



The Kempe Center

CHILD ABUSE RESPONSE &  
EVALUATION (CARE) NETWORK

# ANNUAL REPORT

JULY 2022 - JUNE 2023



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# ABOUT US

## Program Goals

- Holistic care
- Adherence to best practice standards and guidelines
- Community-specific
- Accessible care, accepting referrals from a variety of sources
- Coordinated handoffs between providers and to appropriate community resources
- Program evaluation
- Provider reimbursement
- Training and mentorship
- JEDI (Justice, Equity, Diversity and Inclusion) Focus
- Provide standardized response to suspected child maltreatment

## Our Team



**Antonia Chiesa, MD**  
Principle Investigator



**Ron Mitchell**  
Program Director



**Terri Lewis, PhD**  
Program Evaluator



**Violette Klesta**  
Program Coordinator



**Maya Landau-Bajayo**  
Outreach Coordinator



# ABOUT US

## Budget

During the state fiscal year 2022-2023 (SFY23), budgetary expenditures included an increase in the number of provider reimbursed medical/behavioral health evaluations, staff changes, and increased training costs. Specifically, there was an estimated 33% increase in the number of children seen for medical and behavioral health evaluations from 223 in SFY22 (203 medical and 20 behavioral health) to an estimated 296 for SFY23 (284 medical and 12 behavioral health)<sup>1</sup>. We added two staff positions including a full-time (1 FTE) Program Coordinator in October a half-time (.5 FTE) Outreach Coordinator position in December. The .5 FTE Mental Health Expert position unexpectedly became vacant about midyear through SFY23. The yearly off-site training expenditures exceeded the budgeted amount due to an increase in the number of providers attending the Annual Conference as well as necessary training audio/visual equipment and support provided for fee by the hotel.

*<sup>1</sup> Data for this report are current as of June 26, 2023. Some additional evaluations are expected to be submitted by providers between June 26th and the state fiscal year end closing.*

## Introducing Sarah Bryant, MD – Advocate for the CARE Network



Sarah Bryant is a general pediatrician in private practice in Pueblo, Colorado. She has always had a special interest in child abuse and neglect, having received targeted training during her residency. Sarah realized that in her community, few medical providers were willing to get involved in child abuse cases when child welfare or law enforcement professionals requested an exam. Sarah took it upon herself to address this community need. She met local providers and built relationships with local family and child serving agencies. She began to attend the local child protection multidisciplinary team meeting twice a month and shared her contact information with law enforcement and child welfare professionals, ensuring that she was available to see patients in a timely manner. After completing an evaluation for a patient referred by non-medical professionals, Sara follows up directly with the referring party. Sarah has attended meetings with pediatric and family medicine groups to inform them of her willingness to see children with a concern of maltreatment. As she has stated, she started at the “top of many different organizations” to communicate that she is a resource and part of the larger CARE Network. Sarah has developed referral and communication materials that she has shared with other program providers around the state. After two years in the CARE Network, she is now the Medical Director for the Pueblo Child Advocacy Center (a “CAC”) and also see patients in her primary care office. In her first year with the program, she received eight referrals. In this last year she evaluated 20 children referred for CARE Network assessments. Sarah generously acknowledges the support and training she has received from the CARE Network, but her successes would not have been achieved without her individual effort and commitment. We celebrate Dr. Sarah Bryan and her accomplishments through the CARE Network.

# PROFESSIONAL AND COMMUNITY ENGAGEMENT

## A Step Toward Improving Connection and Engagement Among Professionals and Communities

Last year's goals included a commitment to work with existing providers and their local communities to establish stronger connections, increase referrals, address barriers and facilitate positive relationships among stakeholders. To address that goal we conducted over 40 community meetings and presentations. Meetings included regular presentations to community agencies including county-level Child Protective Services (CPS) and CACs to increase awareness of CARE Network provider expertise and availability and to identify solutions for streamlining a process for referrals. Additionally, we presented to local and state agencies and organizations sharing the purpose and function of the Network as well as describing our evaluation processes and outcome data.

### Advisory Committee

We continue to rely on our Community Advisory Board to assist with quality assurance, outreach and community engagement. Meetings are held three times per year via Zoom. This year's meetings focused on how to engage community child and family serving agencies with CARE Network providers. We continue to thoughtfully recruit and engage potential board members to maximize representation, expertise, and engagement.

Membership includes representatives from the following agencies:

- Mesa County Department of Human Services
- Colorado Office of Children, Youth, and Families
- Colorado Department of Public Health and Environment
- Larimer County, Division of Child, Youth and Family
- Longmont Police Department
- The Kempe Foundation
- Overall Wellness Counseling
- River Bridge Child Advocacy Center

### Helper Honor Society 2023

Drs. Lewis and Chiesa presented the creation and evaluation of the CARE Network at the national Ray Helper Honor Society meeting in Tucson, AZ in April of 2023. The Helper Society is a national organization for medical professionals practicing in the field of child abuse and neglect. The presentation was a peer-reviewed selection for an oral abstract. The opportunity also allowed Drs. Lewis and Chiesa to network with other professionals working around the US on similar models of care.





# PROFESSIONAL AND COMMUNITY ENGAGEMENT

## Future Research

We are committed to continuing meaningful engagement and partnership with child and family serving agencies in our Colorado communities. To this end, we will implement a multi-phase, mixed-method, community-based participatory study over the next year to assess gaps and barriers in an effort to identify community-derived recommendations for increasing collaboration between the CARE Network and community agencies. The initial phase of study will comprise characterization of CARE network referrals and identification of the two most active and two least active CARE network counties. The second phase will build upon Phase 1 data by identifying critical process gaps and barriers through semi-structured interviews. This data will be complemented by a broad evaluation of gaps and barriers through a survey of system stakeholder directors and supervisors. A convergent analysis of these data will lead to Phase 3, where two focus groups will be convened to innovate solutions. Community stakeholders will be involved in every phase of our work as participants and active consultants in survey and interview guide development. In addition, we will be surveying case workers to understand perceptions of need, satisfaction, strengths and barriers related to collaboration with CARE Network Professionals. The combination of qualitative and quantitative approaches described above represent recommended approaches for community-based participatory research and speeds translation of information into service and intervention processes.

## Denver Safe Center

Denver SAFE Center provides coordinates services among Denver Health (DH), the Denver Department of Human Services, the Denver Police Department, the Denver District Attorney's Office, and the Denver Children's Advocacy Center to evaluate cases of alleged abuse and neglect. As a model of integrated service and agency collaboration that we hope to foster in communities around the State, we begin a pilot project to include case data from medical evaluations conducted with Denver SAFE medical providers. These data will be compared to case data from CARE Network medical providers in order to identify any potential key differences particularly with regard to connecting families with community resources and providers to address medical, behavioral health, and concerns related to other social determinants of health. For example, early preliminary data suggest Denver SAFE medical providers conducted behavioral health screenings, identified behavioral health concerns for young children, referred children and families for behavioral concerns, and identified additional medical concerns at a higher rate than other CARE Network providers. We will continue comparative evaluations in the next year as we continue to increase sample sizes necessary for meaningful statistical analyses as well as collaborate with Denver County professionals to interpret findings and better inform recommendations for models of integrated care in our communities.

# PROGRAM INFRASTRUCTURE

The Resource Center disseminates a monthly Network newsletter and maintains a provider oriented website. Collectively these resources provide important information regarding requirements, policies, forms and patient materials, registration for training events and links to community resources through United Way's 211 resource service as well as connection opportunities for providers across the state. In response to provider feedback and suggestions, we will implement a "provider portal" that will allow network providers to access fellow network provider locations and contact information.



Our internal Contacts Database was developed as an efficient, multi-purpose solution for Resource Center functions. Functions include up-to date contact information from potential referral sources throughout the state, and a tracking system to monitor completed medical/behavioral health evaluations. With this system, we are able to identify providers who have not received case referrals and provide support in facilitating connections with community agencies.

ALL CONTACTS	REFERRAL SOURCES	POTENTIAL PROVIDER STEPS	PROVIDERS		
<a href="#">Add/Update Active</a> <a href="#">Closed</a> <a href="#">By Counties</a>  <b>With Outstanding Communication</b> <a href="#">Referral Sources</a> <a href="#">No Responses</a> <a href="#">Potential Providers</a> <a href="#">No Responses</a> <a href="#">Providers</a> <a href="#">No Responses</a>	<a href="#">By County</a>  <b>By County</b> <a href="#">With Network Presence</a> <a href="#">No Network Presence</a>	<a href="#">ID'd Potential Provider</a> <a href="#">Awaiting Decision</a> <a href="#">Need to Apply</a>  <b>After Applying (any order)</b> <a href="#">Need Training</a> <a href="#">Mandatory Reporter</a> <a href="#">License Verification</a>  <a href="#">Send SOW</a> <a href="#">Notify 2 Set Up Billing</a> <a href="#">Set Up Billing</a>	<a href="#">By County</a> <a href="#">Med Providers</a> <a href="#">BH Providers</a>	<a href="#">Simple Contact Info</a> <a href="#">Provider Locations (query)</a>	<a href="#">Maintenance</a> <a href="#">Potential to Reopen</a>
<b>REPORTING/TRACKING</b>					
		<b>MANAGE MEETINGS</b>		<b>MAINTENANCE</b>	<b>REPORTING DATA</b>
		<a href="#">Add New Meeting</a> <a href="#">Meetings to Complete</a>		<a href="#">Expiring Licenses</a>  <b>Trainings</b> <a href="#">Enter Provider Training</a> <a href="#">Update Training</a>	<a href="#">Reporting Data by Timeframe</a>  <b>MISC REPORTS</b> <a href="#">Focus Group Members</a> <a href="#">Advisory Board List</a>



# CONTINUING EDUCATION

## ECHO Continuing Education

Monthly continuing education sessions using the Extension for Community Healthcare Outcomes (ECHO) model provides 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:

Month	Medical	Behavioral Health
August 2022	Loss & Grief for Healthcare Providers or Secondary Trauma	Vicarious Trauma Burnout
September 2022	Evaluation Data	No Session
October 2022	Substance Exposed Newborns	Synergetic Play Therapy
November 2022	Retinal Hemorrhages	"Evaluating the CARE Network: How are we doing?"
December 2022	No Session	Functional Family Therapy
January 2023	Neglected Children: A Role for Pediatricians (or Child Healthcare Professionals)	No Session
February 2023	PCIT parent interventions	PCIT parent interventions
March 2023	STI Updates	DBT Skills and Strategies for Children and Caregivers
April 2023	Burns	Review of the BH Assessment
June 2023	Let's Talk About Bias	Multisystemic Therapy

# ANNUAL TRAINING

On May 7-8, 2023, the 4th Annual CARE Network Conference 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 part of the state, such as Montrose County, travelled the furthest making the five hour drive to join the group. Thirty returning providers attended the one-day portion for returning providers, and 29 new providers attended the two-day training portion. The conference helps to build Resource Center and provider connections as well as networking and relationship building among providers.

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 and small 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 impact of development, social context, and familial relationship dynamics when assessing a child or family for risk of child maltreatment.

## Learning Objectives

Recognize overlapping presentations of trauma and developmental delay.

Identify appropriate screening tools and management strategies for the care of children with developmental delay who have been exposed to trauma.

Develop successful practices for cross-system collaboration.

Create a personalized plan to address secondary trauma.





# ANNUAL TRAINING

## Returning Provider Training - Day 1

Monday, May 8, 2023  
8AM-4PM

- Trauma and Developmental Delay
- Cross System Collaboration
- Cross System Collaboration Small Groups
- Secondary & Vicarious Trauma
- CARE Network Logistics

## New Provider Training - Day 1

Monday, May 8, 2023  
8AM-4PM

- Infant Mental Health & Developmental Trauma
- Physical Abuse
- Neglect, Culturally Responsive Assessments (+ Small Groups)
- Cross System Collaboration (+ Small Groups)
- Court & Testimony
- Social Determinants of Health
- CARE Network Logistics

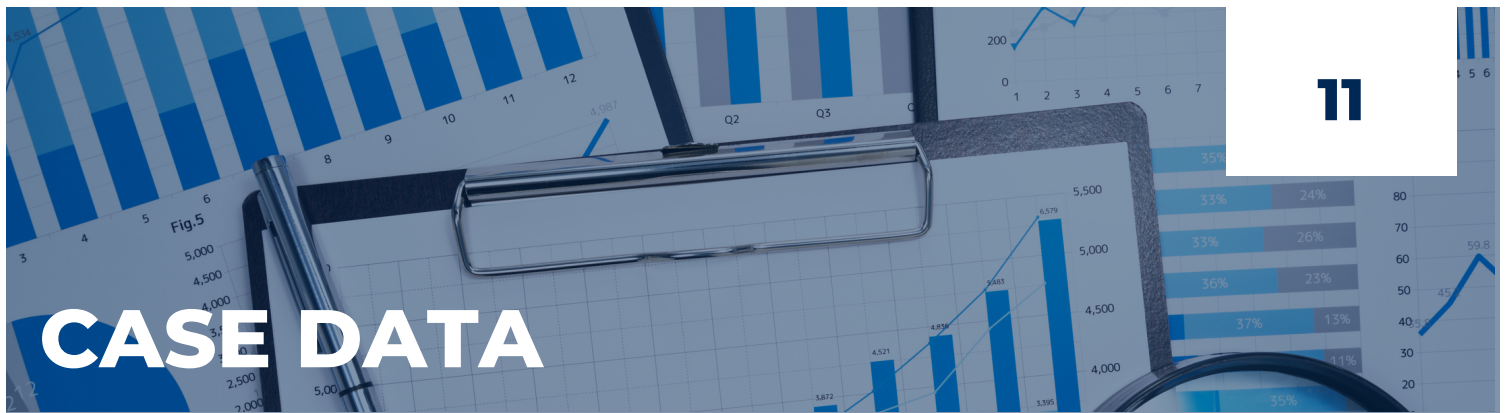
## New Provider Training - Day 2

Tuesday May 9, 2023  
8AM-4PM

- Family & Systems-Based Lens for Approaching Care
- Power & Control Dynamics
- Sexual Abuse
- Sexual Assault Risks & Symptoms
- Infant Mental Health & Attachment
- CARE Process Model
- Suicide Risk & Assessment
- Connecting the Dots - Developmental Considerations for Sexual Abuse
- Abusive Head Trauma
- Documentation
- Referrals & warm Hand-Off



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)<sup>™</sup> 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.



Each time a CARE Network provider sees a patient for evaluation, providers submit detailed information about the exam into REDCap, a HIPPA-compliant web-based application for data collection. Data include demographic information, aspects of medical evaluation (i.e., social history, injury presentation, medical and diagnostic work-up, interpretation, documentation, and treatment), psychosocial concerns, behavioral health evaluation, identification of new concerns, and referrals for other services. Between July, 2022 and mid-June, 2023, medical providers saw 284 children for evaluation; and behavioral health providers saw 12 children and families for evaluation. Detailed information is provided below by type of assessment.

Medical			Behavioral Health		
284 cases	11 providers	9 counties	12 cases	6 providers	3 counties

**TOTAL CASES = 296**

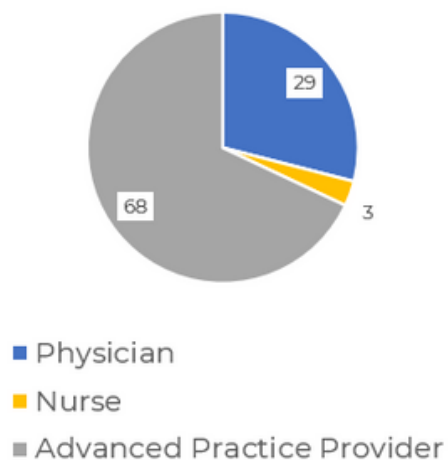
## Case Data: Referral Source

Referral Source	Medical Provider	Behavioral Health Provider
Child Welfare	71%	25%
Law Enforcement	20%	0%
Caregiver	3%	33%
CAC	<1%	0%
Other Provider	34%	25%
Internal to Practice	1%	17%

# MEDICAL EVALUATIONS

Medical Providers saw 284 cases for assessment, the majority of which were seen by an Advanced Practice Provider. The majority of patients were female. A slight majority were white, under the age of 6, and referred for concerns related to neglect. Providers rated 62% of cases as very concerning or definitely abuse for one or more types of maltreatment. Detailed information is provided by below. Case demographic data is provided for the total sample and separately for Safe Center (Denver Health) and non-Denver Health providers.

Provider Type (all cases)



Referral Reason	Total Sample (N = 284)	Denver Health Providers (N = 193)	Non-Denver Health Providers (N = 91)
Physical Abuse	35%	36%	33%
Sexual Abuse	33%	24%	52%
Neglect	59%	72%	31%

Demographics	Total Sample (N = 284)	Denver Health Providers (N = 193)	Non-Denver Health Providers (N = 91)
Child Sex (female)	58%	55%	66%
Race/Ethnicity			
White	35%	20%	69%
Hispanic/Latino	24%	27%	18%
Black	18%	25%	1%
Multi-racial	21%	26%	10%
Other/UK	2%	2%	2%
Mean Child Age (months)	45.89	43.12	51.75



# MEDICAL EVALUATIONS

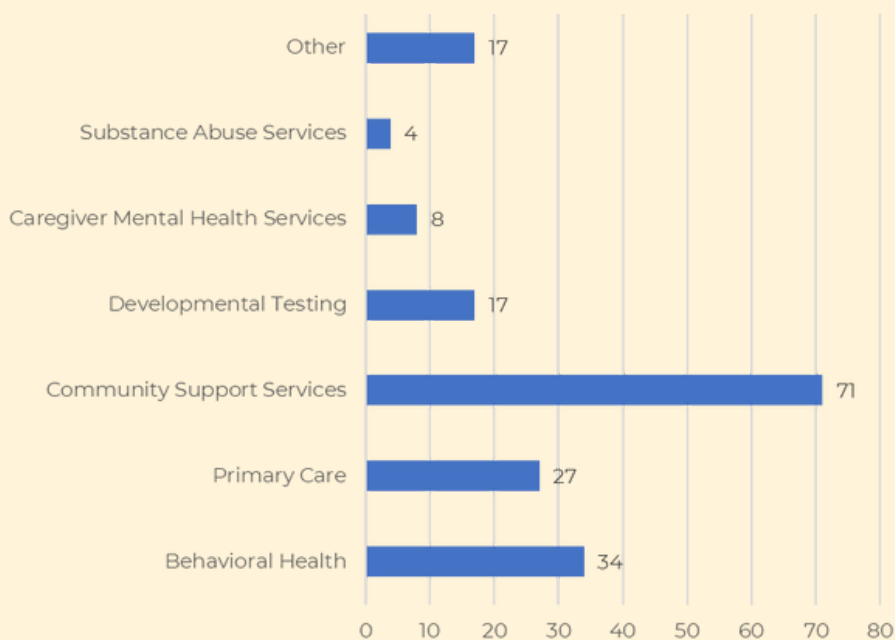
Referral Concerns by Child Sex

	Physical Abuse	Sexual Abuse	Neglect/ Other
Female (167)	27% (45)	44% (73)	50% (83)
Male (117)	46% (54)	17% (20)	71% (84)
Total (284)	35% (99)	33% (93)	59% (167)

Referral Type is not mutually exclusive, rows may not sum to 100

Network providers made one or more referrals in 90% of the cases following medical examination, the most common of which was for community support services.

Percentage of Sample Referred for Type of Service



## Likelihood of Abuse

Providers rated 62% of cases as very concerning to definite abuse for one or more types of maltreatment.

31% of physical abuse referrals were rated between very concerning and definitely inflicted injury.

41% of sexual abuse referrals were rated as probable or definite sexual abuse.

72% of referrals for neglect were rated as probable or definite neglect.

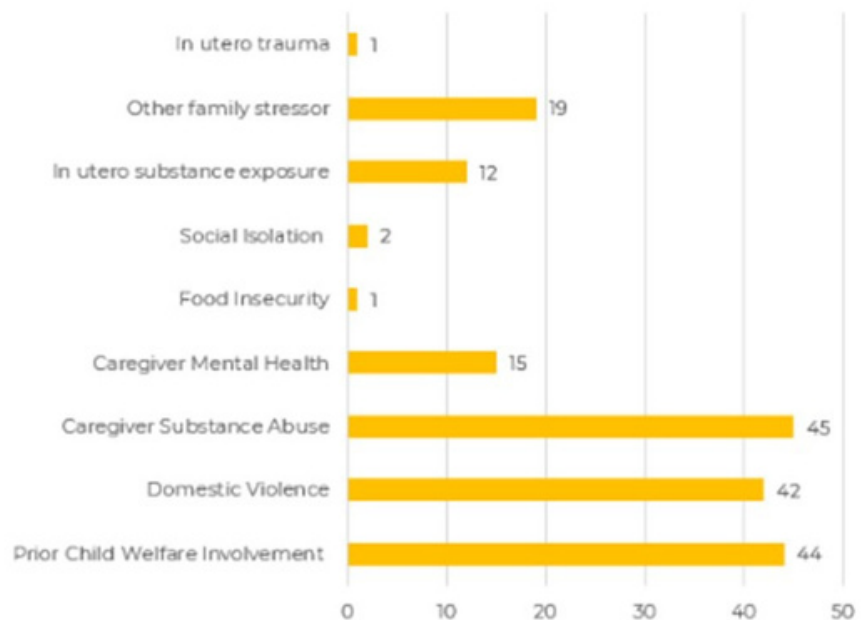
# MEDICAL EVALUATIONS

## Psychosocial Concerns

Psychosocial Concerns were identified in 78% of cases with an average of 2.33 different concerns identified.

Among those with one or more concerns, caregiver substance use was the most frequently identified issue (58%)

Percentage by Type of Psychosocial Concerns: N = 284



There were 162 cases (57%) in which the provider identified a concerns not previously noted in the evaluation referral including concerns for additional types of maltreatment (n = 11), medical concerns (n = 143) and developmental concerns (n = 17).

Among the 284 cases, a behavioral health assessment or screening was conducted with 97% of patients (n = 276).

Providers indicated behavioral health concerns were identified in 39% (n = 94) of cases for a child < 72 months and 59% (n = 26) for those > 71 months.

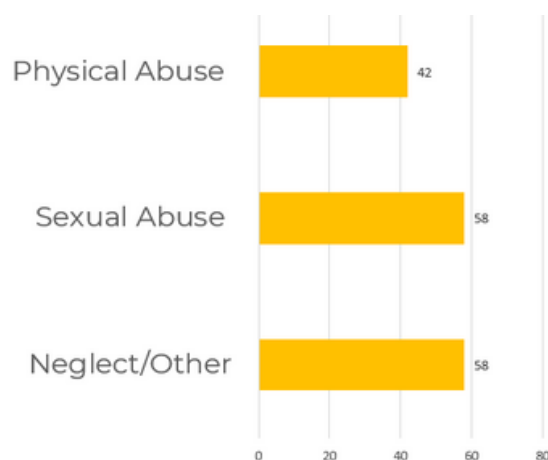
# BEHAVIORAL HEALTH EVALUATIONS

Behavioral health providers saw twelve cases for assessment. The majority of patients were female, white, and under the age of six. Most were referred for concerns related to neglect or sexual abuse. Following assessment, behavioral health providers made additional referrals in 100% of cases, the majority of which were for caregiver mental health. Detailed information is provided below.

## Child Demographic Characteristics

Demographics	%	N
Child Sex		
Female	75	9
Male	25	3
Race/Ethnicity		
White	75	9
Hispanic	17	2
Unknown	8	1
Child Age Under Six	92	2
Average Child Age (months)	54.45	

## Reason for Referral



## Percentage of Sample Referred for Type of Service





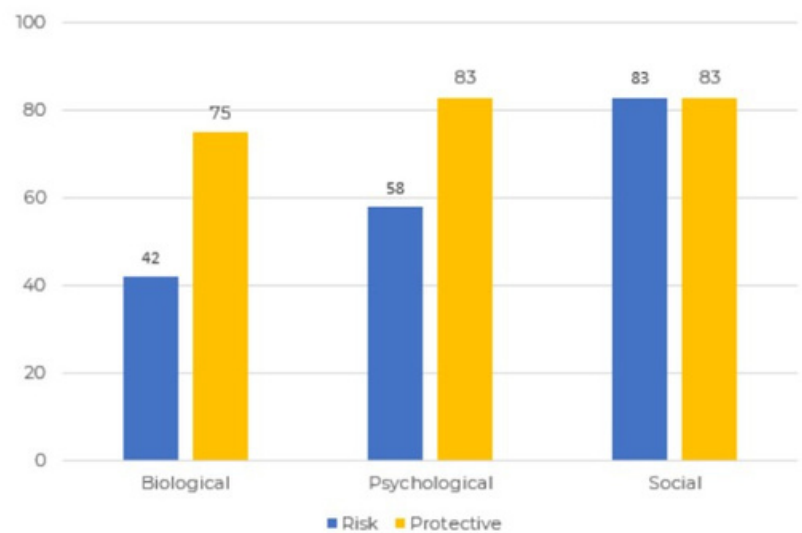
# BEHAVIORAL HEALTH EVALUATIONS

## Risk and Protective Factors

Risk factors were identified in 92% of cases. 33% had one or more concerns in one category of risks, 25% had two categories, and 33% had one or more risks in all three categories.

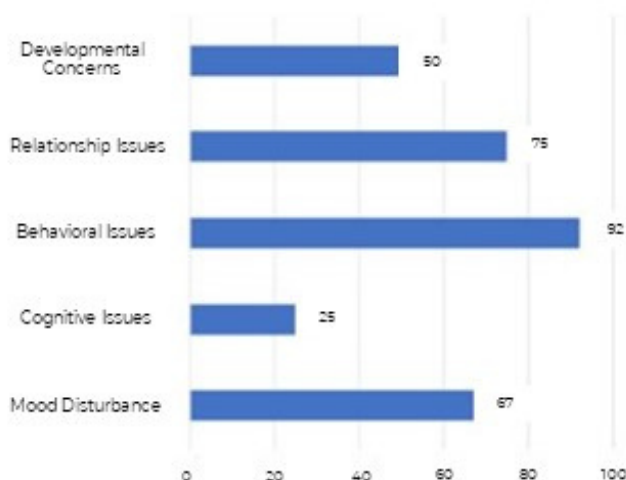
Protective factors were identified in 92% of cases, 8% of children had positive protective factors in one category, 17% in two categories, and 67% had protective factors in all three categories.

Percentage of Children in Each Category of Risk and Protective Factors

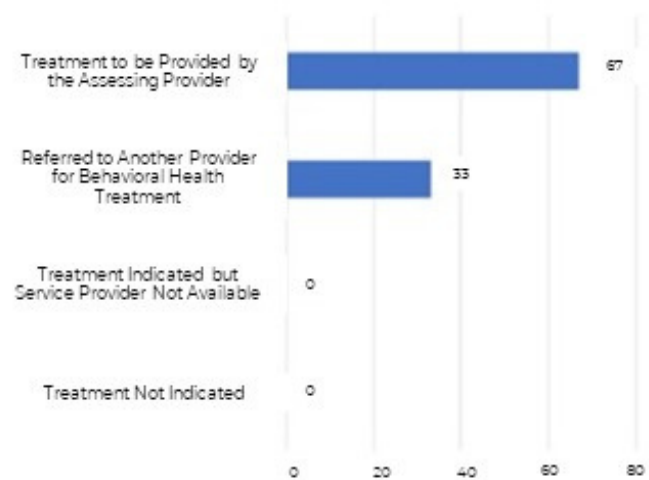


## Identified Concerns and Treatment Recommendations

Percentage of Cases with Concerns by Category



Percentage of Cases by Treatment Recommendation



# PROGRAM EVALUATION

Multi-method, multi-point assessments are conducted throughout the year to monitor program performance, impact, and identify quality improvement areas. The Resource Center team reviews and discusses results from these assessments in weekly meetings as applicable. Program evaluation efforts are focused in four primary areas:



High Quality Training



Adherence to Best Practice Standards



Increase in collaborative interactions with community child and family serving agencies



Sustainability

# HIGH QUALITY TRAINING

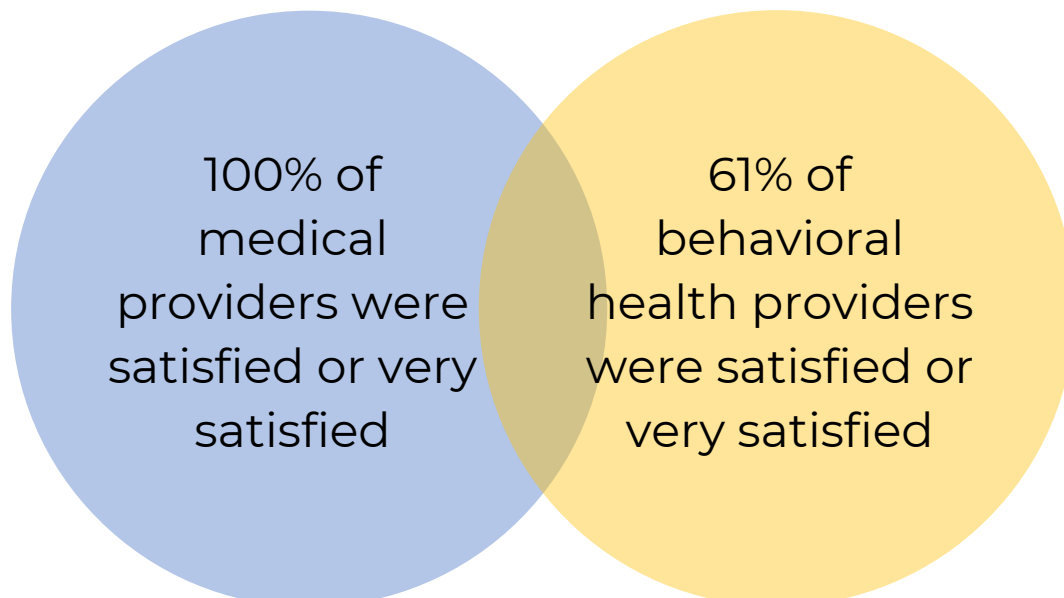
## Activities



## Benchmark Goals

- 80% of providers will report overall satisfaction with learning opportunities
- 80% of providers will score 80% or better on a measure of knowledge assessment
- 80% of providers will report training opportunities are relevant to practice
- 80% of providers will report confidence in skills necessary to conduct medical/behavioral health evaluations for children with concerns for maltreatment.

## New Provider Training





# HIGH QUALITY TRAINING

80% of providers agreed they are leaving with ideas to improve the way they conduct evaluations and assessments.

92% of medical providers indicated they intended to make changes in their practice as a result of the training.

92% of attendees agreed the training will improve outcomes for patients.

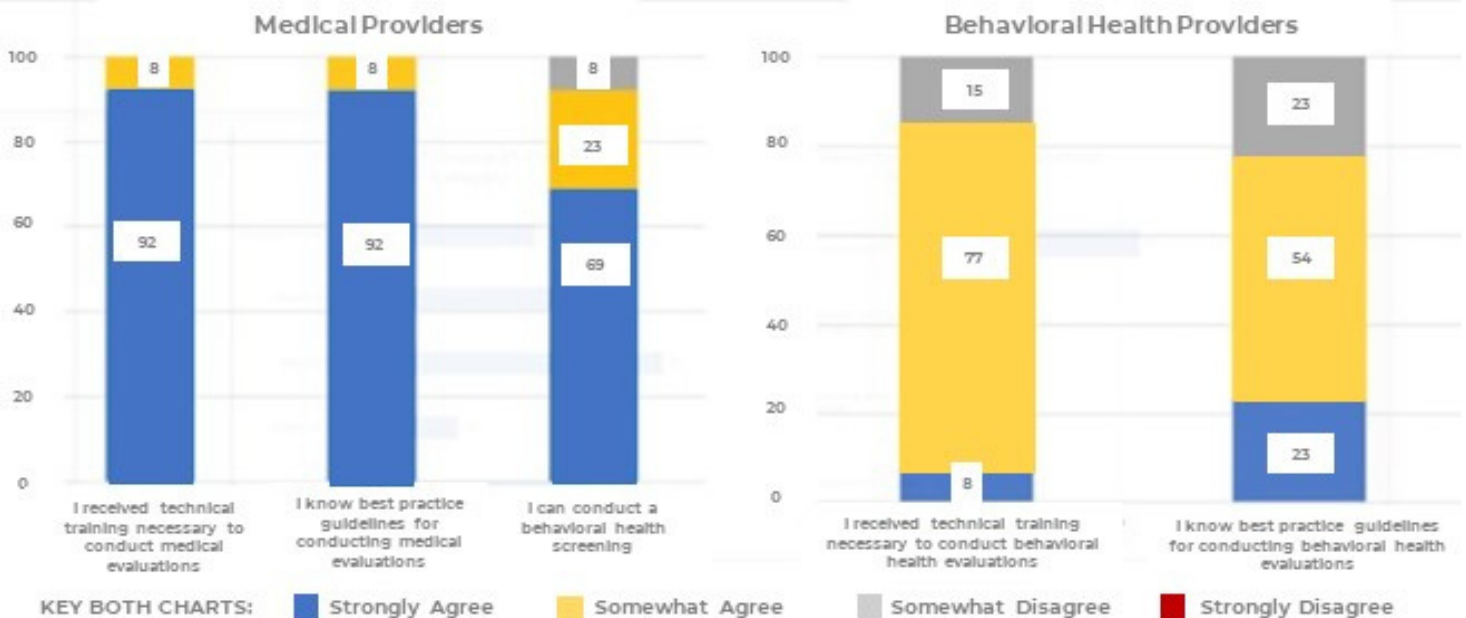
81% of providers correctly answered 80% or more of the knowledge assessment items.

## Provider Feedback

*"Will, without question, improve patient outcomes through bolstering provider's ability to screen for and recognize red flags for abuse and also create important community connections. The ongoing training and mentorship will also be exceedingly helpful."*

*"This training was well organized and executed and provided both sound medical guidance with a supportive environment fostering collaboration."*

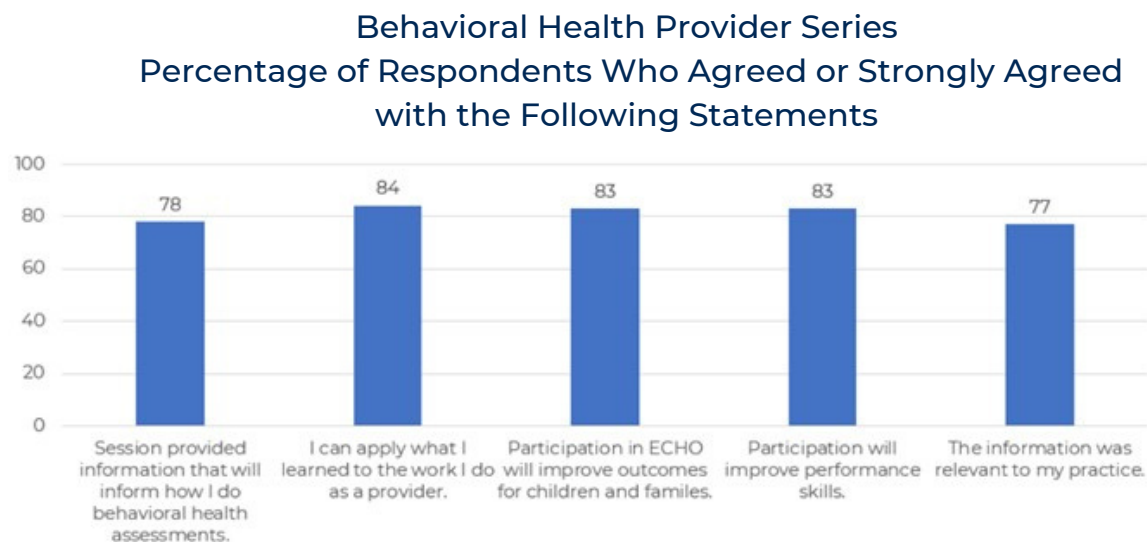
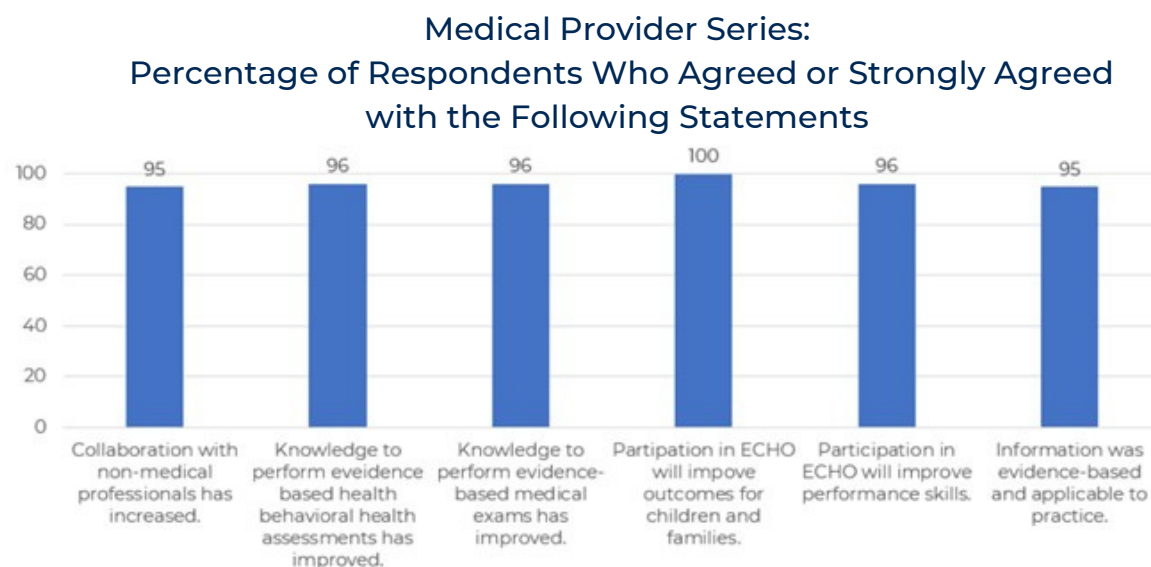
## Provider Ratings of Confidence in Necessary Skills for CARE Network Evaluations



# HIGH QUALITY TRAINING

## ECHO Series

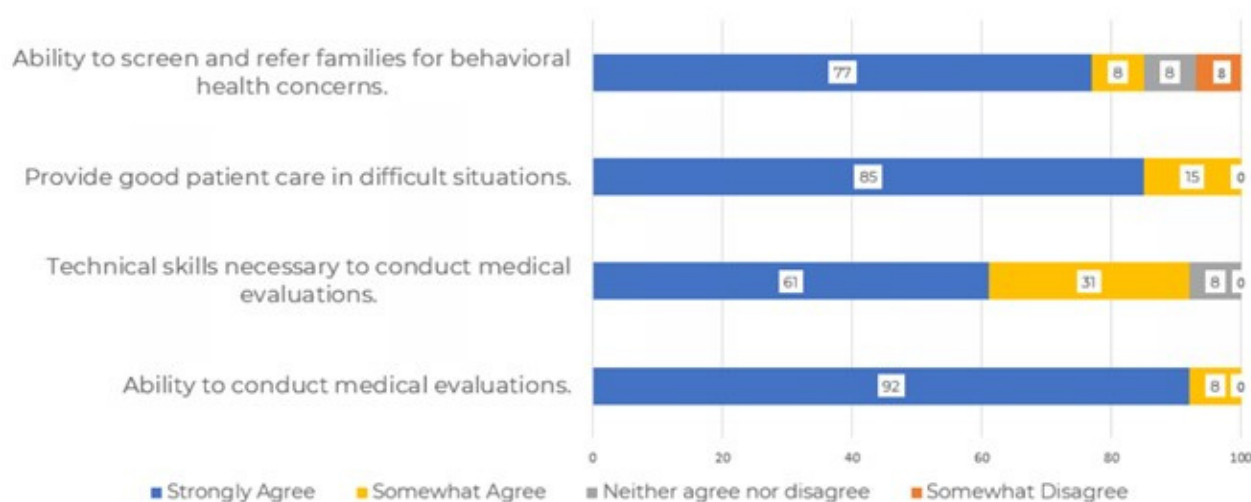
Providers are surveyed after each ECHO session and mid-year to assess knowledge increase and relevance of the ECHO sessions. The tables below represent the percentage of respondents aggregated over the ECHO sessions who agreed or strongly agreed with assessment items.



# HIGH QUALITY TRAINING

## ECHO Series: Medical Providers Mid-Year Survey

Percentage of Responses Indicating ECHO Sessions have Improved...

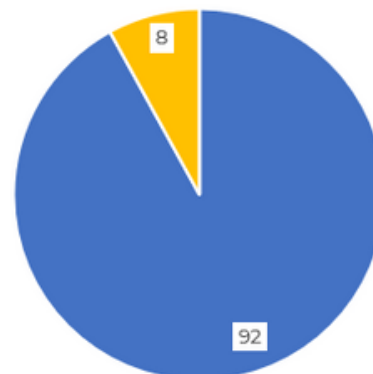


100% of respondents agreed or strongly agreed that the ECHO sessions are a good way to role model and demonstrate multi-disciplinary approaches to the identification and response to concerns for child abuse and neglect.

100% of respondents agreed or strongly agreed that the ECHO sessions helped increase awareness and recognition of social risk and protective factors related to child maltreatment.

100% of respondents agreed or strongly agreed that the sessions helped them to feel more connected to other professionals doing medical evaluations for child abuse and neglect concerns.

The ECHO model is a good training and learning support platform





# HIGH QUALITY TRAINING

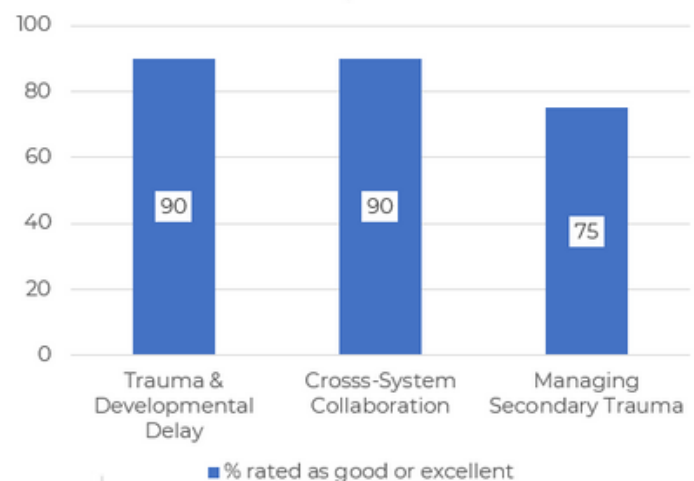
## 2023 Annual Meeting for Returning Providers

At the conclusion of the Annual Meeting, providers were asked to complete a survey assessing quality and relevance of the learning experience. Ninety-seven percent of respondents rated the overall training as good to excellent, and 75% or more rated topics as good or excellent. Relevant items and responses are detailed below as well as representative provider feedback.

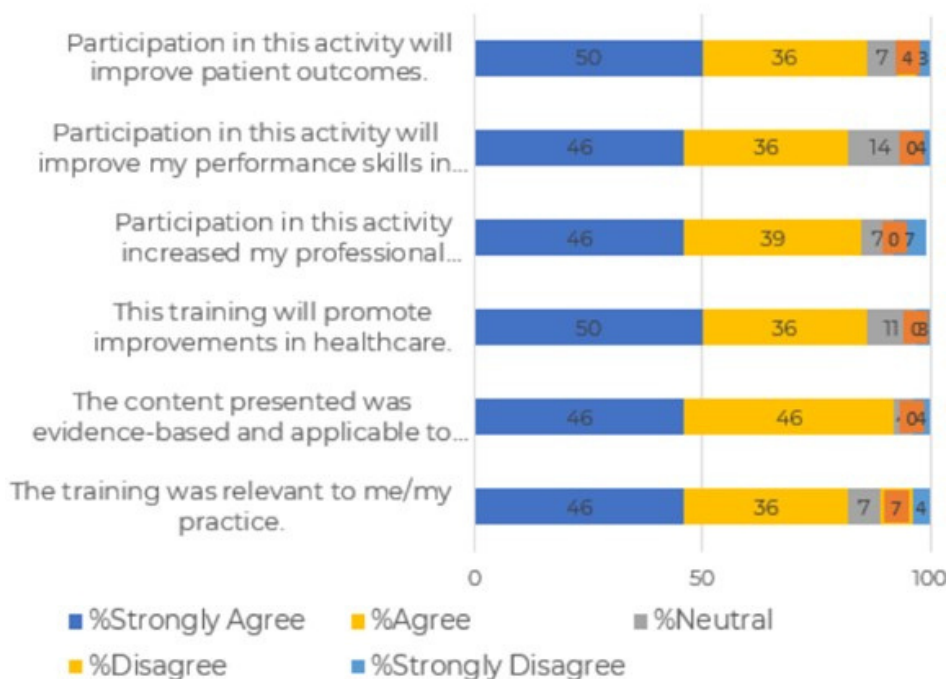
"Very nice opportunity to network, and learn best practices."

"...the training was AWESOME! I'm very glad I came; it renewed my sense of purpose with CARE Network & stimulated my creativity."

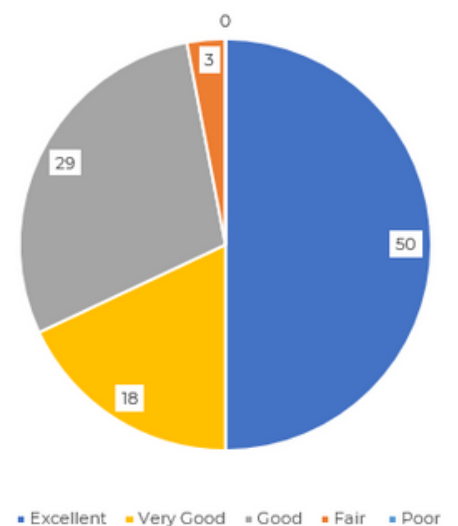
Provider Ratings of Training Topics



Relevance and Effectiveness



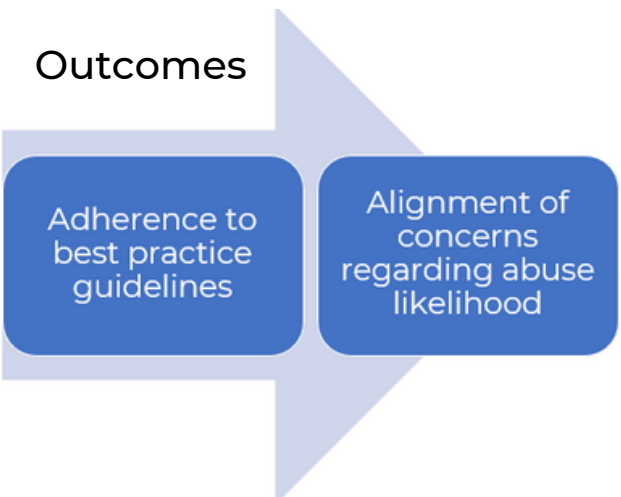
Provider Ratings of Overall Training Excellence



# ADHERENCE TO BEST PRACTICE STANDARDS

## Assessment of Provider Performance

### Outcomes

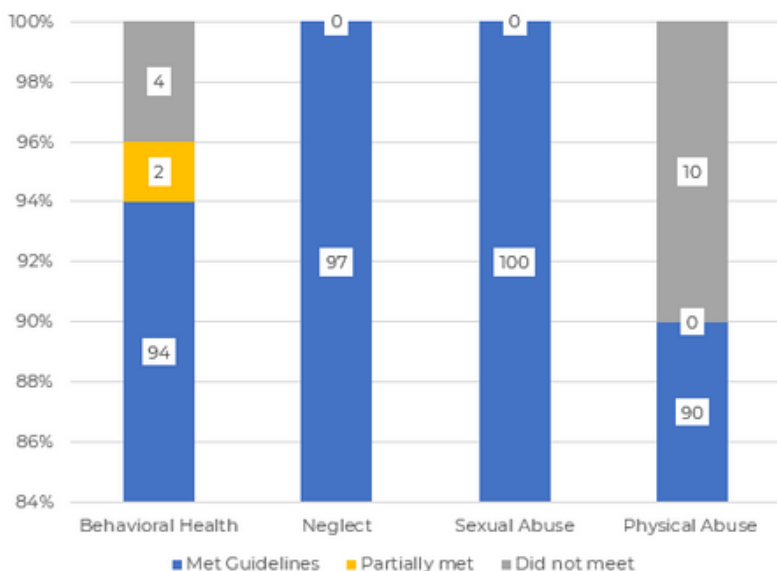


### Benchmark Goals

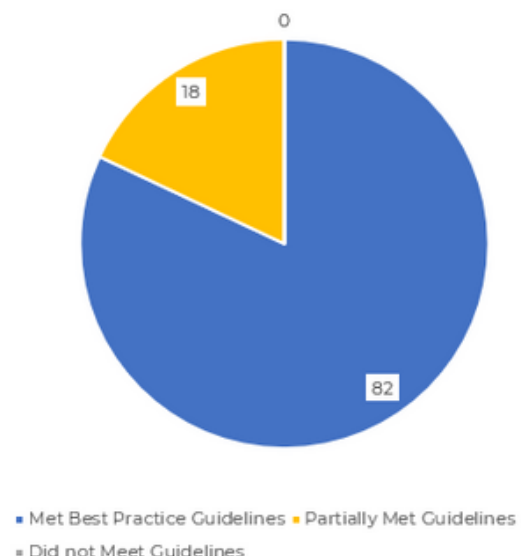
- 80% of providers will conduct evaluations using best practice guidelines.
- Providers will report mentorship and review increases adherence to best practice guidelines and enhances practice skills.
- There will be a high degree of alignment between providers and mentors regarding concerns for maltreatment.

Mentors reviewed each case to determine whether best practice guidelines had been followed, partially followed, or were not followed. In the vast majority of cases (90% or greater) medical providers followed best practice guidelines. Eighty-two percent of behavioral health providers followed best practice guidelines. Note medical provider data here represent non-Safe Center Providers (DH).

Percentage of Medical Evaluations Meeting Best Practice Guidelines



Percentage of Behavioral Health Evaluations Meeting Best Practice Guideline Standards



# ADHERENCE TO BEST PRACTICE STANDARDS

Medical providers were surveyed mid-year to assess satisfaction with mentorship review and feedback.

On average, 80% of providers reported case review feedback improved clinical skills for conducting medical exams.

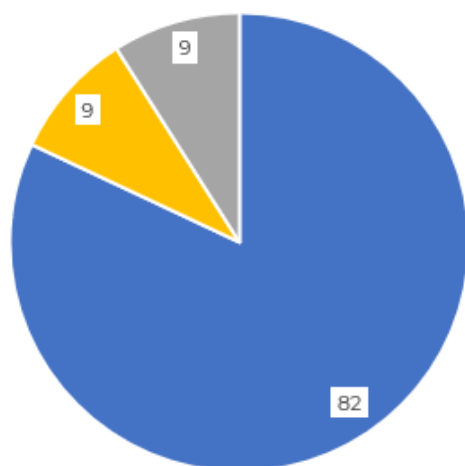
91% indicated feedback improved diagnostic decision making.

100% agreed feedback facilitated and reinforced adherence to best practice guidelines.

## Percentage of medical providers (N = 11) who somewhat or strongly agree with the following statements

The feedback I received about my cases have helped ...	
improve my clinical skills for physical abuse exams	82%
improve my clinical skills for sexual abuse exams	78%
improve my clinical skills for neglect exams	80%
improve my diagnostic decision making	91%
facilitate and reinforce my adherence to best practices guidelines for abuse/neglect medical evaluations	100%
facilitate and reinforce my adherence to best practices guidelines for behavioral health screening and referrals	100%

How satisfied are you with the case review feedback and support



■ Very Satisfied    ■ Somewhat Satisfied  
■ Somewhat Dissatisfied

## Provider Feedback

*"Every case is unique and knowing I have a mentor to communicate with about my decision making is very reassuring."*

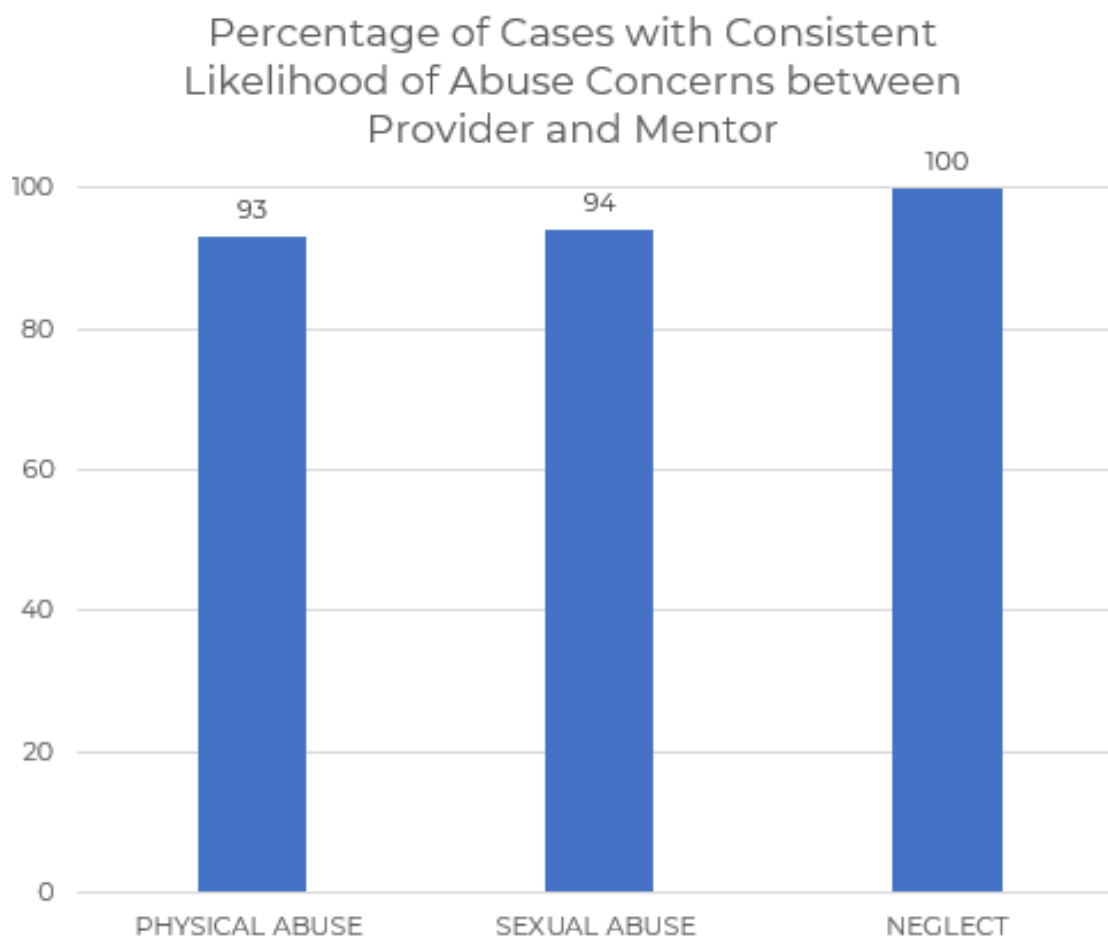
*"The feedback is always positive and supportive. Also just knowing someone is going to review the case is so helpful."*

*"The promptness of support has been great."*



# ADHERENCE TO BEST PRACTICE STANDARDS

For mentor reviewed medical cases, likelihood of abuse ratings provided by designated providers and mentors were compared. Abuse ratings were dichotomized as high likelihood (very concerning to definite) versus low/intermediate (intermediate concern to definitely not abuse) for physical abuse and high likelihood (probable to definite) versus low/indeterminant (indeterminant to not abuse) for sexual abuse and neglect. As indicated here, the provider and mentor provided agreed on likelihood of abuse ratings in 93% or greater of cases.



# IMPACT ON COLORADO COMMUNITIES

## Outcomes

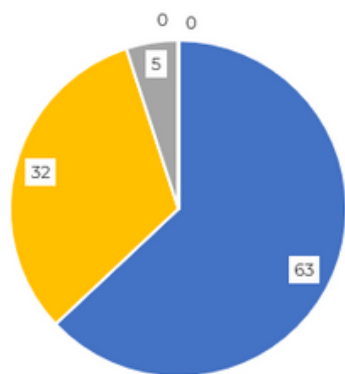
Expanding number of providers with specialty skills to conduct medical exams and behavioral health assessments

Increase in access to evaluations for maltreatment concerns.  
Increase in collaboration with community child and family servicing agencies

95% of returning providers indicated participation in the CARE Network has improved access to medical exams in their communities.

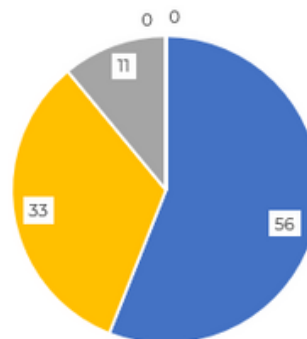
89% of returning providers indicated participation in the CARE Network has improved access to behavioral health assessments in their communities.

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



- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree

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



- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree

**86% of returning providers indicated participation in the CARE Network has improved coordination with other child and family servicing agencies in their communities.**

# SUSTAINABILITY

100% of returning providers indicated they intend to continue their training and practice as a CARE Network provider.

79% of respondents would be very likely to recommend other providers consider becoming a CARE Network Provider

100% of providers surveyed indicated they were satisfied with the responsiveness and support from the CARE Network Resource Center

## Key Performance Indicators

High quality training opportunities	✓
Adherence to best practice guidelines	✓
Alignment of likelihood of abuse ratings	✓
Increased collaboration with child and family serving agencies	✓
Provider retention	✓





# GOALS & FUTURE ENGAGEMENT

## IDENTITY

Build a marketing plan that includes a clear program identity

- Create and revise marketing materials, including individualized for providers and provide suggestions for utilizing the materials
- Consider in person site visits in coming year

## STRUCTURE

Improve program processes to ensure quality data collection and enhance provider experience

- Develop alternative options for providers who cannot attend scheduled trainings
- Improve contacts database, including access for Network providers
- Update provider onboarding process

## CULTURE

Integrate approaches that embed values of trauma-informed care; diversity, equity, inclusion & justice (DEIJ); and lived experience.

- Curriculum review by Kempe DEIJ Director
- Dedicate DEIJ topics to ECHO & annual conference
- Add ECHO panelist with lived experience
- Review case level data with DEIJ lens
- Qualitative survey of families who have experienced a CARE Network evaluation

## OUR WORK

Increase local capacity for evaluations

- Improve behavioral health provider satisfaction and performance
- Target Child Advocacy Centers for collaboration
- Leverage the state Child Welfare Training System to reach caseworkers
- Present to Public Health nursing groups
- Target law enforcement agencies for collaboration
- Implement new component of evaluation
- Explore development of reports from the state's Trails system to make notifications of children eligible for an evaluation