

STATE OF SOUTH CAROLINA



JOINT CITIZENS AND LEGISLATIVE COMMITTEE ON CHILDREN

Summary of Testimony from Citizens
2012 Town Hall Meetings

JOINT CITIZENS AND LEGISLATIVE COMMITTEE ON CHILDREN

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Joint Citizens and Legislative Committee on Children

2012 Town Hall Meetings

Executive Summary of Testimony:

Citizen offered testimony and comments in person, in writing, and electronically. Public input has been categorized and summarized into several broad topics as follows:

- **School Readiness** – Over 400 pieces of testimony were received in support of the reauthorization of First Steps funding. Parents, directors of child care centers, and school administrators described the following benefits of investing in early childhood school readiness programs:
 - Family Literacy and Parenting Skills - Many providers of early childhood services discussed the importance of supporting parents as they learn read to their children, and complete their education, and model the importance of education to their children.
 - Private-Public Partnerships - First Steps partnerships with schools, churches, community centers, and child care facilities prepare students for school success. Parents, administrators, and directors of programming reported improved PASS scores and achievement.
 - Support for Families – Parents reported that participation in First Steps sponsored programs in after school time connected them with support structures to empower and encourage them to address challenges in parenting.
 - Success in School - Parents and program directors reported that when children begin to experience success in school, the children and their parents have more confidence to engage in challenging coursework and experience a positive view of themselves and their futures. Children who are successful in school have more career opportunities and are more likely to become responsible and productive adults.

- **Evaluation of Early Childhood Programs** – Testimony suggested that early childhood programs should be available to intervene when children need help and prevent future educational and behavioral problems. These programs should be routinely evaluated to determine fidelity of implementation and recommend needed changes.

- **Poverty** – Testimony reported concern over the growing number of children in South Carolina living in poverty. Particular Focus was addressed to:
 - Affordable, high quality childcare is needed to enable parents to work
 - Access to nutritious food will help children grow into healthy adults, decrease obesity and related health problems, support brain development and attention in school all of which improves educational success.
 - A cyclical culture of single parent and low educational achievement exists in some communities which creates a need for intervention and mentoring children.

- **Gaps in Services for Children with Special Needs** – Parents and service providers reported the following gaps in services:
 - Children with special needs aged 12 through 17 experience a service gap when they age out of high school and are then ineligible for many services available to younger children, but are not yet 21 and eligible to access adult services. This is a particular challenge for parents who work and need childcare for an older child with special needs who is age-wise ineligible for support services.
 - Children with special needs aged 3 through 5 also face a challenging transition when no longer eligible for in home services. Services they can access upon beginning school can be disjointed and uncoordinated.
 - Children of all ages with multiple needs have very few support systems and childcare options outside of the home. This lack of support limits their parents’ ability to work and increases their dependence on programs like SNAP and TANF.
 - Children with physical disabilities can be very successful if they receive appropriate support and mentoring programs. Testimony supported expansion of such programs.

- **Health and Well-Being-** Testimony relating to health and well-being reported the following:
 - Foster Care – Child welfare cases need better oversight and higher Medicaid reimbursements to provide high quality intervention designed to keep children safe.
 - Concussions – Concussions experienced by student athletes are traumatic brain injuries that can result in lasting damage to the adolescent brain.
 - Obesity – Support was urged for developing programs and policies which decrease access to unhealthy foods and beverages in school and increase access to healthy food options and exercise to decrease the number of chronic health conditions faced by children.
 - Psychotropic drug prescription – Many children with special needs are prescribed high doses of drugs for mental health needs such as ADD and ADHD. Because there is little known about the long term effects of such drug treatments, more review is needed of this use.
 - Safe Sleeping – Testimony encouraged the continued emphasis on the Committee on Children’s Safe Sleeping Initiative. This was reported this to be an important effort to decrease the number of child fatalities in our state.

- **Child Fatality** – The State Child Fatality Advisory Committee reviews unexpected child deaths. Testimony recommended increased funding, support staff, and resources to better understand and prevent child deaths in South Carolina. Statewide educational programs for safe swimming, safe sleeping, safe handgun use, and fire prevention should be encouraged by the General Assembly.

Collection, Treatment and Use of Comments:

Two statewide Town Hall Meetings were held in October 2012 to solicit information from families and child advocates to identify the key issues affecting children and to seek recommendations to address those issues. The Town Hall meetings were publicized using media outlets, newspaper, television, community calendars, radio, and using email groups broadly advertise and invite attendance.

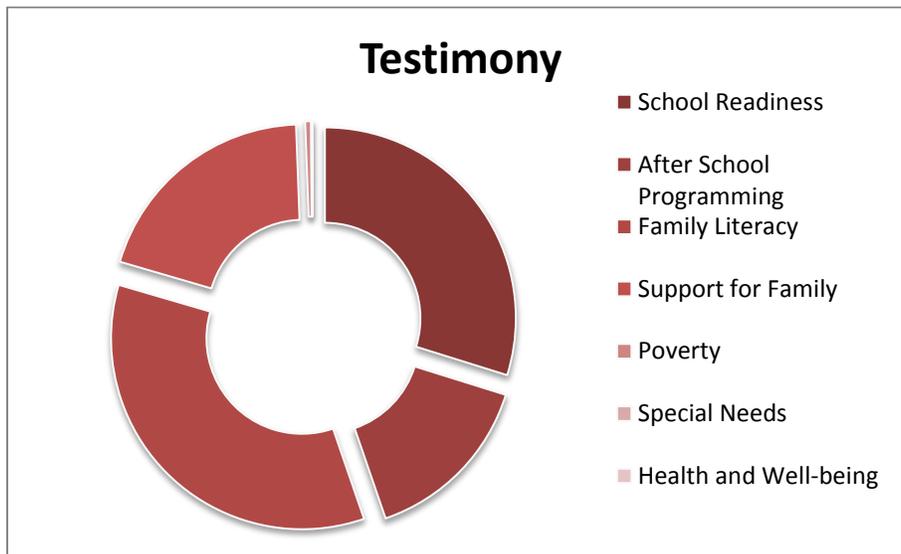
The first meeting was held on October 2, from 4:00 until 6:30 in the Palmetto Room of Ervin Dining Hall on the campus of Francis Marion University. This meeting was attended by members of the Committee on Children and guests, Senator Hugh Leatherman, Representative Terry Alexander, Director Bob Toomey of DAODAS and Mark Barnes of DHEC.

The second meeting was held on October 8 from 4:00 to 6:30 in Room 308 of the Gressette Building in the Capital Complex in Columbia.

In addition to testimony at the meetings, approximately 500 pieces of testimony and supplemental documents were submitted by mail or email from individuals who could not attend a scheduled meeting. The testimony reflects the experiences and perspectives of the individuals who submitted it, and for this reason, some organizations and perspectives are more thoroughly represented than others given the ability of these organized groups to submit testimony. After all testimony was received, a rigorous analysis was conducted using NVivo 9 software to identify themes. The Committee on Children will receive the findings detailed in this report at its meeting to be held on December 11, 2012 to plan for the upcoming legislative session.

Findings:

Approximately 98% of all comments received related to school readiness; the remaining 2% were comprised of special mental health, educational, or health care needs of children and of points for inter-agency collaboration to reduce gaps in systems, poverty, well-being and supporting parents and family units.



I. School Readiness

Parents, grandparents, concerned citizens, teachers, early childhood center directors, school principals, administrators and other program directors submitted testimony in writing or in person to illustrate the importance of early childhood experiences to prepare young children for school. Chief among these comments was support for reauthorization of First Steps.

“...We have been attending the “First Step” program for a while now and wish to continue until [my granddaughter] turns 5 years old. The program has helped her social, mental, and her motor skills very well. Before First Steps, we had nothing for her age range. The teachers have taught [my granddaughter] and me a great deal about parenting, interacting socially and most of all, she enjoys her monthly books and weekly visits with her teacher and the other kids. It will be a great loss to our community if this program ends.”

Family Literacy and Parenting Skills - Many providers of early childhood services and parents discussed the importance of supporting parents as they learn to read to their children and complete their education and model the importance of education to their children.

“...At the age of 26 I found myself without a job and on welfare... I looked and looked for a number of jobs, but in this day and time, you have to have a high school diploma or a GED, and I didn't have either. My last option was to get on welfare. After a couple months, my case manager put me in a work experience placement at [a local] Childcare Center [and I enrolled in a GED program]... I went [to adult ed] day and night. I would come home from school and my son and I would sit at the table together and study. The more I studied, the more he studied, so soon his grades went from C and Ds to As and Bs. I think seeing him improve his grades encouraged me...after 4 months I had my high school diploma. I was so proud of myself I didn't know what to do! I actually cried. Being out of school for so long, I never thought I would accomplish so much. After receiving my diploma I started my career track in early childhood education. I currently have a GPA of 3.5. My mother was so overwhelmed with my achievement that she decided to return back to school too. [I now have a full time position at my local Childcare Center].”

Support for Families – Parents reported that participation in programs in after school time connected them with support structures to empower and encourage them as challenges in parenting arise.

“From a parent's perspective this program has helped my children greatly. Even though I read with them, we do homework together, we learn together, my tactics didn't work so I enrolled them in the after school program and I have one in 3rd grade and one in 4th grade--my 4th grader took the PASS last spring and he got exemplary on his ELA

and Math and it could not have been possible just with me—but also with [the program’s] emphasis on literacy. My current 3rd grader, I consider her a struggling reader but at this time, her reading has improved greatly because she’s enrolled in the program. This is their 2nd year [in the program] and I’ve seen changes in their grades since they started this year. My 4th grader earned all As on his midterm, so I’m thinking his report card is going to be good too---with help of [this program] it has really improved their reading. Funding should be put there so my children and other children can improve their reading because if they can’t read they can’t do anything.”

Private-Public Partnership - First Steps and Save the Children partnerships with schools, churches, community centers and child care facilities prepare students for school success. Parents, administrators and directors of programming report improved PASS scores and achievement.

“As the sole public/private agency tasked with ensuring all children enter school on track and ready to learn, the work is too important to allow the agency to disappear. I believe that County First Steps are an example of the type of public/private partnerships we need more of in the state.”

“I’ve been at the school for 5 years and when I came we were a Palmetto Priority school about to go into turnaround. In 4 years we have come out of Palmetto Priority and are no longer a choice school and we’ve been very proud of the C because we would have been an F. And I attribute a lot of that to the partnership we have with [First Steps Sponsored Programs]. I was looking for a structure in our after school program and they provided that structure and gave me a voice in that. A component didn’t work for us and I could talk to them and it was a true partnership. We work together.”

Evaluation of Early Childhood Programs – Testimony suggested that early childhood programs should be available to intervene when children need help to prevent future educational and behavioral problems, and these programs should be routinely evaluated and continuously improved to determine fidelity of implementation and needed changes.

“I advocate for a continuous improvement process for enhancing current and new services funded by the state... This is not new, but continues to be much needed if we’re serious about improving services. The formula consists of: prevention first and foremost, intervention as needed and implemented with great fidelity and follow up and evaluation to inform subsequent services but also determine successes. This is relatively easy to articulate, but difficult to implement. They will not be employed without a shift in our thinking about how we plan services and integrate feasible evaluation in our services.”

Recommendations from Testimony:

- **Support the reauthorization of First Steps funding so that programs and partnerships can be maintained in communities.**
- **Expect and integrate the routine evaluation of early childhood programs with the goal of continuous improvement.**
- **Insist that service providers and organizations clearly define desired results, design services aligned to meet results and meaningfully measure progress towards results.**

II. Poverty

Testimony reported concerns over the growing number of children in South Carolina living in poverty. Comments related to poverty related to tangible needs and to cultural and systemic norms.

Childcare – Affordable, high quality childcare is needed to enable parents to go to work and be gainfully employed.

“Access to quality affordable childcare is one of the top barriers to obtaining and maintaining employment in South Carolina... Some [parents] take the chance of leaving children in substandard conditions and sometimes without supervision at all and then these children end up as wards of the state. These are choices that no parent should ever be forced to make in our state when they are trying to support their family.”

Recommendations from Testimony:

- **Increase the state investment in childcare assistance. According to advocates, currently 20% of eligible children have access to childcare subsidies to offset the financial burden of childcare on families.**
- **Train and certify more childcare service providers.**
- **Establish a coalition to make funding and the expansion of affordable, high quality childcare a priority for our state.**
- **Increase access to reading programs across the state to identify and educate children at risk of not reading so that children will experience educational success and combat systemic poverty.**
- **Establish a program in this state to reduce the number of out-of-wedlock births by setting up a statewide mentoring program in middle schools to prevent youth pregnancy, develop talent, and introduce children to various career options.**

III. Gaps in Services for Children with Special Needs

Parents and service providers reported gaps in services available to children with special needs or multiple needs. These gaps can create additional stress for families and increase their reliance on social support programs to meet financial needs.

Ages 3-5 – Children aged three through 5 who have special needs face a challenging transitional gap of a year or more between their fifth birthday and first grade with no or limited service eligibility for in-home services.

“I am an early interventionist the County Early Intervention and Special Needs Board for those who don’t know, we serve at risk children in the home every week from birth to 5 years old. We see the needs of these children and my main concern is what we’ve seen over the last few years. Once these children exit our program at the age of 3 or 5 they are cut off completely from us...I’d like to see a targeted service coordination early intervention for children from the age of 5 to 10 and I sympathize with this mom out here because she is right—to find child care for children, I don’t serve that population but I do serve these younger children and it’s virtually impossible to find child care for an autistic child, a special needs child who has severe medical needs or behavioral issues—it’s just non-existent unless they have relatives.”

Ages 12-17 - Children aged 12 through 17 with special needs experience a challenging transitional gap of a year or more between their twelfth birthday and when they can access adult services. This becomes a particular challenge for parents who work and need childcare for their older child with special needs. Additionally, children with multiple needs have very few supports and childcare options outside of the home which limits their parents’ ability to work and increases their dependence on programs like SNAP and TANF.

“I have a special needs child who is almost 17. There is nothing to do with her. The services that are available are almost non-existent. One thing that has been mentioned for rural areas but really across the board is day care, but there is nothing available for special needs children between 12 and 18 when adult services kick in. There is nothing out there. ...Most of her classmates have at least 1 parent who stays at home. Many of them are receiving welfare, food stamps, other social supports because we can’t we don’t have anything to do with these children and someone has to stay home...I’m told there is no placement unless she is dangerously violent, neglected abused or about to be homeless---I’m certainly not going to let her be in any of those... I don’t think all of us should be on welfare just because we happen to have a special needs child.”

Mentoring Programs - Children with physical disabilities can be very successful if they receive appropriate supports and mentoring programs.

“We have a need for leadership and mentor programs for youth with disabilities in our great state. I know first-hand that these programs are important. Growing up I was fortunate to have a strong family and community support system and I could take full advantage of educational opportunities...I am fortunate to have these support systems and achieved such important milestones, but I am painfully aware that not all children and adolescents with disabilities are as lucky as I am. Youth

with disabilities need mentors like myself to model for them academically and professionally that anything is possible.”

Recommendations from Testimony:

The following recommendations relate to gaps in services for children with special needs:

- **Develop or publicize the existence of early intervention service coordination that connect school districts to families and early intervention service communities.**
- **Consider the self-care needs of older children with special needs and their families as these children transition into adulthood.**
- **Support mentoring programs for children with physical disabilities to connect them with adults with physical disabilities so they have a relevant model to help successfully navigate specific challenges.**
- **Expand mentoring program across the state for middle school students to reduce teen pregnancy and to prepare youth for secondary education and the work force.**
- **Support for intervention services and mentoring of at risk children will help intercept patterns of dependency.**

IV. Health and Well-Being Testimony received relating to health and well-being:

Comprehensive Data Systems – Data on the prevalence of child maltreatment is collected by a number of state agencies, but these data collection systems are not coordinated in an efficient manner, to accurately and more fully report what is known about child maltreatment in our state.

“...but we have been struggling in this state for a long time to get comprehensive data on child abuse and neglect. This is not SC problem alone—this is a national one. We have information from the criminal justice system, information from DSS but there is no way to effectively consolidate that information to really look at our situation ...”

Domestic and Family Abuse – Domestic and family abuse has a traumatic impact on children which can be compounded by the criminal justice system.

Concussions – Concussions to student athletes are traumatic brain injuries that can result in lasting damage to the adolescent brain.

“A repeat concussion that occurs before the brain recovers from the last – usually within a short period of time...can result in brain swelling, permanent brain damage, and even death. Youth athletes who appear to have sustained a concussion should be immediately removed from play. Prior to return to competition, the athlete should have written authorization by a qualified health care professional trained in concussion evaluation and management.”

Obesity – Support was urged for programs and policies which decrease access to unhealthy foods and beverages in school, and increase access to healthy food options and exercise to decrease the number of chronic health conditions faced by children. Nutritious food helps children grow into healthy adults,

decreases obesity and related health problems, supports brain development and attention in school and thus improves educational success. Children living in poverty often have limited access to nutritious food.

“Numerous studies have addressed that there is a strong association between the quality of a child’s diet and academic performance and achievement. One in three American students [over 23 million students] is overweight or obese putting them at risk of diabetes, hypertension, cancer and stroke. In SC the problem is worse. 33.7% youth age 10-17 are obese or overweight. The consumption of unhealthy food and beverage is a major contributor to obesity yet these products are widely available in public schools. American students have constant access to vending machines, food courts, school stores cafeteria a la carte lines and snack bars. The majority of HS students 92%, 81% middle school students and 65% elementary students can buy snack foods and drinks at schools. Snacks are often high in calories fat sugar and salt, and beverages are typically high in sugar and contain little nutritional value...”

Psychotropic Drug Prescription – Many children with special needs are prescribed high doses of drugs to treat mental health needs, ADD and ADHD. Because there is little known about the long term effects of this drug reliance more review is needed of this use is needed.

“...There is a great use and reliance on very expensive anti-psychotic, anti-depressive ADD medications. These drugs are very expensive and have unknown long term side effects... You have teenagers on these really intense medications and how do you transition even financially...This really affects our young people.”

Child Fatality – The State Child Fatality Advisory Committee reviews unexpected child deaths and this Committee recommends increased funding, support staff, and resources to better understand and prevent child deaths in South Carolina.

“Before the creation of the Child Fatality Advisory Committee review process in 1993, there were as few as 40 cases a year that were reviewed by DSS. After the inception of the Child Fatality Advisory Committee, that number went to 247 the first year...Our committee has never been funded! Our latest report is from 2008 despite the fact that the statistics have been provided by SLED. [A backlog exists because there are no resources to support it].”

Recommendations from Testimony:

- **Increase the training, support and oversight of foster care homes while simultaneously increasing the Medicaid reimbursement rate so that high quality intervention services occur to keep children safe.**
- **Mandate that athletic trainers and other professionals who work with student athletes be trained to recognize a concussion and remove the athlete from play until he/she has been evaluated by a qualified health care professional.**

- **When a child is exposed to a domestic violence murder in the home a fatality review should be conducted to better understand what occurred and what services to mitigate the effects of trauma on the child.**
- **Establish a forward referral system in the family court in cases of domestic violence. A domestically violent adult may not be prosecuted in the criminal justice system, but may enter the family court in a case which allows early intervention to protect a child.**
- **Implement statewide policies that limit student access in public schools to high fat high sugar snacks and beverages.**
- **Support the school breakfast program and expand the time slot that breakfast is served “after the bell” rings to ensure that children experiencing food hardship have access to nutritional food. This will improve health, reduce obesity, and benefit academic achievement.**
- **Increase independence of individuals with special needs by implementing programs to provide access to drivers’ licenses and identification cards.**
- **Encourage continued state agency review and evaluation of the use of psychotropic drugs on children.**
- **Continued emphasis on the Committee on Children’s Safe Sleeping Initiative is an important way to decrease the number of child fatalities in our state.**
- **Mandate that the reports of the State Child Fatality Advisory Committee come to the Committee on Children and be placed on SLED’s website to be available to the public. Currently law requires the Child Fatality Advisory Committee to report its findings annually to the Governor and to the General Assembly.**
- **Develop and implement a statewide public awareness campaign on safe swimming, safe sleeping, fire hazards, gun safety, and suicide prevention**
- **Increase funding to support the work of the Child Fatality Advisory Committee and increasing trainings and public safety awareness campaigns across the state.**
- **Maintain support and efforts on the Committee on Children’s Trauma Informed Practices Initiative.**

Summary of All Recommendations:

I. School Readiness Recommendations from Testimony:

- Support the reauthorization of First Steps funding so that programs and partnerships can be maintained in communities.
- Expect and integrate the routine evaluation of early childhood programs with the goal of continuous improvement.
- Insist that service providers and organizations clearly define desired results, design services aligned to meet results and meaningfully measure progress towards results.

II. Poverty Recommendations from Testimony:

- Increase the state investment in childcare assistance. According to advocates, currently 20% of eligible children have access to childcare subsidies to offset the financial burden of childcare on families.
- Train and certify more childcare service providers.
- Establish a coalition to make funding and the expansion of affordable, high quality childcare a priority for our state.
- Increase access to reading programs across the state to identify and educate children at risk of not reading so that children will experience educational success and combat systemic poverty.
- Establish a program in this state to reduce the number of out-of-wedlock births by setting up a statewide mentoring program in middle schools to prevent youth pregnancy, develop talent, and introduce children to various career options.

III. Service Coordination Recommendations from Testimony:

- Develop or publicize the existence of early intervention service coordination that connect school districts to families and early intervention service communities.
- Consider the self-care needs of older children with special needs and their families as these children transition into adulthood.
- Support mentoring programs for children with physical disabilities to connect them with adults with physical disabilities so they have a relevant model to help successfully navigate specific challenges.
- Expand mentoring program across the state for middle school students to reduce teen pregnancy and to prepare youth for secondary education and the work force.
- Support for intervention services and mentoring of at risk children will help intercept patterns of dependency.

IV. Health and Well-Being Recommendations from Testimony: Recommendations from Testimony:

- Increase the training, support and oversight of foster care homes while simultaneously increasing the Medicaid reimbursement rate so that high quality intervention services occur to keep children safe.
- Mandate that athletic trainers and other professionals who work with student athletes be trained to recognize a concussion and remove the athlete from play until he/she has been evaluated by a qualified health care professional.
- When a child is exposed to a domestic violence murder in the home a fatality review should be conducted to better understand what occurred and what services to mitigate the effects of trauma on the child.

- **Establish a forward referral system in the family court in cases of domestic violence. A domestically violent adult may not be prosecuted in the criminal justice system, but may enter the family court in a case which allows early intervention to protect a child.**
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- **Increase funding to support the work of the Child Fatality Advisory Committee and increasing trainings and public safety awareness campaigns across the state.**
- **Maintain support and efforts on the Committee on Children’s Trauma Informed Practices Initiative.**