The CARE Network

Established through House Bill 19-1133 in 2019, the goal of the CARE Network is to create a state-funded healthcare network to provide a standardized response to suspected child maltreatment. Our program is administered on a fiscal year basis. This report includes information from July 1, 2021 to June 30, 2022. We train and support a network of Designated Providers around the state to complete medical and behavioral health assessments for children under 6 years of age for concerns of physical abuse or neglect and for children under 13 years of age for concerns of sexual abuse.

The Kempe Center for the Prevention and Treatment of Child Abuse and Neglect serves as the administrative and education hub of the network. Our network of medical providers (physicians, physician assistants, nurse practitioners, and forensic nurse examiners) include experts in the area of pediatrics and emergency medicine. In addition, our behavioral health providers are trained in evidence-based trauma treatment modalities, child development, trauma, complex-trauma and family systems.

The CARE Network during COVID-19

While budget constraints related to the COVID-19 pandemic in years one and two of the program have been resolved, our providers still report stressors related to personnel shortages, time constraints, and lower patient volumes. There has also been concerns related to the larger societal impact of the pandemic on vulnerable populations. Crime, mental health crises, and economic problems have resulted and will continue to challenge families. It is unclear whether rates of child maltreatment will be affected as a result of the pandemic, but when families are stressed, parenting can become more difficult putting children at risk. The CARE Network program and providers are keenly aware of this risk and will continue to support community efforts that strengthen families, address vulnerabilities and identify individual client needs.

Program Goals:

- HOLISTIC care
- Adherence to quality based on best practice standards
- Community specific
- Accessible care, accepting referrals from a variety of sources
- Coordinated handoffs between providers and to appropriate community resources
- Program evaluation
- Reimbursement to providers
- Training and mentorship

The CARE Network during COVID-19

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The CARE Network

Denver Human Services Safe Center

As the CARE Network legislation noted “Distances limit access to expert evaluations” for much of the state, the initial emphasis of the program was to create medical and behavioral health experts outside the Denver metro area. However, with the projection of expenditures indicating there would be available funding to include the Safe Center evaluations, as of January 1, 2022, it was determined that the CARE Network would accept evaluations for the target population from the Safe Center. Staff at the Safe Center had completed the CARE Network training and beginning January 1, 2022, the program began applying the trauma assessment tool used by the network. Additionally, the large volume of evaluations by the Safe Center provides opportunity for potential additional studies of the impact of the network.

Budget

It is estimated the CARE Network will have spent about 77% of the available funding. Some of the under expenditure is related to not being able to fill the program coordinator position ($76,251), which was reflective of the tight labor market. About half of all evaluations entered were from the Safe Center program, and that program was only operational for half of the state fiscal year. We believe that given the rate the network is identifying treatable issues and with ongoing relationship development between providers and referral sources, that referrals will increase over time.

Because some referrals for new providers came directly from referral sources, it is possible that those particular providers will be productive in their first year (as has been the case, meetings will be held by Kempe with the new providers and referral sources in their areas). With the Safe Center operating a full year, expected increases in referrals to current providers, and the addition of new providers, there will likely be a significant growth in referrals and the corresponding expenditures in SFY23.

It is notable that close to 20% of medical evaluations and about 10% of behavioral health evaluations were entered more than 60 days since the evaluations occurred. Thus, it is possible additional evaluations will come in before the entry deadline of July 15, 2022, and affecting the expenditure estimate to some degree.
Staying Connected

Advisory Committee:

In accordance with the original legislation, an Advisory Board was created to assist with quality assurance, outreach and community engagement. Like the first year of implementation, this year’s activities involved recommendations for designated provider recruitment and community referrals. A representative from law enforcement was added to the committee to improve collaboration with law enforcement officials. Some membership turnover took place from the prior year. Our administrative team continues to consider the optimal make up of this committee and how to best engage members. Meetings are held quarterly in October, January, Mach and June.

Membership includes representatives from the following agencies:

- Denver Parent Advocates Lending Support (DPALS)
- Mesa County Department of Human Services
- CO Office of Children, Youth, and Families
- CO Department of Public Health and Environment
- Pediatric Partners of the Southwest
- Adams County, Children and Family Services
- El Paso County, Children, Youth, and Family Services
- Alamosa County, Department of Human Services
- Larimer County, Division of Child, Youth and Family
- Colorado Health Inc.
- Longmont Police Department
- The Kempe Foundation
- Overall Wellness Counseling
- River Bridge Child Advocacy Center
Staying Connected

Kempe CARE Network Communications:

In addition to a monthly newsletter for program updates and educational highlights, our website continues to be an important resource for connection and information. The site is maintained so that providers can find program requirements, policies, forms, and patient materials, registration for training events and links to community resources through 211.
Community Outreach

We performed over 50 meetings with providers and/or referral sources.

Contacts Database

A database was developed and implemented that keeps track of contacts for referral sources, prospective providers and network providers. The information for referral sources contains all contact information as well as organizational roles and type of agency. The prospective provider portion of the database keeps track of these parties at steps in the recruitment process. This includes the identification that a provider may be interested in joining the network, signing up for the training, completing the training, notifying them to set up their billing/SOW info, and through the completion of all paperwork necessary to become a network provider. For those who have become network providers, the system integrates with reports from the systems that capture network evaluations and publishes reports on providers who have, and have not, entered evaluations. It also provide links between providers and referral contacts by county to assist in setting up meetings (such as to encourage increased referral flows when the system identifies providers who are not entering evaluations).

Coordination with CHSDA

As with last year, coordination continued with Colorado Human Services Director’s Association (CHSDA) for support in making connections with county departments. This year staff below the director level were targeted when seeking input on professionals to recruit for the network in local communities. CHSDA assisted in providing a list of those overseeing CW in numerous counties.

Coordination with Counties

It is notable that counties and CDHS report significant turnover of caseworkers. This has been the case in a field where turnover was already high.

Thus, a number of counties reported that they were operating in crisis mode and it is possible this resulted in reduced responsiveness, and less involvement with the Network.

In terms of recruitment provider, every county was contacted where there was not already a network presence. Information about the network was provided both verbally and with flyers. Caseworkers and agency directors were contacted. Referrals from caseworkers with knowledge about local and medical behavioral resources, resulted in identification of professionals, some of whom were successfully recruited to become providers.

In 2021 and 2022, meetings were facilitated between county child welfare agencies and providers. Goals of the meetings included introductions among parties, a brief overview of the network, and the ask that the agencies identify case types within the scope of the network’s target population to refer the providers.

Child Advocacy Centers (CAC)

We noted a higher volume of referrals in counties with participating CACs. This may be due to better integration with child and family serving agencies, including local child welfare agencies, law enforcement, and behavioral health. As such, we continue efforts to engage and recruit providers from community CACs.
Coordinated Handoffs/Referrals

The CARE Network website offers providers access to lists of a variety of resources in categories such as:

- Crisis Hotlines and Services
- Domestic Violence and Sexual Assault
- Family Support
- Food and Housing Assistance
- Financial and Job Assistance Services

The website also links to United Way's 211, which is a statewide database with a search feature that provides information on resources in communities across the state. The CARE Network staff educated providers about this resource, with a goal of providers viewing children and their families in a holistic manner, and identifying issues and referring families to needed community services.

The CARE Network seeks to strengthen the connections between medical and mental health systems of care to meet the complex needs of children who have experienced abuse and neglect. CARE Network medical providers are required to screen for behavioral health issues and refer when needed, recognizing that children who have been maltreated are at higher need for services.

Providers receive specific training in approaches to enhance family and child referrals to mental health services. Our behavioral health providers conduct comprehensive mental and behavioral health evaluations to identify service need with the goal of providing care or referring to appropriate services.

The Data: Coordinated Handoffs/Referrals During 2021-2022

Among medical evaluations, behavioral health was screened in 85% of completed cases (n=72). Of those screened children, a mental health concern was identified in 35 cases (49%). Referrals were made in 77% (n = 27) including:

- 17% (n=6) to primary care physicians.
- 34% (n=12) to community mental health providers.
- 37% (n=13) to evidence-based trauma treatment.
- 6% (n=2) to a source other than those listed above.

Concerns for medical, developmental, and new abuse/neglect concerns were identified in 32% of cases (n = 27). Specifically medical concerns were identified in 15% of cases, developmental concerns in 15%, and new concerns for abuse/neglect, that were not part of the original referral, in 7% of cases.

Behavioral health providers noted mental/behavioral health concerns in 100% of referred cases often with multiple co-psychosocial concerns. Behavioral health providers made referrals for other child/family services in 90% of cases. Of the 20 cases evaluated by providers, 80% were accepted for treatment by the evaluating provider.
Providers are required to submit each CARE Network evaluation for review. REDCap, a HIPPA-compliant web-based application for data collection, was utilized to collect comprehensive information related to aspects of medical evaluation (i.e., social history, injury presentation, medical and diagnostic work-up, interpretation, documentation, and treatment) and behavioral health evaluations (i.e., assessment, documentation, treatment recommendations and referrals).

Mentors carefully review each case and indicated whether the provider met best practice guidelines. Rating options were (1) yes, (2) no, or (3) partial. Case reviews and mentor indicators of best practice guideline adherence were summarized quarterly and provided to the CARE Network Resource Center team to review for adherence to benchmark goals and identify any areas for quality improvement.

Only eligible evaluations with complete data are included. Medical evaluations conducted by Denver Health are not included in the data summarized below. Case reviews for medical exams include providers trained in 2020 and 2021. Behavioral health assessments include providers trained in 2021.

Between July 1, 2021 and June 15, 2022, 85 medical exams (completed by 12 providers) and 20 behavioral health assessments (completed by 4 providers) were submitted for case review. Seventy-nine percent of medical providers who completed exams were physicians, followed by nurses (13%), and advanced practice providers (8%). All behavioral health evaluations were completed by licensed behavioral health providers (e.g., LPC, LMFT, LCSW, APN).

### Demographics and Case Descriptions of Completed Evaluations

#### Referred Child Sex

**Medical Exams**
- Female: 56%
- Male: 44%

**Behavioral Health Exams**
- Female: 50%
- Male: 50%
Provider Case Submission

Ethnicity and Race of Referred Child
Categories are not mutually exclusive

<table>
<thead>
<tr>
<th>Medical Exams</th>
<th>Behavioral Health Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>30% Hispanic</td>
<td>35% Hispanic</td>
</tr>
<tr>
<td>70% Non-Hispanic</td>
<td>65% Non-Hispanic</td>
</tr>
<tr>
<td>88% White</td>
<td>70% White</td>
</tr>
<tr>
<td>2% Black</td>
<td>5% Black</td>
</tr>
<tr>
<td>2% Native American</td>
<td>0% Native American</td>
</tr>
<tr>
<td>1% Mixed Race</td>
<td>20% Mixed Race</td>
</tr>
<tr>
<td>0% Other</td>
<td>5% Other</td>
</tr>
<tr>
<td>5% Missing</td>
<td>0% Missing</td>
</tr>
</tbody>
</table>

Referral Concern
Categories are not mutually exclusive

Medical exams
- Physical Abuse (25) 29%
- Sexual Abuse (40) 47%
- Neglect (37) 44%

Behavioral Health Assessment
- Physical Abuse (11) 55%
- Sexual Abuse (14) 70%
- Neglect (11) 55%
Of the 85 medical evaluations completed, providers rated 64% of cases as very concerning to definitely abuse/neglect for one or more types of maltreatment. Specifically, 43% of cases referred for concerns for physical abuse were rated as concerning or greater; 40% of sexual abuse concerns, and 77% of neglect concerns.

### Mean Age of Child

- **Medical Exams**: 49.08 months
- **Behavioral Health Assessments**: 80.34 months

### Referral Sources

<table>
<thead>
<tr>
<th>Referral Sources</th>
<th>Medical Exams</th>
<th>Behavioral Health Assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Welfare Agencies</td>
<td>42%</td>
<td>25%</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>25%</td>
<td>5%</td>
</tr>
<tr>
<td>Child Advocacy Centers</td>
<td>13%</td>
<td>0%</td>
</tr>
<tr>
<td>Parents/Custodians</td>
<td>11%</td>
<td>50%</td>
</tr>
<tr>
<td>Other Medical/Health Providers</td>
<td>7%</td>
<td>20%</td>
</tr>
<tr>
<td>From Providers own practice or source not listed above</td>
<td>1%</td>
<td>0%</td>
</tr>
</tbody>
</table>
Provider Case Submission

Mental and Behavior Health Concerns

In 43% of cases, medical providers noted behavioral/mental health concerns (35 of 82) and made behavioral health referrals in 77% of those cases (27). Behavioral health providers identified concerns in 100% of cases (20). The number of concerns ranged from 1 – 11 (Mean = 6.15, SD = 2.50). Trauma, relational issues, anxiety, and parent-caregiver interaction were the most frequently endorsed concerns. Providers reported treatment was indicated in 100% of cases. In 80% of submitted cases, the assessing provider indicated s/he would be providing further treatment. A referral was made in the remaining 20% of cases with follow-up and/or person-to-person contact.

Best Practices Guidelines

Each evaluation conducted by CARE Network providers is reviewed by a board-certified Child Abuse Pediatrician (for medical exams) and a Licensed Psychologist (for behavioral health assessments) to rate provider adherence to best practice guidelines for discipline specific assessments.

Aggregated across quarters (Figure 3), adherence to best practices was high among medical providers with over 87% of exams and behavioral health screenings meeting best practice guidelines. Specifically, of the 80 medical exams conducted and reviewed in Year 2 of CARE Network implementation, 79% (n = 69) of exams were rated by a certified child abuse pediatrician as having fully met best practice guidelines. By type, best practice guidelines were fully met in 23 of 26 physical abuse cases (88%), 38 of 39 cases (98%) for neglect and sexual abuse cases, and 66 of 76 cases (87%) for behavioral health assessments.
With regard to our first cohort of behavioral health providers, across quarters for the 20 cases reviewed, 75% were rated as having met best practice guidelines for conducting behavioral health assessments. As seen below, adherence to guidelines increased significantly from Quarter 1.

### Percentage of Behavioral Health Cases Meeting Best Practice Guidelines

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 1</td>
<td>57</td>
</tr>
<tr>
<td>Quarter 2</td>
<td>83</td>
</tr>
<tr>
<td>Quarter 3</td>
<td>100</td>
</tr>
<tr>
<td>Quarter 4</td>
<td>83</td>
</tr>
</tbody>
</table>

Quarter 1 = 7, Quarter 2 = 6, Quarter 3 = 1, Quarter 4 = 6
Provider Case Submission

Alignment of Likelihood of Abuse Ratings

On case entry into REDCap, medical providers were asked to provide likelihood of abuse ratings based on findings from the medical exam for each type of maltreatment assessed. After reviewing the medical work-up, documentation, and relevant social and medical history provided by the CARE Network designated provider, Resource Center mentors provided his/her own ratings of abuse likelihood. For ease of interpretation, and sample size limitations, alignment has been dichotomized as either perfect alignment (same rating provided by both the mentor and provider) or not. Ratings options vary by type of maltreatment (see below).

Data aggregated over the full year shows high alignment of ratings across maltreatment types.
Provider Case Submission

Summary and Conclusions

For the purposes of this report, the CARE Network Resource Center focused on (1) provider level satisfaction and impact of mentorship and case review feedback, (2) mentor rated adherence to best practice guidelines, and (3) informant agreement of abuse likelihood. Program goals were that 80% or more of providers would perceive the mentorship and feedback as helpful and that there would be a high rate of (a) best practice adherence and (b) provider-expert alignment of abuse/neglect dispositional ratings.

Findings indicate that year 2 implementation goals for provider satisfaction regarding mentorship and feedback were met or exceeded.

- 100% of providers indicated satisfaction with the mentorship and feedback.
- 100% of providers agreed that feedback facilitated and reinforced adherence to best practice guidelines for both medical evaluations and behavioral health screenings.
- 100% agreed that feedback improved diagnostic decision making.

One provider gave the following feedback when asked about case review and mentorship:

“The rapid response to case submissions with very specific suggestions based on the details of each case (they all have their significant differences and challenges!) has been the most helpful aspect of case review and feedback. I learn something from every case.”

Year 2 implementation goals for high adherence to best practice guidelines were met or exceeded.

- 97% of sexual abuse evaluations were rated as meeting best practice guidelines.
- 97% of neglect evaluations were rated as meeting best practice guidelines.
- 88% of physical abuse evaluations were rated as meeting best practice guidelines.
- 87% of behavioral health screenings were rated as meeting best practice guidelines.
- 75% of behavioral health evaluations were rated as meeting best practice guidelines.

Year 2 implementation goals for alignment of abuse likelihood ratings was met or exceeded.

- 79% of dispositional ratings for sexual abuse were perfectly aligned.
- 90% of dispositional ratings for neglect were perfectly aligned.
- 85% of dispositional ratings for physical abuse were perfectly aligned.
# Program Evaluation

<table>
<thead>
<tr>
<th>Goals:</th>
<th>Method of Assessment:</th>
</tr>
</thead>
</table>
| Providers will report gaining knowledge, competency, and preparedness to conduct medical evaluations and behavioral health assessments for abuse/neglect concerns across training and learning opportunities. | 1. New Provider Training Survey  
2. ECHO learning surveys.  
3. Mid-Year Provider Survey  
4. Annual Provider Survey |
| 80% of providers will meet Network requirements and complete 12-months of training activities (retention). | 1. Mid-Year Provider Survey  
2. Resource Center Tracking |
| Mentorship and case review feedback will result in high levels of adherence to best practice guidelines and standard of care. | 1. Mentor ratings of adherence.  
2. Mid-Year Provider Survey |
| Mentorship and case review feedback will result in high levels of alignment between medical providers and mentors on case findings. | 1. Comparison of mentor and ratings of abuse/neglect likelihood |
| Behavioral health screening will be routinely implemented. | 1. Quarterly review of case submissions.  
2. Mid-Year Provider Survey |
| Expanded capacity of expertise will result in better collaboration with child and family serving organizations. | 1. Social Network Analysis  
2. Pre-Training Survey  
3. Mid-Year Provider Survey |
| Expanded capacity of expertise will result in better integration of medical information into decision making processes for those referred to CPS. | 1. Mid-Year Provider Survey  
2. Quarterly review of case submissions |
# Provider Evaluation

<table>
<thead>
<tr>
<th>Measure</th>
<th>Type of Measure</th>
<th>Assessment Domains</th>
<th>Informant</th>
<th>Frequency of Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Provider Training</td>
<td>Survey</td>
<td>Learner satisfaction, skill acquisition, knowledge assessment</td>
<td>Medical Providers &amp; BH Providers</td>
<td>Once</td>
</tr>
<tr>
<td>Provider Experience with ECHO</td>
<td>Survey</td>
<td>Learner satisfaction, skill acquisition</td>
<td>Medical Providers &amp; BH Providers</td>
<td>Monthly after each ECHO</td>
</tr>
<tr>
<td>Mid-Year Assessment of Program Goals and Impact on Learning</td>
<td>Survey</td>
<td>Learner satisfaction, skill acquisition, interaction with child/family serving organizations</td>
<td>BH Providers &amp; Medical Providers</td>
<td>Once</td>
</tr>
<tr>
<td>Annual Provider Meeting</td>
<td>Survey</td>
<td>Learner satisfaction</td>
<td>BH Providers &amp; Medical Providers</td>
<td>Once</td>
</tr>
<tr>
<td>Case Submissions Review of Medical Provider Evaluations</td>
<td>Data abstraction and review of case entries</td>
<td>Adherence to best practice guidelines, alignment of likelihood of abuse ratings, assessment and referral for behavioral health</td>
<td>Medical Providers &amp; Resource Center Mentors</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Case Submissions Review of Behavioral Health Provider Evaluations</td>
<td>Data abstraction and review of case entries</td>
<td>Adherence to best practice guidelines</td>
<td>Medical Providers &amp; Resource Center Mentors</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>
Provider Evaluation

Mid-Year Survey

In order to assess the impact of training on competence in discipline-specific key ability areas, a mid-year survey was conducted with all CARE Network providers. As indicated below, 89% or more of medical providers and 100% of behavioral health providers reported confidence and competence in key areas.

Percentage of Medical Providers Indicating Confidence in Key Ability Areas

- Make appropriate referrals for behavioral health concerns: 63% Strongly Agree, 26% Somewhat Agree, 11% Somewhat Disagree, 5% Strongly Disagree
- Identify and offer brief interventions for behavioral health concerns: 32% Strongly Agree, 63% Somewhat Agree, 5% Somewhat Disagree, 5% Strongly Disagree
- Provide behavioral health screenings: 37% Strongly Agree, 58% Somewhat Agree, 5% Somewhat Disagree, 5% Strongly Disagree
- Provide quality medical evaluations: 84% Strongly Agree, 11% Somewhat Agree, 5% Somewhat Disagree, 5% Strongly Disagree
Provider Evaluation

Mid-Year Survey

Percentage of Behavioral Health Providers Indicating Confidence in Key Ability Areas

- Make appropriate referrals for behavioral health treatment, medical, or other needs: 62% Strongly Agree, 37% Somewhat Agree, 12% Somewhat Disagree, 12% Strongly Disagree
- Identify types of services and resources needed: 87% Strongly Agree, 12% Somewhat Agree, 12% Somewhat Disagree, 12% Strongly Disagree
- Identify risk for child maltreatment: 87% Strongly Agree, 12% Somewhat Agree, 12% Somewhat Disagree, 12% Strongly Disagree
- Provide quality behavioral health assessments: 87% Strongly Agree, 12% Somewhat Agree, 12% Somewhat Disagree, 12% Strongly Disagree
Provider Evaluation

Improved Coordination and Access to Medical and Behavioral Health Assessments in Provider communities.

- 80% of medical providers and 75% of behavioral health providers indicated participation in the CARE Network has improved coordination with other child and family serving agencies identifying and responding to child abuse/neglect concerns.

- 80% of medical providers and 87% of behavioral health providers indicated participation in the CARE Network has improved access to medical and behavioral health exams and services in their communities.

I believe participation in the CARE Network has improved coordination with other agencies who identify and respond to concerns about abuse/neglect.
Provider Evaluation

Improved Coordination and Access to Medical and Behavioral Health Assessments in Provider communities.

I believe participation in the CARE Network has improved access to exams for abuse/neglect in my community.

<table>
<thead>
<tr>
<th></th>
<th>Medical Providers</th>
<th>Behavioral Health Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>55</td>
<td>62</td>
</tr>
<tr>
<td>Somewhat Agree</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Neither Agree nor Disagree</td>
<td>15</td>
<td>12</td>
</tr>
<tr>
<td>Somewhat disagree</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>
Provider Evaluation

Retention

• 90% of medical providers and 87% of behavioral health providers reported they intend to continue their practice and training as a CARE Network provider.

• 100% of providers were likely to recommend other providers consider becoming a CARE Network provider.

Mentorship and Case Review Feedback

100% of providers were satisfied with the feedback and support from the CARE Network Resource Center.

Improvement in Clinical Skills

100% of providers indicate mentorship and case review feedback helped to improve clinical skills, communication with families, diagnostic decision making, and adherence to best practice guidelines.
Monthly continuing education sessions provide CARE Network Designated Providers with a short didactic educational session that focuses on evidence-based care and up-to-date practice recommendations followed by a case presentation from a peer. The goal of each hour long session is to review relevant clinical education and support the integration of that information through problem-based learning. This also provides an opportunity to reinforce the importance of appropriate referral processes and system-based protocols for working with other family-serving agencies, such as social services, law enforcement and the courts. A major goal of the ECHO sessions is to promote interdisciplinary practice and collaboration among systems. Providers are required to attend at least half of the presentations.

The following sessions were provided this year:

<table>
<thead>
<tr>
<th>Month</th>
<th>Medical</th>
<th>Behavioral Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 2021</td>
<td>Occult Injury Screening</td>
<td>Adolescent Suicidality</td>
</tr>
<tr>
<td>September 2021</td>
<td>Behavioral Activation</td>
<td>No session</td>
</tr>
<tr>
<td>October 2021</td>
<td>Radiology - General Child Abuse Imaging</td>
<td>Trauma and Brain Development: The Role of Neuropsychological Assessments</td>
</tr>
<tr>
<td>November 2021</td>
<td>Child Welfare Trends</td>
<td>Strategies for a Trauma-Informed Behavioral Health Assessment</td>
</tr>
<tr>
<td>December 2021</td>
<td>No session</td>
<td>Evidence Based Trauma Treatment for Children and Adolescents: PCIT, CPP and TF-CBT</td>
</tr>
<tr>
<td>January 2022</td>
<td>Child Sexual Behaviors</td>
<td>Dyadic Behavioral Health Treatment</td>
</tr>
<tr>
<td>February 2022</td>
<td>Is It Possible That...? Abusive Head Trauma</td>
<td>Child Sexual Behaviors</td>
</tr>
<tr>
<td>March 2022</td>
<td>Human Trafficking</td>
<td>Culturally Responsive Trauma Treatment</td>
</tr>
<tr>
<td>April 2022</td>
<td>Growth Faltering</td>
<td>History of Child Welfare</td>
</tr>
<tr>
<td>June 2022</td>
<td>Healthcare for Youth in Out of Home Placement</td>
<td>Conducting a Family Assessment with Families Where There Has Been Abuse and Neglect: Strategies for Engaging Whole Family Systems</td>
</tr>
</tbody>
</table>
Continuing Education

Attendees are surveyed after each ECHO session and again mid-year to determine provider satisfaction effectiveness, relevance, and connectedness with other CARE Network professionals.

99% of medical providers were satisfied or extremely satisfied with the ECHO sessions.

100% of behavioral health providers were satisfied or extremely satisfied with the ECHO sessions.

After each ECHO, respondents rated items assessing the degree to which objectives were met, the content was relevant to practice, effectiveness of case studies, session presenter, and degree to which learning outcomes were achieved on a scale of 1 (strongly disagree) to 5 (strongly agree). As seen in the figure below, respondents were very positive across all dimensions assessed.

Average Ratings Across ECHO Sessions by Provider Type

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Medical Providers</th>
<th>Behavioral Health Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objectives</td>
<td>4.48</td>
<td>4.6</td>
</tr>
<tr>
<td>Relevancy and Effectiveness</td>
<td>4.63</td>
<td>4.7</td>
</tr>
<tr>
<td>Case Presentations</td>
<td>4.57</td>
<td></td>
</tr>
<tr>
<td>Presenter</td>
<td>4.71</td>
<td>4.8</td>
</tr>
<tr>
<td>Learner Outcomes</td>
<td>4.7</td>
<td>4.8</td>
</tr>
</tbody>
</table>

1=Strongly Disagree, 5= Strongly Agree
Continuing Education

Mid-year, respondents were asked to consider the ECHO series and model of learning as a whole. Across providers, 87% to 97% indicated the ECHO model was a good model of training, a good way to model multi-disciplinary approaches, helped increase awareness of social risk and protective factors, and helped providers feel more connected.
On May 2-3, 2022, the first in-person CARE Network annual meeting was held at the The Hythe Hotel in Vail, Colorado. Our goal was to provide a central location that was convenient for the majority of our providers, most of whom do not live in the Front Range, metro-Denver area. Providers from the Southwest parts of the state in Montrose and Teller Counties travelled the furthest and made a five-hour drive to join the group. Five of our current behavioral health providers and 18 medical providers attended. We also recruited 4 new behavioral health providers and 10 medical providers. Providers and Kempe Center faculty benefited from being together, in-person, since the creation of the program. This allowed for networking and relationship building. Difficult cases, best practices and unique approaches were shared. This is a vital component of our work as we build community and peer support for this challenging work.

The curriculum was informed by feedback from the prior year’s annual training and continuing education evaluations. The format of learning opportunities included didactic instruction, case study practice opportunities, large group discussions, and skill-building workshops. A highlight of this year’s training was the incorporation of simulation mannequins to give medical providers hands-on practice opportunity for sexual abuse examination techniques.

Given the behavioral health crisis in our state, this training also emphasized the identification and management of mental health risks and symptoms, emphasizing trauma-informed assessment approaches with diverse communities. The behavioral health curriculum for both new and existing providers stressed the importance of integrating the impacts that development, social context, and familial relationship dynamics when assessing a child or family for risk of child maltreatment.

Curriculum learning objectives:

- Describe the developmental consequences of maltreatment and trauma.
- Practice skills for teaching brief in-office interventions for behavioral health regulation.
- Characterize successful practices for cross-system collaboration.
- Identify evidence-based practices for assessing children referred to the CARE Network.
Annual Conference

Current provider, one-day agenda:

Monday, May 2, 2022: 8am-4pm

- Complex Developmental Trauma
- Breakout Groups
- Skills Refresher: Brief In-Office Interventions
- Breakout Groups
- Cross System Collaboration
- Breakout Groups
- Parent-Child Relationship
- Medical Track: Sexual Abuse Examination Skill Development
- Behavioral Track: Behavioral Health Assessment Skills Refresher
- CARE Network Logistics

New provider, two-day agenda:

Monday, May 2, 2022: 8am-4pm

- CARE Network Overview
- Medical Track: Physical Abuse
- Behavioral Track: Infant Mental Health & Developmental Trauma
- Neglect: Culturally Responsive Assessment
- Breakout Groups
- Discussion
- Cross System Collaboration
- Breakout Groups
- Court & Testimony
- Social Determinants of Health: Key Things to Consider
- Medical Track: Abusive Head Trauma & Physical Abuse Case Studies
- Behavioral Track: Developmental Considerations: School Age to Pre-Adolescents
- Behavioral Track: Power & Control Dynamics
- Medical Track: Infant Mental Health & Attachment

New provider, two-day agenda:

Tuesday, May 3, 2022: 8am-4pm

- Behavioral Track: Sexual Assault Risks & Symptoms
- Medical Track: CARE Process Model
- Suicidality Risk & Assessment
- Medical Track: Sexual Abuse: Disclosures & Exam Techniques
- Behavioral Track: Child Sexual Assault: Incorporating Developmental Considerations
- Behavioral Track: Documentation: Behavioral Health
- Referrals & Warm Hand-Offs
- CARE Network Overview

Continuing education credits were offered for medical providers. As an accreditation body for the provision of continuing education, Children’s Hospital Colorado designated the training for a maximum of 6.75 AMA PRA Category 1 Credit(s)™ for the Annual Provider training and 13.75 for the two-day New Provider training, as well as 6.75 nursing contact hour(s) for the Annual Provider training and 13.75 hours for the two-day New Provider training.
Annual Conference

**Annual Provider Meeting**

During our Annual Provider Meeting, providers were surveyed to assess overall satisfaction with the training, relevance and effectiveness to practice, effectiveness of learning formats, quality of the lectures and presenters, and extent to which learning objectives were met. In addition, providers were asked to rate the extent to which they believed that the CARE Network has increased access to quality assessment of child maltreatment concerns in their communities and collaboration with other child and family serving agencies. Finally, providers were asked to indicate whether they intended to continue their participation in the CARE Network and likelihood of recommending the CARE Network to other providers. Of the 25 providers who attended, 15 completed the survey for a response rate of 60%. A brief overview of survey findings is presented below.

**OVERVIEW OF SURVEY RESULTS**

- 100% of respondents rated the experience as excellent or very good.
- 80% or more of respondents indicated the training was relevant and applicable to their practice.
- 86% of respondents indicated they intended to make changes to their practice as a result of the training.
- 100% of respondents rated the training delivery formats as effective.
- 93% of respondents agreed that learning objectives were met, and rated lectures as *good or excellent*.
- 87% of respondents indicated participation in the CARE Network has improved access to exams, behavioral health assessments, and increased collaboration with other child/family serving agencies.
- 100% of respondents indicated they intend to continue their participation in the CARE Network.
- 93% of respondents would be *very likely* to recommend other providers consider becoming a CARE Network provider.
New Provider Meeting

New providers were surveyed to assess overall satisfaction with the training, confidence and preparedness with learned skill sets to conduct medical exams and behavioral health assessments, effectiveness of learning formats, quality of the lectures and presenters, extent to which learning objectives were met, and extent to which they believe the training will improve outcomes for patients. Providers also completed a post-training knowledge assessment. As indicated in Table 1 below, we met or exceeded all training goals.

**Table 1 Training Goals, Outcomes, and Target Audience**

<table>
<thead>
<tr>
<th>Goals</th>
<th>Outcomes</th>
<th>Medical Providers</th>
<th>Behavioral Health Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practitioner will demonstrate knowledge about the (a) identification of injury consistent with abuse, (b) best practice guidelines for conducting medical exams and behavioral health screenings, (c) and apply knowledge in case scenarios.</td>
<td>80% of providers will score 80% or greater on a post-training knowledge assessment.</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Practitioner will demonstrate knowledge about the (a) social, systemic, and individual risk factors associated with child abuse and neglect, (b) best practice guidelines for trauma screening and assessment of behavioral health needs, (c) and apply knowledge in case scenarios.</td>
<td>80% of providers will score 80% or greater on a post-training knowledge assessment.</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Practitioners will report preparedness and confidence in having learned discipline skills necessary to conduct medical exams and behavioral health screens.</td>
<td>80% of providers will endorse moderate to high ratings on items assessing preparedness and confidence.</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Practitioners will report preparedness and confidence in having learned discipline skills necessary to conduct behavioral health assessment and trauma screening.</td>
<td>80% of providers will endorse moderate to high ratings on items assessing preparedness and confidence.</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Providers will report satisfaction with the learning environment, delivery, and content of the training.</td>
<td>80% of providers will report overall satisfaction with the learning experience.</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>
New Provider Training

A brief overview of survey findings is presented below:

OUR TRAINING OBJECTIVES INCLUDED THE FOLLOWING GOALS:

➢ 80% of providers will score 80% or greater on a post-training knowledge assessment.
   • 100% of behavioral health providers and 92% of medical providers scored 80% or above on the knowledge assessment.

➢ 80% of providers will endorse moderate to high ratings on items assessing preparedness and confidence.
   • 100% of medical providers reported confidence in 7 of 8 discipline specific skill sets.
   • 100% of behavioral health providers reported confidence in across all discipline specific skill sets.
   • 100% of providers were confident they had received the technical training skills necessary to conduct discipline specific evaluations/exams AND were confident they knew best practice guidelines for discipline specific evaluations/exams.

➢ 80% of providers will report overall satisfaction with the learning experience.
   • 100% of providers reported overall satisfaction with the training experience.
   • 83% of providers rated the didactic presentations as good or excellent.
   • 84% of providers rated the case study review sessions as somewhat or very effective.
New Provider Training

100% of both medical and behavioral health providers agreed they are leaving with ideas to improve the way they conduct evaluations and assessments.

100% of attendees agreed the training will improve outcomes for patients.

Representative Learner Quotes

“My experience was truly remarkable. I so much appreciated being able to attend this training and have the opportunity to learn from all those that have such great experience with what each one brought to us. Thank You So Much!!!”

“This training was great, full of valuable information that can be applied and used. The atmosphere was wonderful and I am excited to attend next year.”

“Very powerful education with outstanding resources!!! This training helps me to feel more confident in my pediatric assessment skills.”

“The trainers were all so competent and helpful. I learned a lot during my two days. I also connected with other great professionals that I can consult with and refer to!”
Map of CARE Network Providers

This map represents the current reach around the state.

Active Providers in*: 20 Counties (BH Only in 8 counties, Med Only 11 counties, 1 county with both)
With Pending Providers**: (BH Only 9 counties, Med Only 14 counties, 4 counties with both)

* Some instances count two counties for a provider (see right panel) ** Completed Training
Goals and Future Engagement

The close of our third-year of implementation is the appropriate time to celebrate achievements and reflect upon new opportunities. This has been a successful year of measured growth. The goals listed below were created for 2021-2022 and previously reported in last year’s annual report. Progress toward each over the past year is as follows:

- **Integrate additional medical providers and expand the Network to include behavioral health providers.**
  - Behavioral Health providers were added in nine counties, including six rural counties. The addition of providers in rural counties was a particular accomplishment. Our work with the Colorado Human Services Directors Association had previously identified a lack of behavioral health resources for multiple county communities and social service agencies.
  - Providers have expressed a high level of satisfaction with ECHO sessions and in which there have been substantive case discussions.
  - Providers continue to reach out to Resource Center mentors for real-time consultation which provides them with learning opportunities on active cases.

- **Promote cross-collaboration between medical and behavioral health providers.**
  - A highlight of this year was the annual conference where immediate and robust connections were created among participants. An in-person meeting allowed for multidisciplinary learning, peer support and the sharing of professional experiences. No formal metric can measure the energy and passion that network providers embody.
  - In 2022, there was one behavioral health provider that was willing to provide services in another county that had medical providers. As a result of recruitment efforts, and if all trained potential providers formally become network providers, there will be three additional counties with both medical and behavioral health providers.

- **Increase number of evaluations conducted by CARE Network providers.**
  - There was a significant increase in the total number of evaluations this year compared to last year, with evaluations set to more than double over the prior year.

- **Support coordination of referrals from designated providers to community resources when families are identified as having additional needs.**
  - This has been an important focus on education to providers.
  - Our data suggest providers are identifying additional needs beyond the referral issue and making efforts to connect families with needed services and supports.
Goals and Future Engagement

Our focus for 2022-2023 remains the expansion and retention of providers so that quality care is not hindered by geography or distance. Our recruitment strategy includes reaching out to community agencies in areas that are unrepresented and that already coordinate or provide pediatric care, such as healthcare systems, public health organizations and child advocacy centers.

We will also continue to work with existing providers and their local communities to establish stronger connections for referral needs. In addition, we are planning community focus groups to help understand the unique dynamics of each location so that we can address barriers and facilitate positive relationships among stakeholders. This approach is intended to increase recruitment and referrals as well as improve care coordination.

As a model system, where medical experts work closely with social service and law enforcement professionals, we hope to leverage the experience in the Denver County to engage other agencies around the state. The Denver model will also serve as a new pilot evaluation of outcomes after a CARE Network assessment. This next year will include the creation of that evaluation plan. We are committed to optimizing the entire CARE Network in terms of growth and quality by developing our workforce and ensuring that the care provided is effective.

We are a growing community of providers around the state of Colorado.

281 Children
36 Providers
20 Counties
42 hours of training

OUR WORK HAS JUST BEGUN