



Senate Judiciary Committee

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SB 77

Presented by:

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Testimony of:

Alicia Johnson-Turner, LSCSW, RPT, Special Assistant to the Secretary
Kansas Department for Children and Families

Testimony on:

SB 77

Chair Wilborn, Vice Chair Rucker, Ranking Member Miller and Members of the Committee:

The Department for Children and Families appreciates the work of the committee and is grateful for its interest in protecting the children of Kansas. Thank you for the opportunity to present neutral testimony to provide information on DCF policies related to helping families of children with problem sexual behaviors.

Current DCF policy allows investigators to consider reports of problem sexual behavior for a Family In Need Assessment when the parents are aware of the issue, are willing to address it, but at the time of the report are not able to address it on their own and need an assessment for possible services. Depending on the needs of the child and family, those post-assessment services would often include referrals to community-based counseling, as DCF does not have counselors on staff. If the parents are aware of the issue but are unwilling to address the behavior, the report of problem sexual behavior may be assigned for abuse/neglect assessment. All of this is currently DCF policy and would require not statutory or policy change.

Our agency is committed to ensuring services are provided for children who are victims of abuse as well as those with problem sexual behaviors. As required by K.S.A. 38-222(b), the department and law enforcement jointly investigate cases of suspected sexual abuse. This also currently happens within the policies of the Department

If the committee moves forward with SB 77, DCF is requesting clarifying language so that the word “offer” would become the word “refer” to be in line with current DCF policy and procedures.

Treatment protocols for issues surrounding sexual behaviors are often complex. DCF is aware of several different evidence-based treatments for children with problem sexual behaviors such as OU-PSB-CBT or MST-PSB. These are both intensive programs consisting of four to seven months of treatment including caregivers and would likely need funding in addition to the Medicaid reimbursement rate. If the committee were to move the bill forward the Department would suggest funding for treatment be provided through the Kansas Department for Aging and Disability Services as they are the mental

health agency in the state. It is likely KDADS could work with the Community Mental Health Centers to develop and fund evidence-based treatments for this specialized population.

I thank you for the opportunity to address this important issue and I am happy to stand for questions.