STATE OF SOUTH CAROLINA

JOINT CITIZENS AND LEGISLATIVE COMMITTEE ON CHILDREN

Summary of Testimony
2011 Public Hearings

JOINT CITIZENS AND LEGISLATIVE COMMITTEE ON CHILDREN
Membership

Appointed by the President *Pro Tempore* of the Senate:
Senator Michael L. Fair, Greenville
Senator C. Bradley Hutto, Orangeburg
Senator Darrell Jackson, Columbia

Appointed by Speaker of the House:
Representative Joan B. Brady, Columbia
Representative Mia Butler Garrick, Columbia
Representative L. Kit Spires, Pelion

Appointed by the Governor:
Ms. Marie Land, Manning
Mr. Derek Lewis, Greenville
Mr. George M. Milner, Summerville

Ex Officio:

State Superintendent of Education	Mitchell M. Zais
Director, Department of Mental Health	John H. Magill
Director, Department of Social Services	Lillian B. Koller
Director, Department of Disabilities and Special Needs	Beverly A. Buscemi
Director, Department of Juvenile Justice	Margaret H. Barber

Committee Staff:
Children's Law Center, School of Law, University of South Carolina
Harry W. Davis, Jr., Director
Carolyn S. Morris, Assistant Director
Gwynne B. Goodlett, Senior Policy Analyst
Jenny G. May, Research Assistant
1600 Hampton Street, Suite 502
Columbia, South Carolina 29208
(803)777-1646
http://childlaw.sc.edu/

Joint Citizens and Legislative Committee on Children

2011 Public Hearings

I. Summary of Testimony

Testimony submitted is categorized and summarized into several broad themes as follows:

- **Early childhood experiences** (education and poverty) - Young children in poverty in South Carolina are not ready for school; the Committee was encouraged to consider preserving existing funding streams for early childhood education and expanding quality programming so that all children are prepared for school.
- **Health** (obesity - physical activity and nutrition; immunizations; Medicaid restructuring so all children may have a medical home; and breastfeeding) - Childhood obesity was reported to be a devastating and costly problem for children; the Committee was encouraged to support legislation that maintains a high expectation for school nutrition, and to preserve physical education in schools every day. Diseases that are preventable by vaccine are on the rise and threatening the health of children in our state; the Committee was encouraged to make SC a Universal Vaccination state, and require all immunizations be covered in full by insurance companies. Lack of health insurance prevents children from having a medical home and receiving preventative care such as well visits and immunizations; the Committee was encouraged to restructure Medicaid to ensure that eligible children are enrolled and have access to healthcare.
- **Child welfare** (child fatalities, adverse childhood experiences, sexual abuse, treating children and families in trauma) - Adverse Childhood Experiences impact children's development; the Committee was encouraged to use the Adverse Childhood Experiences Study as a guide to make decisions about policy affecting children. The current system for tracking the number and cause of child fatalities limits the effectiveness of prevention activities; the Committee was encouraged to support the expansion of the Child Fatality Review Board. The current practices in treating children and families in trauma were critiqued, and testimony recommended adopting more clinical responses. Children who have survived sexual abuse are not always capable of testifying in court; the Committee was encouraged to continue supporting S. 299 (Admissibility of Forensic Interviewers - bill would expand hearsay exceptions to allow trained counselors to testify as to statements made by children during forensic interviews in sexual abuse cases).
- **Mental health** (access to needed services) – Children in foster care who need mental health services spend too long waiting for treatment; the Committee is encouraged to support practices that make mental health treatment more readily accessible to children in out-of-home placements.
- **Teen pregnancy** (abstinence education and comprehensive sexual education; images of women in the media) – Teen pregnancy is a costly problem that creates challenges for children and families; the Committee was encouraged both to support abstinence only education by some presenters and to support comprehensive sexual education for children by others.
- **Education** (funding and curriculum) – Public education requires more stable funding streams to meet the needs of students; the Committee is encouraged to restructure Act 388 of 2006 (Property Tax Reform), and reconsider how public education is funded.
- **Home visitation** – Home visitation programs were reported to have a lasting positive effect on the lives of children and families who participate; the Committee is encouraged to support effective home visitation programs such as the Nurse Family Partnership.

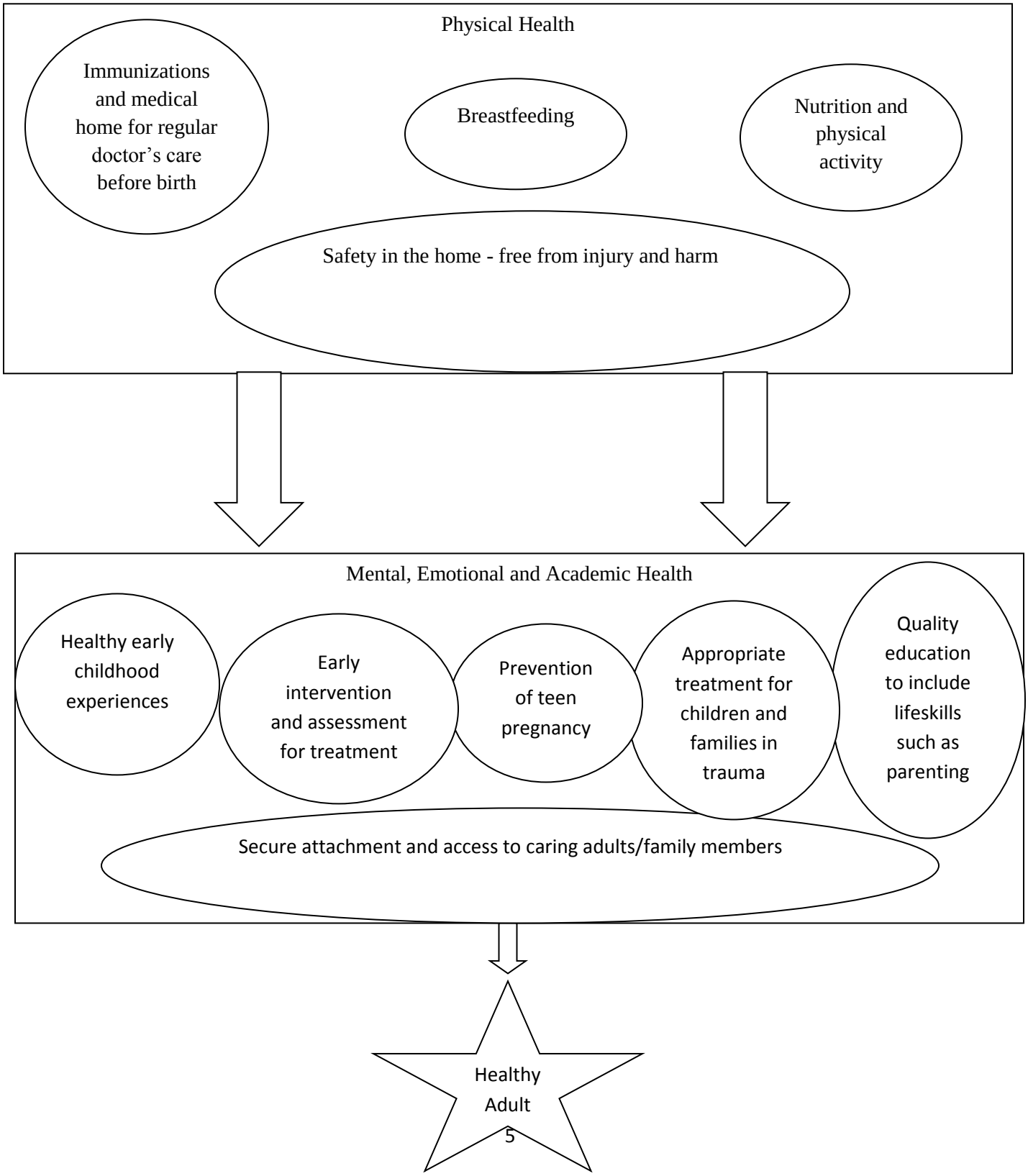
Testimony was provided by parents, individuals, and representatives of organizations which serve children in SC and offered broad perspectives and insight into the needs of children. This important testimony will inform the Committee's deliberations in the upcoming legislative session. Based upon testimony submitted, recommended priorities of the Committee should include: childhood obesity (physical activity and nutrition); access to immunizations; enrollment in Medicaid; early childhood experiences; child welfare (child fatality review system, adverse childhood experiences, sexual abuse, and treatment for children and families in trauma); access to child mental health services; teen pregnancy; and, home visitation. It was noted that while these public hearings are instrumental in gaining information from the perspective of many who work on behalf of children, there were few parents (and no children) who testified regarding their personal experiences and needs.

II. Collection of Testimony

The Committee held three public hearings throughout the state in September, 2011 to solicit information from the public regarding key issues affecting children in our state, recommendations to address these issues, and the identification of topics related to children in need of more research. These hearings were publicized using media outlets including: newspaper, television, community calendars, radio, and using emails to various child service and advocacy groups to forward the announcement to those who might be interested. The first hearing was held on September 12, 2011 from 5:30 to 7:30 in Charleston at Trident Technical College in the 920 Building; 14 speakers testified before the Committee. The second hearing was held on September 20, 2011 from 4:00 to 7:00 in Columbia in the Gressette Building room 308; 29 speakers testified. The third hearing was held at the Greenville County Council Chambers on September 22, 2011 from 4:30 to 7:00; 28 speakers testified. Additionally, over 50 pieces of testimony and supplemental documents were submitted by mail or email from individuals who could not attend a scheduled public hearing. The collected testimony reflects a diversity of experiences and perspectives. Some organizations and perspectives were more thoroughly represented at the hearings than others due to the agility of organized groups to submit testimony. After all testimony was collected, a rigorous analysis was conducted using NVivo 9 software to identify themes that will help to inform the Committee's strategies for this upcoming legislative session.

III. Logic Model Presentation of Testimony

The testimony submitted at the public hearings was used to create a logic model, or visual representation, of necessary elements of healthy development to productive adulthood. While this logic model illustrates all topics of submitted testimony, it does not illustrate all components of a healthy childhood.



IV. Report of Testimony Presented to the Committee on Children

A. Early Childhood Experiences:

Testimony illustrated the impact of early childhood experiences on children and how these early experiences shape brain architecture of children and create the foundation for adulthood. Testimony illustrated a desire for increased high quality, targeted early childhood experiences for children in poverty or at risk of not being ready for school.

1. Education:

Investment in early childhood education and preparation of all children for school benefits all children in the classroom. Children prepared to fully participate in the global economy ultimately save the state money. Testimony illustrated the importance of being "good stewards of limited resources" by funding evidence based programs that include a sound programmatic evaluation to ensure children receive effective early childhood education services at the appropriate dosage. Testimony included:

> *"Research has shown that participation in an early childhood quality education program provides children with the necessary social, emotional and cognitive skills that continue to develop throughout their lives. These skills will also contribute to a reduced cost to society including reduced cost in services, reduction of crime rates and higher productivity later in life. By investing in quality early childhood education we provide opportunities for early intervention, while laying a strong foundation for learning and prosperity. Early Childhood Education is crucial to giving our children an opportunity to achieve and ensures that they are ready to learn when they enter school…Children who do not have access to a quality early childhood education lack the skills to enter school ready to learn, this can hinder the daily learning environment and hinder the progression of other students as well. It's important that we view this as a shared responsibility because we have a shared stake in the future of SC."*

2. Poverty:

Testimony urged that early childhood educational opportunities be made available to all children in the state. In the current economic climate, significant importance was given to target delivery of such opportunities to children in poverty and at risk of school failure. Testimony included:

> *"Investment in birth to five education for disadvantaged children helps to prevent the achievement gap, reduces the need for special education, reduces the number of school drop outs, reduces crime, and increases the likelihood of healthier lifestyles and a productive adulthood."*
>
> *"Fiscal responsibility is about more than reducing costs – it involves looking at costs and returns and investing limited resources where returns are the greatest with the least amount of*

risk. SC can experience long-term financial rewards by investing early to close disparities and prevent achievement gaps, or we can continue to drive up spending by refusing to invest in our youngest residents and therefore pay to remediate disparities when they are harder and more expensive to close. Either way, we are going to pay. And, for a while, we'll have to do both. But, there is an importance difference between the two forms of payment. Investing early will allow us to shape the future and build equity; paying later chains us to fixing the missed opportunities of the past. We must think about the state's long-term prosperity, and the evidence is clear that investments in early childhood development will contribute mightily to that prosperity."

"As a state we're doing the best we can for our clients on food stamps and welfare. As citizens we are helping to fill in the gaps, but as a matter of public policy early childhood education needs to be supported. We need to put our money in programs that will help our citizens obtain financial independence we can pay now or a lot more later."

Testimonial Recommendations to Committee Related to Early Childhood Experiences:

- Invest in high quality early childhood programming that targets children and families most at risk and provides appropriate intervention.
- Leverage state dollars to expand the availability of services to all children in need, particularly those in rural counties with lack of access to services.
- Invest in early childhood programs that reach children at risk for school failure. This will benefit both children and the long term economy health of our state.

B. Health:

Testimony related to children's health was primarily about obesity. Other issues included immunizations, breastfeeding, and childhood blindness.

1. Childhood Obesity:

Obesity and related problems were discussed a great deal both at the public hearings and by online submissions. The testimony illustrated the high financial and human cost of this wide-spread problem. Two identified avenues to combat childhood obesity were: nutrition and physical activity.

a. Problem and Prevalence: The problem of childhood obesity has lasting impacts on children's health and well-being, and it contributes to a number of severe and chronic diseases. Roughly one third of children in SC are obese; the rate was reported as high as 50% in some school districts. The problem of childhood obesity and related complications persists into adulthood for many children and vastly impacts their quality of health and the state's expenditures on healthcare. Testimony included:

"This generation of children is the first generation to not have a longer life expectancy than their parents! This can be contributed

to the fact that we are not focused on what is truly (emphasis expressed by speaker) important in our lives; our health (emphasis expressed by speaker) and well being. I understand that we need to teach our students math, science, and reading skills but if we neglect the Physical aspect of their education we are doing far more damage to them than if we neglected the math, science and reading. Who cares if we are the smartest country in the world if we won't be able to go to work by the time we are 40 because we will most certainly have heart problems, lung problems, back problems, and the list can go on."

"We need to start early. By the time children in SC reach age 10 we can expect 1 in 3 to be overweight or obese. Our initiatives need to reach children. I help to evaluate the Healthy Lifestyles Clinic for obese children 5 years ago in Ric County so in the clinic they were seeing obese children between age 8 and 15. These 200 or so children already suffer from diabetes, hypertension, liver disease, hgih cholesteral, depression and sleep problems. In other words, they and we as a state are already paying the price for obesity by the time children are in mid adolescenets. If we wait until children are already overweight we;'ve waited too long. 30 years of weightloss research has shown one clear finding. Once you're obese it's almost impossible to sustain a healthy weight again. We have to prevent obesity before it happens because weight loss doesn't work for most people over time."

"I trained in the 70s, back then . . . it was rare to see an obese kid--we didn't even talk about it . . . Today . . . between 30% and 40% of our kids are overweight and obese . . . The diseases that are related to overweight and obesity in kids. When I was in training there was no diagnosis called adult onset diabetes because it didn't exist. Now, those overweight kids many of them have what we call metabolic syndrome, hypertension, elevated lipids, and diabetes that we normally saw only in adults. I've personally taken care of a child who died from a pulmonary embolism. I had a pulmonary embolism in my office a couple months ago--all related to obesity. If you develop obesity related diabetes as an adult, it shortens your lifespan at an average of 20 years. Instead of dying in your late 70s you die in your late 50s. What's going to happen to kids who get those vascular effects in their teens. We know when we measure the elasticity of their blood vessels of a kid in their late teens who is overweight and obese is the equivalent to the rigidity of a person in their 50s…You know that blessing in Psalm 128, may you get to see your children's children--well they won't meet their grandchildren."

b. **<u>Nutrition:</u>** Wholesome nutrition is an essential component in health and wellness of children. Poor nutrition is a contributor to childhood obesity. Testimony regarding nutrition highlighted the importance of providing nutritious food in schools while decreasing the unhealthy food options which send mixed messages to children. According to the experiences of those who testified, the elimination of unhealthy food choices in school vending machines and fundraising activities does not have negative effects on the school's fundraising capabilities; however, it does contribute to the health and decreased obesity of children. Testimony included:

> *"Selling low-nutrition foods in schools undermines the billions of Federal dollars invested in the school lunch program every year. Not changing the current policy is costly**.** The sale of low-nutrition foods in schools ultimately will result in high costs to taxpayers for treating diet-related diseases, such as heart disease, cancer, diabetes, stroke, and osteoporosis, through the Medicaid and Medicare programs and federal employee health insurance. Those diet-related diseases have their roots in childhood."*

> *"Fear of backlash and impact on [in school] sales are often noted as reasons for not mandating healthy vending and competitive food policies. However, a national poll by the Robert Wood Johnson Foundation found that 90% of parents and teachers support the conversion of school vending machine contents to healthy beverages and foods. Research is showing that after an initial dip in sales following the implementation of healthy vending and competitive food practices, sales even out and most times exceed previous sales. Even if that weren't the case, I ask you...is the profit margin worth the health of our future?"*

> *"I grow vegetables and my kids eat them off the plant. I cook wholesome from scratch meals most mornings and nigths, and I fill their lunches with tasty nutritious food. Unfortunately my marketing campaign to create healthy leaders is being shot down by PTOs selling whole cases of Pepsi to my kids, Chick-fil-a sandwiches as lunch, school stores selling candy and junk food with the pencils and by the junk food ads in texts, in school TV in the hallways, etc. Not all families are as fortunate as mine. For some families having a hard time making ends meet, we need to remember that schools may be the only place children get to eat regular wholesome meals. We protect the least among us when we set good standards for what can be offered at school."*

c. <u>Physical Activity</u>: Physical education teachers, college students in teacher preparation programs, and parents submitted testimony requesting that physical education classes not be cut from the school curricula. Physical education classes were reported to promote academic achievement, educate proper gross motor skills, alleviate depression and issues of low self esteem, promote health and wellness, and establish life-long healthy habits. Testimony included:

> *"SC is 49th in education and number 1 in child obesity. Why do we want to make that worse? We have a school in Greenville that has PE very day. The correlation between the weight of the students, student grades and overall "healthiness" of the student body is tremendous and obvious."*

> *"In my school alone, we have many overweight children, and overweight children tend to become overweight adults. On-line physical education programs and classes do not work. I know several people that have participated in trial on-line classes, and those students told me that they did not do a thing. They lied and made up activities."*

> *"And the schools that I've been able to push have empirically scientifically, data research based, have been able to show with a study that was done by USC that more phys ed time has increased Standardized test scores, and we have done that at school after school after school, not only do we change academics, but we also change behaviors. . . . What can PE and more movement do for our kids? At worst case scenario t can make them healthier! At the end of the day if we've made a healthier child, pretty good job, but if we've created a healthier child who is better academically and better behavioral, we have done a great deal."*

<u>Testimonial Recommendations to Committee Related to Obesity</u>:

- Maintain high standards for school nutrition and limit/eliminate the high calorie items available in vending machines and school fund raisers
    - Support S. 227 and H. 3214 – (Healthy Snacks in Schools); S. 442 and H. 3529 (Healthy Snacks for Students); and S. 812 and H. 4200 (Farm to School Bill)
- Do not cut funding for Physical Education programs. Ensure that children have daily physical education taught by qualified physical education teachers to benefit health, academic achievement, and establish lifelong healthy habits for children.
    - Strengthen the Health and Fitness Act of 2005 by providing funding in full at all levels and consequences for non-compliance and.
- Replicate programs and efforts that have demonstrated effectiveness in reducing childhood obesity such as the *Eat Smart Move More* program in Beaufort and Jasper counties.

2. Immunizations:

A particular concern expressed was the recurrence of diseases that had previously been controlled as a result of vaccinations. Children who are not receiving the full recommended vaccination are at increased risk of contracting and spreading these contagious diseases. A high human and financial cost will be sustained by our state if children are not inoculated and contract these preventable diseases. Those who are at particular risk are children without a medical home and those who are underinsured. Testimony included:

> *"In SC we have one of the lowest vaccination rates in the country for pre-teens and teenagers . . . SC is currently one of 12 states that do not mandate any type of vaccination prior to entry into middle and high school. The low vaccination rate in our state exists because of access to medical homes for those patients who have Medicaid. Children who are insured whose parents have different types of variable coverage for vaccinations written into their plan have high deductibles and can't afford to get vaccines for their kids. Some parents are unaware of the American Academy of Pediatrics recommendations related to vaccinations. Teens and pre-teens are getting sports physicals at urgent care centers and at schools, so they don't have regular physicals and there is no opportunity for vaccination. Kids without insurance or on Medicaid are covered under the federally funded Vaccines for Children programs as long as they have access to a medical home. The Department of Health has numbers to show that of children 19 and under, 12% are classified as underinsured and that amounts to 136,000 children in SC who are underinsured."*

> *"If I had to pick the number 1 thing that is the best expenditure of their dollar is immunization. Hepatitis, pneumonia, things I haven't seen in years because of immunizations, I am seeing again. Every 7 [dollars] you spend, save 13 in immunization costs. Not to mention morbitiy and fatality. Require all insurance companies that do business in SC cover all basic childhood immunizations in full. Basic childhood immunizations. We currently don't have coverage for that. Highest tier, insured patients are covered and lowest tier, medicaid are covered but those in the middle are taking it on the chin. It shouldn't be that way. I urge us to consider becomming a universal immunization state so all children are covered."*

Testimonial Recommendations to Committee Related to Immunizations:

- Make SC a Universal Immunization State. Mandate tetnus pertusis booster upon entry to middle school. Mandate that insurance (regardless of plan) cover vaccines and preventative care at first dollar coverage which will eliminate the problem of being underinsured.

3. Medicaid:

Currently, there are a number of factors which inhibit families of children who are eligible for Medicaid from enrolling. In some cases citizenship verification became too costly for a family to provide; in other cases the initial reason for denial of coverage and the steps to successfully enroll were not clearly articulated for families. Policies that govern enrollment were seen by some as requiring some families to make such difficult or complex decisions that it compromised the care of their children. Testimony included:

> *". . . One of the other issues we came across were children in families where 1 child may have been found eligible for Medicaid through TEFRA. TEFRA also known as a Katie Beckett waiver, is Medicaid for a child that is based on the child's personal income and the child's disability. So this is how many of our children who may be disabled, have autism, have CP, but families may have insurances and resources but not the extent that they would be able to provide all the services they need for their child. So they can apply for TEFRA, their children become eligible and they are very pleased they can now access services their children need to ensure they access their highest developmental potential. When families apply for Medicaid, for partners for healthy children for their remaining children there is a very plain and simple sort of formula--how many people are in your family and what is your family income. If you have a child on TEFRA based Medicaid, that child is taken out of your family count, so if you have 3 children, now you only have 2. But the family income is considered still in its entirety, even though you're not receiving a financial stipend to support this child on TEFRA. So it means that their income is still the high level but the family count has now dropped down. Medicaid says, "well what you can do is take this child out of TEFRA and put them back in regular Medicaid and then all of your children will be covered". Which sounds reasonable on the surface, but the problem however TEFRA Medicaid can sometimes take up to 6 months to receive and families are not willing to gamble the health of their child who may have severe disabilities on a process that if their income gets higher and their children are no longer eligible for regular income based Medicaid, they would have to go through that process and prove their child's disability all over again. I did call policy and DHHS to find out if this is a federal or a state policy, and after 3 months I was told this is a state policy. So it's keeping children from getting coverage and forcing families essentially to choose which of their children is more worthy of health insurance."*

In addition to insurance coverage, an issue was the structure of the Pervasive Developmental Delay (PDD) waivers paid for by Medicaid. Parents spend many years waiting to access the services for their children with autism due to the current availability and structure of funding. Testimony included:

"Programs like PDD waiver and DDSN efforts have made all the difference. Help me help this mom know that she can get services she needs so her son can make progress through the program that the legislators in SC created."

Testimonial Recommendations to Committee Related to Medicaid:

- Use the annual report on Medicaid from the Palmetto Project as a guide to understand the issues of enrollment affecting families.

4. Breastfeeding:

Testimony regarding breastfeeding reported that a major component of infant health is nutrition. The optimal source of infant nutrition is breast milk. Breast milk conveys an incredible array of both short-term and long-term benefits to the infant, mother, and society. Benefits to the infants include: protection against infection (respiratory and gastrointestinal), allergic disease, and obesity; protection for adult onset cardiovascular disease; and enhanced neuro-developmental outcomes. Mothers who breastfeed have a decreased risk of obesity, diabetes, and breast cancer. Societal benefits of breastfeeding include enhanced educational performance and lower healthcare costs due to improved health of children overall. Testimony included:

"Given all of the benefits for breastfeeding, the overwhelming majority (>95%) of SC's infants should be breastfeeding for as long as 6-12 months. Yet, it is estimated that only 25 % of infants are still breastfeeding by 6 months. The issue of breastfeeding needs to be considered as a public health initiative as important as childhood immunizations and mandatory kindergarten."

Testimonial Recommendations to Committee Related to Breastfeeding:

- DHEC, HHS, DOE, DSS, and SC First Steps should allconsider full support for initiatives to provide enhanced promotion, implementation, and perpetuation of breastfeeding for all of SC's infants.

C. Child Welfare:

Child welfare was repeatedly identified as a very important topic. Major issues included effectively monitoring and preventing child abuse and related fatalities, protecting children from harm, and treating children and families with trauma. Support was expressed for the changes reflected in the RFPs issued by DSS for residential care; however, not at what was seen as an accelerated pace. Organizations expressed the desire to "be at the table" with DSS during this time of change.

1. Child Fatality:

The existing system of capturing child fatalities was described and participants advocated for an expanded system to monitor the number of child deaths in our state so that the reasons for these deaths can be more readily identified and directly addressed. Testimony included:

"There isn't a centralized data system in the state to collect information about child deaths across the state. There are 3 different agencies collecting death data: DSS, when families are involved in the welfare system, DHEC collects deaths of children as a result of chronic illness etc. and SLED collects data on child

deaths that are the result of violence. These 3 sets of data don't correlate in any shape form or fashion. Part is a problem with coroners who are elected to office, but often are not physicians and don't know the indicators to actually confirm a death as a result of child abuse. We can't talk about all of the child deaths in this state because we don't have the data! We don't know how many there are and we can't intervene before we know what we're dealing with."

Testimonial Recommendations to Committee Related to Child Fatality:

- Establish a central registry that collects data on all child fatalities and causes.
- Mandate that coroners be trained in identifying intentional child injury.
- Expand the child death review committee established by law a few years ago to include all SC counties.

2. Adverse Childhood Experiences (ACE):

The Adverse Childhood Experiences Study, conducted by Kaiser Permanente, found that children who have suffered trauma experienced multiple health and developmental outcomes that could be prevented or alleviated with proper treatment. Testimony included:

"Economic research proves that investment in 0-5 age range yield the greatest return about 10% benefits brain architecture establishes sturdy or fragile foundation. Extreme stress increases probability of poor outcomes… and the effects last much longer. Children develop an exaggerated stress response results in heart disease and depression. How do we build a healthy brain architecture? Healthy relationships. Policy makers must ensure opportunities are available. Support policies and programs to reduce toxic stress and build relationships---quality child care and health care."

"…But what you will be appalled at is the impact of ACE untreated and the effect of trauma untreated on physical health, emotional health, academic achievement, teen pregnancy, involvement with criminal justice system. All the kinds of things that cost us so much, and all the things in this state that we are not adequately addressing that results in us being 45th in the Kids Count."

Testimonial Recommendations to Committee related to Adverse Childhood Experiences (ACE):

- Review the ACE research, and use it to inform legislation and policy to improve the conditions of the children of our State.

3. Sexual Abuse:

Representatives of Child Advocacy Centers (CAC) reported there has been an increase in juvenile sex offenders and recommended these children have access to therapy and intervention to decrease the likelihood of reoffending. Testimony included:

"The State office of Victim Assistance (SOVA) funding for victims of crimes (including neglected and abused children as well as children who witness violent crimes) excludes children in DSS custody. Children in DSS custody have Medicaid coverage, but available resources for specialized child crime victim therapy are not Medicaid providers, as in the case of CAC. Because of CAC's reliance on private funding, we are often forced to refer child victims to less qualified resources that are Medicaid providers. The diversion of children from specialized victim resources is a disservice to them. In addition, the referral of child victims to Medicaid or private insurance providers for therapy involves the designation of a "diagnosis" for reimbursement purposes. This "diagnosis" attaches to the child for the remainder of his or her life in health care records. This results in the necessity for victims to carry a lifelong burden of explanation and reiteration of trauma and falsely inflates the prevalence of childhood mental disorders."

Testimonial Recommendations to Committee Related to Sexual Abuse:

- Continued support of bill S. 299 (Admissibility of Children's Statements to Forensic Interviewers - would expand hearsay exceptions to allow trained counselors to testify as to statements made by children during forensic interviews in sexual abuse cases).
- Expand clinical response to children and families in trauma (for example, add additional pediatric trauma units at hospitals).

4. Treating Children and Families with Trauma:

Participants from a variety of educational and professional backgrounds discussed the importance of proper clinical treatment of children and families with trauma. Participants supported an additional pediatric trauma center in SC, as we currently have one and many children still need to seek treatment out of state. Other participants recommended restructuring of therapeutic foster care placements, and targeted home visitation programs for young children. Testimony included:

"Every child wants attachment to the family. In a confused attachment where there is abuse or neglect, that can be very isolating. It can be a lot of love given and then a lot of love taken away as the abuse or neglect gets in the way of the love, so a child who has survived abuse and neglect has attachment like everyone else, however it's confused. There is a clinical need for response to that and I think we need to do a better job on the clinical response…Previously we remove the child from this environment and put them in a healthy foster home or healthy group home, but what is that for the child? They still have this attachment issue and you've added to it, because now they have a grief…"

Testimonial Recommendations to Committee Related to Child Welfare:

- Create more timely filings of TPR actions; and, set a date for the trial at the time when a TPR complaint is filed. .
- File permanency plans at the 6 month juncture rather than at the 12th month. If the family has not taken any steps to resolve the identified issues after 6 months, DSS should

open a case, pursue the appointment with a GAL, and seek judicial oversight of the case.

- Certify DSS caseworkers to conduct home studies so that relative placement can be achieved in a reasonable amount of time.
- Appoint a central person in each DSS region to be responsible for coordinating services for children who are turning 18 but choose to remain in foster care.

D. <u>Mental Health:</u>

Testimony expressed the need for expanded mental health treatment for children, particularly children who have survived maltreatment, or have parents with intellectual disabilities, or who have severe mental health needs that exceed the capabilities of outpatient treatment. Testimony included:

> *"Presently mental health counseling for our children with Medicaid is frequently limited to once a month and the criteria is based on the following questions: Is the child a risk to himself or others, if he is not then often he is placed on a waiting list and if fortunate enough to be seen, the appointment is typically for once a month and very little can be accomplished therapeutically seeing a child one time a month."*

> *"A lack of support and services for these children (and their families) often lead to out of home placement for the most severe cases, high school dropout, substance abuse, DJJ involvement and worst case, suicide. It's difficult to answer why some children and families are able to navigate the difficulties caused by mental health issues and others are devastated by them. What we do know is that the families who experience these issues, the more education and support they can be provided locally, the more likely their child is remain at home, in the school, in the community and in the greater likelihood that child will grow to be an adult who contributes rather than drains economic resources from our state."*

> *"I'm here to testify that children in SC are in a state of crisis. Our children are getting sicker and our resources are depleting. The notion that children need a forever home is a noble one. We wish that for every child. We must be realistic. For some of our sickest children this isn't a feasible goal. I have treated children in the past and currently had children in my care who cannot handle the intimate relations of a family. Kids who need constant supervision. Some of these children as young as 6 have tried to hurt themselves or family members or other children in the community. These children not only suffer from such illnesses as severe attention disorders, but also severe developmental disorders, severe bipolar disorders, schizoaffective disorder, major depression, these things coupled with pervasive emotional disturbances. Placing these children in home settings is sometimes irresponsible and often unfair. Aside from that, it's dangerous not only for the child but for the community."*

Testimonial Recommendations to Committee Related to Child Mental Health:

- Expand and replicate school based mental health counselors and Positive Behavior Intervention Services (PBIS) so that children have early access to care.
- Increase the level and amount of therapeutic care available to foster children on Medicaid.
- Ensure appropriate out of home placements for each child by instituting a consistent, credible and thorough assessment of the child's needs upon removal from the home, and place the child at the needed level of care.

E. Teen Pregnancy:

The emotional cost to children and the financial cost to the state of teen pregnancy were discussed by participants who offered conflicting views on the best way to address this problem. The range of testimony included support both for abstinence-only programs and for comprehensive sex education. Follow up services were urged for girls who do become pregnant, such as Nurse Family Partnership and the Florence Crittenden House. Testimony included:

> *"In the times of fiscal crisis we really can't afford to lose the 180 million dollars it costs us, as tax payers, in our state--that's the cost per teen pregnancy. There is good news, we know what works! Comprehensive sex education where teachers teach abstinence and contraception is effective. We know that and there are models out there and y'all as legislators have given us a great law, the SC Comprehensive Health Act, which is excellent and gives wonderful advice to communities about how to best enact this. Unfortunately many communities choose not to follow this and the consequences are that their classrooms are full of pregnant youth. I see girls everyday, who do not understand what is happening with their body and they do not understand how they have gotten pregnant. There are also many other great programs that I would love for us to have funding for, evidence based parenting programs that work with those who are at risk, but unfortunately there is not a funding stream for them. It's much wiser to spend money to teach good parenting than to take a child from that family. It's much wiser to spend money sending someone out once a month to follow up with that family than to take that child out of the home once they are abused or neglected."*

> *"[I advocate for] effective abstinence education and workshops for parents to be connected to children and convey morals to children. Protect children from consequences of premarital sex. Consequences are financial, in SC 156 million dollars to teen childbearing."*

Testimonial Recommendations to Committee Related to Teen Pregnancy:

- Teach abstinence-only sex education programs in schools.
- Teach abstinence as part of a comprehensive sex education program in schools.
- Invest in programs to support young mothers.

F. Education:

Testimony related to education focused on ensuring that children are empowered with the life skills needed to be successful in their futures. Support was offered to better fund public education. Testimony included:

> *"Most of us learn how to parent from our own parent(s) or guardians. We raise our children the same way we were raised. How do we begin to insure that all parents are equipped with the family life and financial skills? We believe one way to begin is to propose that SC's education laws should be amended to require all high school students in our state to earn a unit in a family and financial literacy course."*

> *"The current system of funding public education has developed in bits and pieces at the whim of whatever can sway it at the moment. It lacks coherence strategic focus and sustainability. The strategic overhaul needed will not accomplish what is needed for SC in our future, if it too is enacted in a piecemeal fashion. We need a thorough overhaul of the system to fund public education in SC including the repeal of Act 388."*

Testimonial Recommendations to Committee Related to Education:

- Include a life skills component in the curriculum to teach children skills like personal finance, and parenting.
- Repeal Act 388 of 2006 (Property Tax Reform), and devise a stable funding stream for public education.

G. Home Visitation:

Home visitation programs were reported to be integral in preventing child abuse and neglect and improving the health and school readiness of children. There was a call for evidenced based programs that have undergone a rigorous program evaluation. A favorite among those who testified was the Nurse Family Partnership (NFP), and many supporters urged the Committee to support this and other home visitation programs. Testimony included:

> *"It's important that both legislators and concerned citizens know that there are evidenced based programs available in our community based on clinical trials just as rigorous as those used when introducing any new drug. The example that has the greatest depth of replicated and sustained outcomes is NFP. NFP is a nurse home visiting program that targets first time low income pregnant women who enroll in their 28th week of pregnancy. From the mothers pregnancy until the child is 2 our NFP nurses make home visits with very specific goals. Improved pregnancy outcomes, improved child health and development outcomes and improved economic self sufficiency of the family."*

> *"I participated in NFP when I became pregnant with my daughter, and I was not ready to be a mom! Next week I'll graduate from nursing school myself, and I know I would not have been able to "get it in gear" so to say without this program. When I look at*

friends from high school who didn't participate, and then I look at myself, there is no comparison—I've had a lot more opportunities to grow and do what I need to provide for my child."

Testimonial Recommendations to Committee Related to Home Visitation:

- Invest in evidence based home visitation programs.