

TESTIMONY OF HANSEN, JENNIFER
AND KILLOUGH, EMILY
CHILD ABUSE PEDIATRICIANS

HOUSE CHILDREN AND SENIORS COMMITTEE
IN SUPPORT OF HB 2345
FEBRUARY 17, 2021

Members of the House Children and Seniors Committee,

- My name is Jennifer Hansen, and I am a Child Abuse Pediatrician and citizen of Douglas County. My colleague, Johnson County resident Dr. Emily Killough, and I work at a large children's hospital that serves children from across the state. We are pediatricians who have received specialized training to evaluate, diagnose, and treat children for whom there are concerns for abuse or neglect, and, as a result, am involved extensively with the child welfare systems in both Kansas and Missouri. We are passionate about ensuring the safety of our children.

We very strongly support HB 2345. HB 2345 establishes an Office of the Child Advocate (OCA) for the state of Kansas. This bill will provide an opportunity for independent oversight of the child welfare system to improve transparency, consistency, and identify areas of systemwide strengths and areas for improvement. We have the experience of working with the child welfare systems in both Kansas and Missouri and there is an Office of the Child Advocate in Missouri, so we have firsthand knowledge of how this office impacts children's services.

Through our work with the child welfare system in Missouri, we have been involved in situations in which the involvement of the OCA was crucial in identifying and ultimately addressing system issues. While the OCA can look into concerns regarding a single case, they function to identify and respond to issues at the system level. The OCA is an independent entity, and not otherwise part of the existing child welfare system; therefore, oversight by the OCA improves transparency, and issues can be identified and subsequently, addressed, with improved clarity as to how and why changes are made. This has allowed for improved consistency in investigations and services provided across the state.

Over the past several years, the Missouri OCA was involved in addressing inconsistencies and concerns in the evaluation of abuse of young children. It became apparent that different regions and county offices responded to cases in very different ways, and it was not clear why and how these significant differences existed. What was clear, was that vulnerable children were placed at unacceptable risk. Lack of training and education was identified as a major concern; this included child protective services workers, medical providers, law enforcement officers, and court personnel.

Ultimately, major changes and improvements were made systemwide in Missouri to address these concerns. A network of medical providers who receive ongoing training in the evaluation and treatment of abused children was established to serve as local and regional resources across the state. This network of providers is led by Child Abuse Pediatricians in the state, and is tasked with providing consistent and evidence based medical care for children when there are abuse concerns, and for relaying these concerns to child protective services, law enforcement, courts, etc. Additionally, child protective services workers are now required to receive ongoing training regarding recognition, treatment, and prevention of abuse and neglect, which is provided by experts in the field. Finally, for every young child who is diagnosed with physical abuse, the case is reviewed by a Family Court official, to ensure that the needs of the child and family are being appropriately addressed to ensure ongoing safety. This helps provide for the needs and safety of the child, but also allows a “second look” by another party; again, increasing transparency and consistency.

Through my work with Kansas children and families, and the Kansas child welfare system, I know that there are obvious strengths within the system. We have passionate workers and services providers, and organizations that provide creative solutions to very real problems. However, the system is overburdened and plagued with worker burnout, lack of funding, and lack of resources, with too many children needing services and not enough to go around. There are additional challenges in Kansas, given multiple contract organizations involved in the protection and care of our children, separate from DCF, and at times, the overworked system results in a lack of oversight of these different organizations. The care and response one child receives from the system is not the same as that of another child in the same system.

In our professional experience, working with families and abused children, there have been times when concerns existed regarding the care of children in the custody of the state, or one of the contract organizations, and our concerns were not addressed – no specific agency or entity had the ability to evaluate or respond to concerns within the system as a whole. My team has cared for children who, while in state custody: sleep in a different place every night, including in the office building of the agency overseeing their care; are physically or sexually assaulted while in those places; suffer from lack of supervision in those places to the extent that they sustain injuries; and then are not brought for medical care for those injuries; are not given the opportunity for education for weeks to months at a time, placing them so far behind they can’t catch up; do not receive prescribed medications or attend medical appointments; do not receive crucial therapy services to address significant mental health issues. We have cared for children who suffered serious physical abuse that placed their health, safety, and lives at risk, who were returned to the care of perpetrators due to an essential lack of understanding or lack of resources, and are reinjured or killed. We have cared for children whose families had needs that could be addressed with the provision of services in their homes, who were removed and placed in foster care, again, due to lack of understanding or resources. Sometimes both.

These are only a few examples for which an Office of the Child Advocate could make huge impacts. When the system is not able to provide information about, or address the practices of different offices, different contract agencies, and different service providers, no improvements can be made. It is clear, through the work of countless professionals, agencies, service providers, and organizations, as well as the recommendations of the Child Welfare System Task Force, the KS Citizen Review Panels, and other reviews of the Kansas child welfare system, that change is needed to protect our children. Vital parts of successful systemwide improvement include transparency, consistency, and analysis of strengths and areas for improvement; successful sustained improvement involves continuing those practices over time. This is what the Office of the Child Advocate can do.

Thank you for your time and consideration of HB 2345.

Sincerely,

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