



## House Federal and State Affairs

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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 Barker, Vice Chair Awerkamp, Ranking Member Ruiz, 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 any report of problem sexual behavior for a Family In Need Assessment when the parents are aware of the issue and 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, the post-assessment services would often include referrals to community-based counseling. 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 an abuse/neglect assessment. All of this is currently DCF policy which does not require a statutory or administrative 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. 38222(b), the department and law enforcement jointly investigate cases of suspected sexual abuse. This also currently happens within the policies of the Department.

Treatment protocols for issues surrounding sexual behaviors are often complex and intensive, usually consisting of four to seven months of treatment that includes caregivers. If this SB 162 passes, additional funding would likely need to be allocated to Child Advocacy Centers or other community-based resources so they could handle the increased caseload for this specialized population. Further, there are evidence-based treatment models for this population, such as Problem Sexual Behavior – Cognitive Behavior Therapy. These models would likely require supplemental funds -- in addition to typical mental health reimbursement under Medicaid or even some private insurance -- to provide sufficient funding to maintain fidelity to those models.

The fiscal note associated with SB 77 was written prior to the amendments made by the Senate committee. As amended, the Department estimates that the passage and subsequent promotion of this legislation would lead to a 15% increase in calls related to allegations regarding children exhibiting problem sexual behaviors to the Kansas Protection Reporting Center. This increase in calls and subsequent investigations from calls would require DCF to hire one additional Reporting Center staff member and one additional child protection investigator at a cost of \$126,352 in FY 2020 and \$126,684 in FY 2021, with similar costs in subsequent years. (We have attached DCF's updated fiscal note for SB 77 to our written testimony for the committee's reference; this has not yet been processed through Division of Budget and does not include any other agency's projections for fiscal effects.)

I thank you for the opportunity to address this important issue. DCF is committed to making sure that all children in state care get the services they need. I am happy to answer any questions.