

WRITTEN TESTIMONY OF EMILY KILLOUGH, MD
CHILD ABUSE PEDIATRICIAN

HOUSE CHILDREN AND SENIORS COMMITTEE
IN SUPPORT OF HB 2187
FEBRUARY 20, 2020

Members of the House Children and Seniors Committee,

My name is Emily Killough, and I am a Child Abuse Pediatrician and citizen of Johnson County, Kansas. I am board certified in general pediatrics and child abuse pediatrics after completing fellowship training in the evaluation, diagnosis and treatment of children with concerns for abuse or neglect. I work at a large children's hospital in the Kansas City area and, as a result, am involved extensively with the child welfare systems in both Kansas and Missouri. I am a passionate advocate for children and believe that every child has the right to a safe and healthy childhood.

I support HB 2187 and the establishment of an Office of the Child Advocate (OCA) for the state of Kansas. The OCA provides an avenue for any concerned citizen and/or professional to obtain an independent and unbiased review of reported cases with the Department of Children and Families (DCF) and involved contract agencies for any child at risk of abuse, neglect, or harm.

For example, if a reporter has made a hotline for concerns of abuse or neglect and the report is unsubstantiated, but the reporter's concerns persist, the reporter can request a review of the case. In some cases, the OCA may find that DCF has followed all policies and procedures and affirm the findings of the investigation or assessment. Conversely, the OCA may find that policies or procedures were not followed or that practice or system issues led to issues or concerns in the management of the case. In these cases, the OCA can work with DCF, court officials and other involved parties to identify problems and solutions. The presence of an OCA in Kansas can help build trust in DCF by increasing transparency and providing specific recommendations for improvement.

In my experiences with the OCA in Missouri, in cases where there are concerns that policies/procedures have not been followed or when practice issues are identified, the process of OCA investigation works to identify the barriers that led to error propagation and adverse events. The system level review focuses on identifying weaknesses in administrative and behavioral processes with the goal of mitigating harm to children and/or families. In Missouri, I reported a case to the OCA where an infant with bruising who had been diagnosed with child physical abuse, remained in his home environment with no intervention or services; two weeks later this child returned to the hospital with a devastating brain injury due to abusive head trauma. The review found multiple errors and deviations from policies and procedures as well systemic issues such as significant variation in how cases like this were handled in different

counties/regions in Missouri. As a result of the involvement of OCA in this case, multiple system level changes have been implemented including a statewide review system where child abuse pediatricians help CPS workers identify which children need to have a medical evaluation. Additionally, if a child under 4 years of age is diagnosed with physical abuse by a medical provider who has received additional training in the evaluation of children with concerns for abuse, CPS must refer the case to their local family court jurisdiction for review. The thought is that by involving multiple professionals in the decision-making process, we will ultimately have better outcomes for children.

Parents and grandparents of children in state custody may also report a complaint/concern to the OCA for consideration of review of foster care management. This process may be particularly helpful in Kansas given the multiple contract agencies involved in foster care case management. In Missouri, for example, the OCA's recent recommendations for systemic improvement include maintaining parental visits for children in care and ensuring safety when children are placed in residential facilities. There have been numerous news stories in Kansas describing children in care sleeping in offices, moving daily from placement to placement, and children who are "lost" or run from foster placements. I have personally cared for children who have been physically and/or sexually assaulted in residential facilities. The presence of an OCA in Kansas represents an opportunity to make a huge impact for children in care by identifying system changes that directly affect the most vulnerable children in our state.

I have great appreciation and respect for the hard work and dedication of DCF workers and staff in Kansas. The OCA would support the ongoing work of DCF and contract agencies by providing an independent review process and helping to identify systemic areas for improvement ultimately leading to a safer Kansas for our children.

Thank you for your time and consideration of HB 2187.

Sincerely,

A handwritten signature in cursive script, appearing to read "Emily Killough".

Emily Killough, MD
Child Abuse Pediatrician
efitchkillough@gmail.com