinics. The Healthy Steps Program connects families to community resources and goes a step further to make sure families are able to access these services. In Healthy Steps clinics, the program supplies diapers, wipes and formula; helps struggling parents apply for unemployment, helps parents with any of stressors that may arise; provides a COVID-19 handout for parents to assist them with

techniques on how to de-stress themselves and activities that allow them to engage with their children at home. The goal of the Healthy Steps Program is to help prevent long term behavioral problems by supporting the family unit and provide families with a stable support person who understands the unique needs of the community's children and families.

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

The MUSC Boeing's Center for Children's Wellness is a school-based wellness initiative across the state that aims to help all children reach their fullest potential through the K-12 setting, ensuring that students are healthy, succeed in school and thrive in life. The MUSC Boeing's Center for Children's Wellness is a community-originated prevention and wellness initiative that works to create a culture of wellness within the school setting by providing direct support and motivation for schools and to implement the evidence-based practices and policies to change to a culture of wellness. The organization also helps schools and school districts implement their local wellness policy work that is mandated by the state. In 2019, the organization served 11 school districts, a little over 150 schools and over 100,000 students across the state of South Carolina. The MUSC Boeing's Center for Children's Wellness advocates for the prioritization of health and wellness in schools at both a policy and a systems level across the state, as well as having districts and schools not only understand what the needs are in health and wellness for their students, but have the resources allocated to be able to meet the needs and demands of those students and staff.