The Kempe Center
CHILD ABUSE RESPONSE &
EVALUATION (CARE) NETWORK

ANNUAL REPORT

JULY 2024 – JUNE 2025

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The Kempe Center

Fiscal Year 2025

Prepared by: Ron Mitchell

WHO WE ARE

Our Values

- Holistic Care
- Best Practices
- Community Focus
- Provision of Mentorship and Support
- Service Coordination
- Quality Assurance
- Access to Care for All

Our Team

Antonia Chiesa, MD
Principal Investigator

Ron Mitchell, MSW
Program Director

Sevie Winklejohn
Program Coordinator

Lauren McCarthy, PhD LCSW
Director of Behavioral Health

Terri Lewis, PhD
Program Evaluator

WHAT WE DO

Background/Overview

The CARE Network was established in 2019 through House Bill 19-1133 with the goal of creating a state-funded healthcare system that delivers a consistent, standardized response to suspected cases of child maltreatment. In partnership with the Colorado Department of Public Health & Environment, the network trains and supports a group of designated providers across the state. These providers conduct medical and behavioral health assessments for children under the age of six when there are concerns about physical abuse or neglect and children under the age of thirteen in cases involving suspected sexual abuse.

The Kempe Center for the Prevention and Treatment of Child Abuse and Neglect serves as the network's administrative, educational, and provider support hub. The medical provider network includes physicians, physician assistants, nurse practitioners, and forensic nurse examiners with expertise in pediatrics, family practice, and emergency medicine. Network behavioral health providers are all licensed and trained in evidence-based, trauma-informed assessment and treatment and have specialized knowledge in child development, trauma, complex trauma, and family systems.

This CARE Network Annual Report describes network activities from fiscal year July 1, 2024, to June 30, 2025. At the conclusion of the fifth year of program implementation, there currently are one or more trained providers in 50% (32) of Colorado's 64 counties and 14 newly-trained providers who will begin assessments starting July 2025, including our first provider from Chaffee county.

Financial- The Network is Growing!

During the past fiscal year, budgetary expenditures included a 50% increase in the number of medical and behavioral health evaluations over the last year. The primary goal of the network is to cultivate and support the growth of expertise outside of the Denver Metro area. We continue to support Denver Health, whose contract was initially created to help sustain existing work. As we have successfully fostered program new growth, our funding strategy next year will shift to prioritize the development of providers in other areas of the state.

This year we reduced the cost of our annual training 40% by hosting providers on the University of Colorado Anschutz campus. These savings, combined with savings from an unfilled coordinator position, allowed us to strategically reallocate funds to provide critical support for Children's Hospital Child Protection Team Behavioral Health providers whose funding was at risk, ensuring the continued delivery of essential services to children and families in the metro area.

OUR REACH

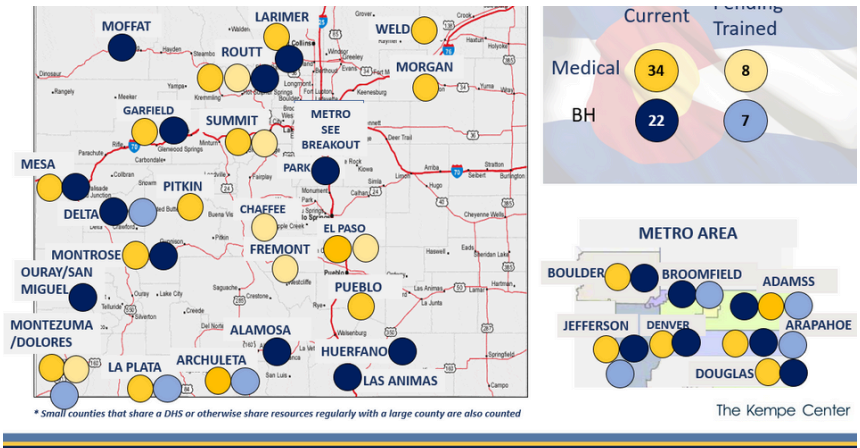
Community Outreach and Engagement

Dr. Robert Heyl, who helped start one of the first Child Advocacy Centers in the country in Montezuma County. Pictured with Dr. Chiesa and Dr. McCarthy.

The CARE Network team completed nine community presentations attended by 17 network providers and 64 other local participants. These presentations included taking two trips to visit communities in-person. The goals of these meetings were to increase awareness of the network, create linkages between referral sources and CARE Network providers, and to recruit new providers to the network.

Significant Meetings Held:

- **Garfield County**. This in-person meeting was held in at River Bridge CAC. The meeting included several providers, county child welfare staff, Guardians Ad Litem attorneys and the head of a local non profit.
- **La Plata and Archuleta Counties**: This in-person meeting was held at La Plata Department of Human Services. The meeting included two medical providers, a behavioral health professional (who later applied to become a provider and attended the annual training), representation from both La Plata and Archuleta County human services, two local law enforcement officers and a district attorney.
- **Montezuma County:** Two in-person meetings were held at a local hospital in Cortez across two days. Those meetings included two local providers, Dr. Heyl (pictured), multiple hospital staff, the director of Montezuma Department of Human Services, and a local behavioral health professional. This meeting resulted in a doctor and behavioral health provider applying to join the network and attending the annual training.
- Virtual meetings were held in **Alamosa County** (with directors from several surrounding area counties present), **Delta County**, **Ouray/San Miguel Counties**, **Moffat County**, and **Weld County**,



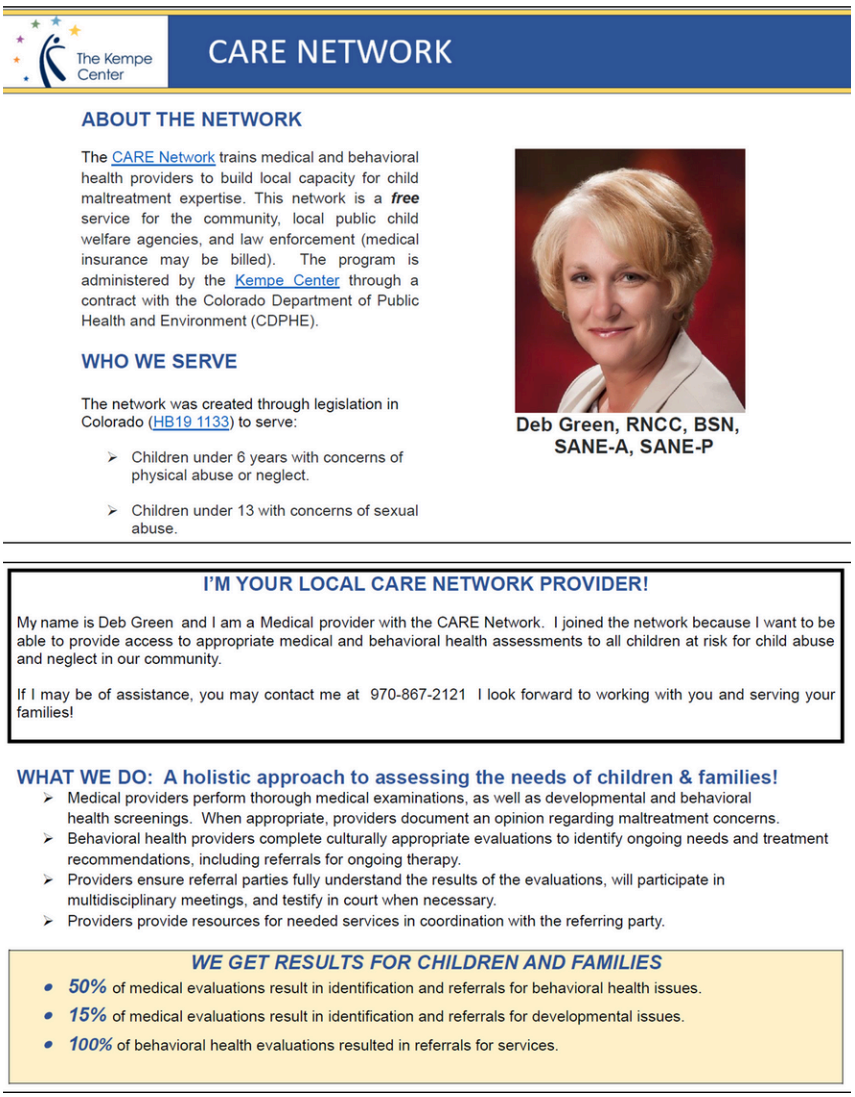
CARE Network Providers Promoting the Network

This year, our providers championed the network's growth through a variety of promotional activities. They boosted community engagement by organizing and participating in local meetings, increased their visibility by having their contact information featured on the CARE Network website, and took the initiative to develop and distribute personalized promotional flyers.

To foster a direct and personal connection with the community, these flyers showcased each provider's photo, professional credentials, and contact information, along with a compelling statement about their commitment to the CARE network's mission. See example.

About Deb Green (Pictured)

Debra Green holds a Bachelor of Science in Nursing from Southeast Missouri State University and is a Certified Sexual Assault Nurse Examiner in both Adult/Adolescent and Pediatric SANE. Debra became a SANE in 2015, and after 25 years of nursing in the field of obstetrics, she began working full time as a forensic nurse for SARA House in Fort Morgan, CO in 2019. In her role as a SANE for SARA House, Debra has had the opportunity to work with children who are survivors of sexual and/or physical abuse. The training and support provided by the CARE Network has been invaluable in evaluating children for signs of abuse.



The Kempe Center

CARE NETWORK

ABOUT THE NETWORK

The CARE Network trains medical and behavioral health providers to build local capacity for child maltreatment expertise. This network is a ***free*** service for the community, local public child welfare agencies, and law enforcement (medical insurance may be billed). The program is administered by the Kempe Center through a contract with the Colorado Department of Public Health and Environment (CDPHE).

WHO WE SERVE

The network was created through legislation in Colorado (HB19 1133) to serve:

- Children under 6 years with concerns of physical abuse or neglect.
- Children under 13 with concerns of sexual abuse.

Deb Green, RNCC, BSN, SANE-A, SANE-P

I'M YOUR LOCAL CARE NETWORK PROVIDER!

My name is Deb Green and I am a Medical provider with the CARE Network. I joined the network because I want to be able to provide access to appropriate medical and behavioral health assessments to all children at risk for child abuse and neglect in our community.

If I may be of assistance, you may contact me at 970-867-2121 I look forward to working with you and serving your families!

WHAT WE DO: A holistic approach to assessing the needs of children & families!

- Medical providers perform thorough medical examinations, as well as developmental and behavioral health screenings. When appropriate, providers document an opinion regarding maltreatment concerns.
- Behavioral health providers complete culturally appropriate evaluations to identify ongoing needs and treatment recommendations, including referrals for ongoing therapy.
- Providers ensure referral parties fully understand the results of the evaluations, will participate in multidisciplinary meetings, and testify in court when necessary.
- Providers provide resources for needed services in coordination with the referring party.

WE GET RESULTS FOR CHILDREN AND FAMILIES

- ***50%*** of medical evaluations result in identification and referrals for behavioral health issues.
- ***15%*** of medical evaluations result in identification and referrals for developmental issues.
- ***100%*** of behavioral health evaluations resulted in referrals for services.

Community Advisory Board

Our Community Advisory Board meets three times a year via Zoom. We continue to rely on our Community Advisory Board for support with quality assurance, outreach, and community engagement. This year, discussions focused on strategies to strengthen connections between CARE Network providers and community agencies serving children and families. We remain committed to thoughtfully recruiting and engaging new board members to ensure diverse representation, relevant expertise, and active participation.

Membership includes representatives from the following agencies:

- Thad Paul, Larimer County Department of Human Services Child Welfare Director
- Debra Monaghan, Colorado Office of Children, Youth, and Families, Medical Director
- Kate Jankovsky, Colorado Department of Public Health and Environment
- Dr. Sarah Bryant, CARE Network Medical Provider
- Janet Earley, River Bridge Child Advocacy Center, CARE Network Behavioral Health Provider

BUSINESS PROCESSES

Provider Agreements

This year we updated our provider agreements to institute new procedures for data submission and invoicing to enhance operational efficiency and data integrity.

The revised agreements now require clinical evaluations to be logged more promptly, a change with two significant benefits: it ensures greater accuracy of clinical data and allows for more active and precise budget management throughout the year. Furthermore, to streamline payment processing, providers will transition to a direct invoicing system in the upcoming fiscal year.

These important updates, along with the provider agreement as a whole, were thoroughly reviewed with all network members during the annual training to ensure a clear and mutual understanding of these new standards.

The Agreements Cover:

- **An Overview of the Network**
- **Professional Roles & Responsibilities**
- **Business Aspects**
- **Promoting the Network**

Data Systems

This year, we executed a significant overhaul of our internal data systems to provide more robust, real-time analytics for program management and financial oversight.

Our system now features a comprehensive dashboard that offers an at-a-glance view of key performance indicators, such as the volume of completed evaluations and payment distributions across different provider types. Enhanced reporting capabilities allow us to track network activity with greater precision and will be instrumental in verifying payments when our new provider-led invoicing system launches next fiscal year.

Beyond financial and performance metrics, these upgrades provide a holistic view of provider engagement. We can now effectively track participation in required annual trainings and ongoing professional development sessions, as well as monitor engagement with network promotional opportunities. These enhancements provide critical data that allows for more proactive budget management, ensures program fidelity, and enables us to better support the professional development of our providers.

Denver SAFE Center

The Denver SAFE Center 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 assess cases of alleged abuse and neglect. Serving as a model for integrated services and cross-agency collaboration, the Center represents the type of system we aim to replicate in communities across the state. Denver Health continues to hold a subcontract with the program to support the evaluation of children seen at the SAFE Center. This state fiscal year the SAFE Center fulfilled its contract by performing approximately 156 evaluations despite an patient volume decline over the last half of the fiscal year. Due to a SAFE Center staffing shortage between September 2024-January 2025, only patient age and maltreatment type were collected, resulting in a data analysis for only 74 cases. Next year's budget includes a reduction in the Denver Health contract, driven partly by these issues and partly by an effort to foster new growth across the state..

Website & Newsletter

The program publishes a monthly newsletter and manages a website tailored for providers. Together, these platforms offer essential information on requirements, policies, forms, patient materials, training event registration, and community resources through United Way's 211 service. They also facilitate connections among providers statewide. Based on provider feedback, we launched a "provider portal" that enables network providers to view the locations and contact details of their peers within the network.

The Kempe Center
CHILD ABUSE RESPONSE & EVALUATION (CARE) NETWORK

CARE Network News & Updates

February 2025

PROVIDER/REFERRAL SOURCE MEETINGS

We had a great in person meeting with providers and referral sources who provide services in the Garfield, Pitkin and Rio Blanco counties. Attendees, in addition to local network providers, included public child welfare staff from Garfield and Eagle counties, Guardians Ad Litem attorneys, and a party from a local non-profit. The county staff and the network providers indicated they had already established good communication channels, and the county agreed to utilizing the network's services. We have upcoming meetings in La Plata County that will include Archuleta County child welfare, and in Montezuma County. We are working on plans to hold meetings in Alamosa, Pueblo and Weld counties. Additionally, we have had several virtual provider/referral source meetings.

We will have as many provider/referral sources meetings as we can this year, so please be prepared when we contact you! We would encourage you to identify local CASA workers and Guardians Ad Litem attorneys to participate, in addition to local child welfare and law enforcement. Having connections and relationships with these parties will generate more referrals to you and result in more children receiving your excellent care.

Provider Portal

Providers were given options about sharing their contact information. This included "public facing", where anyone accessing the website could view their information. This will be used in marketing efforts with referral sources so they can quickly locate providers in their area. The Provider Portal was created as a non public part of the website for network providers who do not wish to have their information shared with the public. Collectively, this information will assist providers in making referrals to other providers and allow providers to connect in other ways, such as for guidance or support.

TRAINING

5th Annual In-Person CARE Network Conference

This year the 5th Annual CARE Network Conference was held on May 5th and 6th at the Anschutz Medical Campus in Denver. 40 current providers and 15 prospective providers attended. Having the event on campus allowed Kempe colleagues and campus experts to be part of the event. A highlight included opening remarks by the Kempe Center's Executive Director, Dr. Kathi Wells. Lodging for participants from outside the Denver metro area was arranged at The Benson Hotel. A social event was held on the night before the training. We also awarded three provider for excellence in service to the network.

Conference Training Objectives – To ensure our training was targeted and effective, the curriculum for returning providers was directly shaped by feedback from provider surveys and an analysis of case data.

New Providers

- Participants will review core components of the assessment for child maltreatment.
- Participants will identify evidence-based practices for treating children who have experienced child maltreatment.
- Participants will formulate strategies to improve system-based protocols for working with other family-serving agencies.

Returning Providers

- Participants will characterize a multidisciplinary assessment for a child with complex behavioral health needs related to child trauma.
- Participants will identify methods for working with families when there is high parental conflict.
- Participants will devise an assessment approach to failure to thrive in the context of post-partum depression.
- Participants will practice strategies for effective legal testimony.

Training Topics

DAY ONE

- ABCs of CARE Network
- Billing/REDCap/Evaluation entries
- Differentiating Trauma from Developmental Disorders
- Mock Court
- Systems-based Approaches
- Perinatal Mental Health & Malnutrition
- Neglect and Bias
- Parent Conflict Panel

DAY TWO

- Infant Mental Health, Attachment and Family Systems
- Developmental Trauma
- Physical Abuse
- Core Concepts in Traumatic Stress
- Power and Control Dynamics
- Sexual Abuse
- Self-Reflection when Working within Child Welfare
- Creating an Elevator Pitch
- Documentation
- Family System Lens
- Care Process Model
- Suicide Assessment
- Sexual Behaviors

New CARE Network Providers

This year the network trained eight medical providers and seven behavioral health providers at the annual training. New providers were from Adams, Arapahoe, Archuleta, Broomfield, Chaffee, Delta, El Paso, Fremont, Jefferson, Montezuma/Dolores, and Routt counties. Several of these counties were represented by multiple new providers. The new provider in Chaffee will be the first CARE Network provider in that county.

New CARE Network Providers

1st Annual CARE Network Provider Awards

This year two awards were established to be given annually at the yearly in person training to recognize excellence in conducting evaluations and community engagement.

A third award was given this year as a "Lifetime Achievement Award" recognizing a retiring provider who spent decades in the medical child abuse and neglect field.

(See Next Page for Winners!)

1st Annual CARE Network Awards

LIFETIME ACHIEVEMENT

Given in recognition of Dr. Vader's retirement and career long dedication to serving children who have experienced trauma and child maltreatment. She has been an important partner to many family-serving agencies in her community.

Dr. Mary Vader

I helped start Pediatric Associates in Montrose right out of residency in 1990. I was fortunate to have had some training in child abuse and neglect pediatrics and so fell into the role of doing these exams for the 7th Judicial District which is comprised of 6 surrounding counties. When the Kempe Centre started the CAREs program, it was a game changer for me. I had a mentor who answered questions, reviewed photos, offered monthly didactic lectures and more importantly encouraged me in my work. I feel I did much better work with these kids after joining CAREs program. I'll always be grateful to this program and will encourage anyone in this line of work to join. Thank you, Kempe Centre, for everything. Cheers!

EXCELLENCE IN CONDUCTING EVALUATIONS

Given in recognition of outstanding evaluations. Jennifer always adheres to practice standards and provides comprehensive assessments. She is a role model for providing quality and evidence-based care.

Jennifer Stancer

In my work as a trauma therapist for Blue Channel Therapy, my focus is on supporting individuals who have experienced sexual abuse, physical abuse, emotional abuse, and neglect. My goal is always to create a space where clients feel safe, seen, and empowered as they navigate their healing journey. I joined the Colorado CARE Network because I believe in the importance of early, accurate assessment and a coordinated response to child maltreatment. The CARE network's interdisciplinary model—bringing together medical and behavioral health—ensures that children and families receive trauma-informed, evidence-based care from the very beginning. This kind of collaboration is critical in not only identifying abuse and neglect but also in promoting healing and resilience over time. Being part of the CARE Network has allowed me to engage in a broader mission: to improve outcomes for children and families across Colorado by working in concert with dedicated professionals who share a commitment to trauma-informed care, equity, and justice. I'm honored to contribute my expertise as a therapist to this vital work and to continue learning alongside this exceptional community.

PROMOTING THE CARE NETWORK

Given in recognition of her work with local promotion of the network. While relatively new provider to the network, Faith has proactively engaged county stakeholders to develop inter-agency protocols, ensuring children receive assessments when needed.

Faith Koehler

I have been a nurse for 10 years and spent my early years working in inpatient pediatric and emergency mental health hospitals. My experiences and the stories of patients in those settings initially drew me into becoming a sexual assault nurse examiner in emergency room settings. The connection point between trauma, the systems of justice, and long term mental and physical health outcomes is so fascinating to me. There is so much to learn, and it is such an honor to be with patients in times of crisis. Later, I had the opportunity to work with an incredible multidisciplinary team based out of a children's hospital that cared for children and families experiencing violence where I developed a much deeper appreciation for the possibilities to change the course of families' lives through this kind of work done in community. Now, I live in rural Southern Colorado and have the honor of helping care for survivors of violence through a new forensic nurse program at Archuleta County Public Health Department and the 4theChild Children's Advocacy Center. I have been married for 12 years to my strong, compassionate husband and we have 4 wild, precious sons. We are living life to the fullest in the mountains, rivers and lakes as often as we can get outside!

ECHO Continuing Education

15 Sessions held in SYF25

Fifteen continuing education sessions were provided using the Extension for Community Healthcare Outcomes (ECHO) model. Sessions are designed to cover relevant and applicable topics that enhance knowledge, clinical skills, confidence, and multi-disciplinary collaboration. There were five sessions with topics specific to behavioral health and five specific to medical providers (see table of topics below). To promote interdisciplinary collaboration, there were five cross-discipline sessions attended by both medical and behavioral health providers. Providers are required to attend at least half of the session offerings. Each session includes a didactic presentation of a topic by an expert with time for questions and discussion, followed by a CARE Network provider presentation of an actual case. Discussion, feedback, and suggestions about the case are provided by peer attendees plus a panel of cross-discipline experts. Panelists include medical, behavioral health, child welfare law, and a parent with lived experience. Evaluation surveys are completed after each ECHO to assess quality, relevance and applicability, and to identify provider requested topics for future ECHO or training sessions (see Ongoing Education ECHO Training).

Spotlight on ECHO Panelist: Betsy Fordyce

Betsy Fordyce, JD, CWLS is an attorney, trainer, and policy consultant in Denver, Colorado. She has spent her career advocating for and with children, youth, and families in the child welfare, juvenile justice, education, and homelessness arenas. Through her company, Upstream Shifts, she works to strengthen the capacity of nonprofit organizations, government agencies, community coalitions, and individual practitioners to address system challenges and better meet the needs of young people. Betsy has worn numerous advocacy hats over the years, previously serving as the Executive Director of the Rocky Mountain Children's Law Center, as a guardian ad litem in Colorado child welfare and juvenile justice cases, and as an adjunct law school professor.

ECHO Session Topics

Combined Sessions

- "What Happens After a Case is Reported to DHS" presented by Betsy Kalkstein, MSW Assessment Supervisor, Human Services, Adams County.
- "Household Safety Interventions Among Families" presented by Joseph Simonetti, MD, MPH and Megan McCarthy, University of Colorado.
- "Fetal Alcohol Spectrum Disorder-Informed Care: Striving for Equity" presented by Christie Petrenko, PhD, University of Rochester.
- "Evidence-based treatments: Considerations for real-world applications" presented by Sue Kerns, PhD, University of Colorado.
- "Motivational Interviewing" presented by Mary Hodorowicz, PhD and LCSW, University of Maryland.

Behavioral Health Sessions

- "ARC Model" presented by Lizzie Hoff, PsyD, University of Colorado.
- "Interacting with the Courts: Tips for Preparation and Testimony for Service Providers" presented by Linda-Jeanne (LJ) Mack, PhD candidate, University of Maryland.
- "Multidisciplinary Assessment of Children with Trauma and Developmental Concerns" presented by Jodi Zik, MD, University of Colorado.
- "Foster and Adoptive Parents: Relational Stressors and Support" presented by Lauren McCarthy, PhD, University of Colorado.
- "Screening & Assessing Trauma in Children and Adolescents" presented by Ernestine Briggs-King, PhD, John Hopkins.

Medical Sessions

- "SafeCare" presented by Katherine L. Casillas, PhD, University of Colorado.
- "Oh Baby! Assessing and Referring for Infant Mental Health" presented by Ashley Sward, PhD, University of Colorado.
- "Youth Experiencing Suicidality: Care Planning in Outpatient Settings" presented by Haley Bierk M.Ed., LPCC, and Sherry Burkhard BSN, RN, Children's Hospital Colorado.
- "Interpretation of Toxicology Testing for Child Abuse Evaluation" presented by Danae Massengill, MD, University of Colorado.
- "Relationships with Law Enforcement" presented by Detective Robin Danni, Thornton Colorado Police Department.

CASE DATA

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. Due to a staffing shortage at Denver Health between Sept 2024 - Jan 2025, limited data was collected but not included with the more complete case data.

Of those submitted evaluations between July, 2024 and mid-June, 2025, medical and behavioral health providers evaluated **277 children** (205 medical evaluations and 72 children behavioral health evaluations). One or more evaluations were conducted with children/families from **18 Colorado counties** (Adams, Alamosa, Arapahoe, Delta, Denver, Douglas, Garfield, Jefferson, Larimer, Mesa, Moffat, Montrose, Morgan, Park, Pueblo, Routt, Summit, and Weld). The majority of medical evaluations were referred by child welfare (49%); the majority of behavioral health evaluations (31%) were solicited by caregivers/families.

Case Data

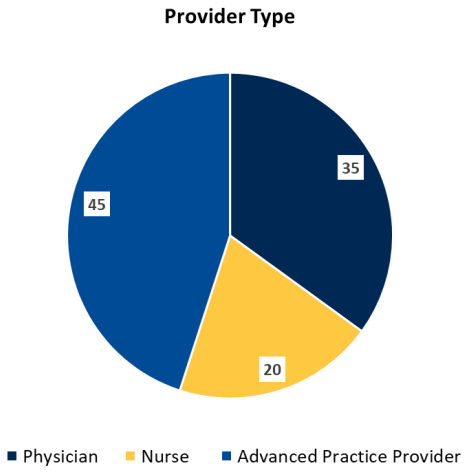
July, 2024 – June, 2025

Medical	Behavioral Health
205 Cases	72 Cases
18 Providers	12 Providers
13 Counties	12 Counties

Case Data: Referral Source (agency or party that initiated a referral to a network provider)

Referral Source	Medical	Behavioral Health
Child Welfare	49%	26%
Law Enforcement	16%	0%
Caregiver	12%	31%
CAC	15%	6%
Other Provider	5%	25%
Internal to Practice	1%	6%

CASE DATA: MEDICAL PROVIDERS



Referral Reason	Total Sample (N = 205)	Denver Health Providers (N = 74)	Non-Denver Health Providers (N = 131)
Physical Abuse	33%	36%	31%
Sexual Abuse	47%	16%	65%
Neglect	53%	91%	32%

Medical Evaluations Demographics

Demographics	Total Sample (N = 205)	Denver Health Providers (N = 74)	Non-Denver Health Providers (N = 131)
Child Sex (female)	60%	59%	60%
Race/Ethnicity			
White	43%	22%	54%
Hispanic/Latino	33%	39%	29%
Black	11%	16%	8%
Multi-racial	7%	16%	2%
Other/UK	4%	7%	6%
Mean Child Age (months)	51.50	36.99	59.70

Medical Evaluations Referral Concerns by Gender

70% of children were referred with for a single type of maltreatment. Females were more likely to be referred for sexual abuse concerns. Males were more likely to be referred for neglect concerns.

Percentage of Referral Type by Child Sex

	Physical Abuse	Sexual Abuse	Neglect
Female (122)	28% (34)	61% (75)	46% (56)
Male (83)	41% (34)	27% (22)	64% (53)
Total (205)	33% (68)	47% (97)	53% (109)

Referral type is not mutually exclusive. Rows may not sum to 100.

Medical Evaluations Likelihood of Abuse

Providers rated **52% 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.
- **21% of sexual abuse referrals** were rated as probable or definite sexual abuse.
- **70% of referrals for neglect** were rated as probable or definite neglect.

Medical Evaluations Psychosocial Concerns

Psychosocial Concerns were identified in 89% of cases with an average of 3.51 different concerns identified.

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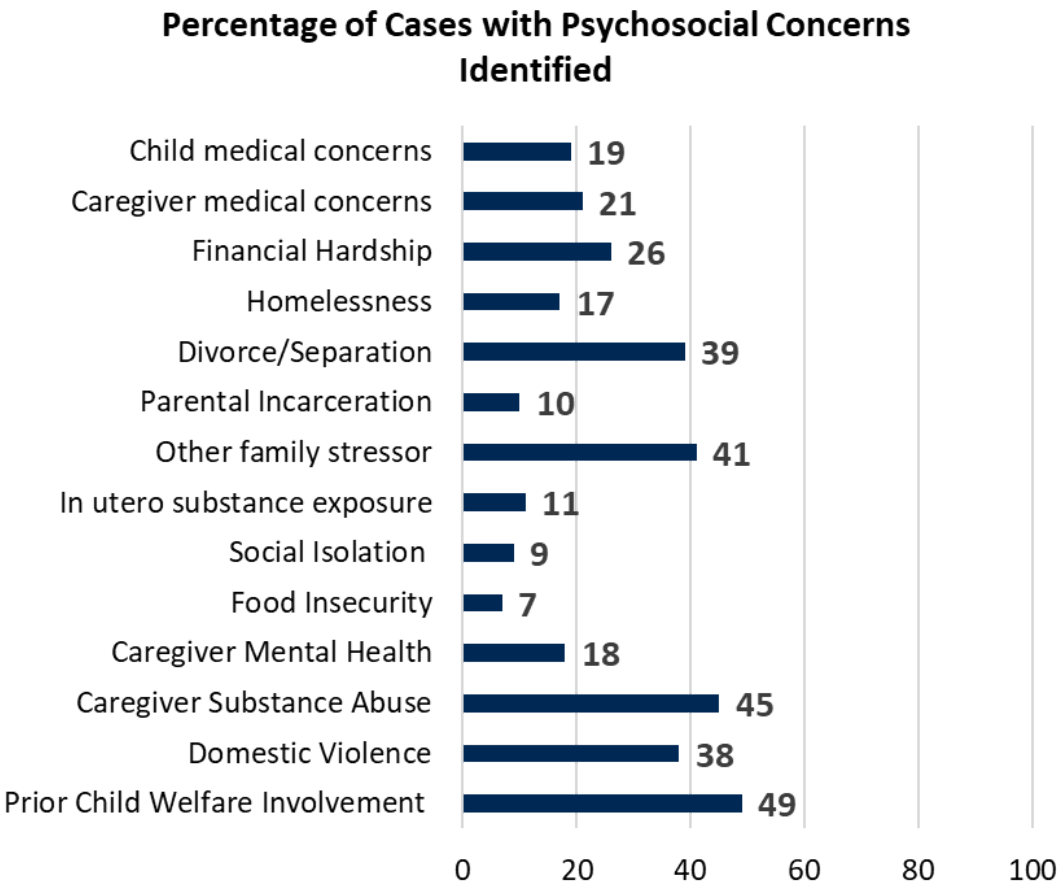


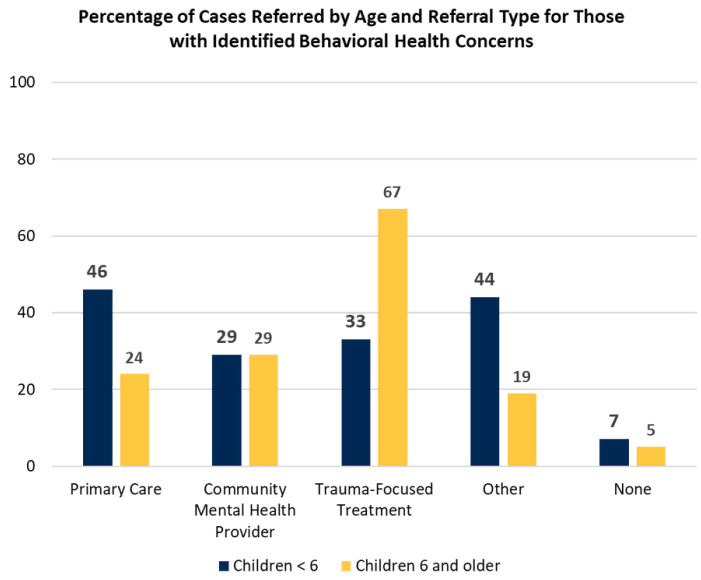
Medical Evaluations

Among the 205 cases, a behavioral health assessment or screening was conducted with 85% of patients (n = 175).

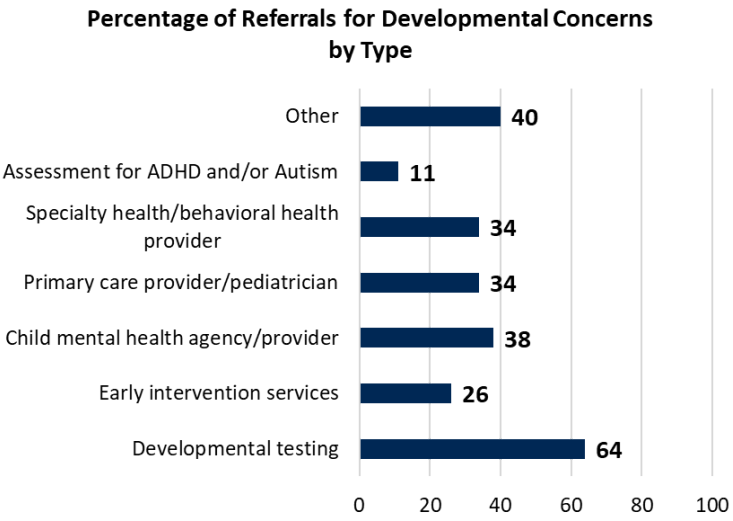
Providers indicated behavioral health concerns were identified in 46% (n = 64) of cases for a child < 72 months and 66% (n = 23) for those > 71 months.

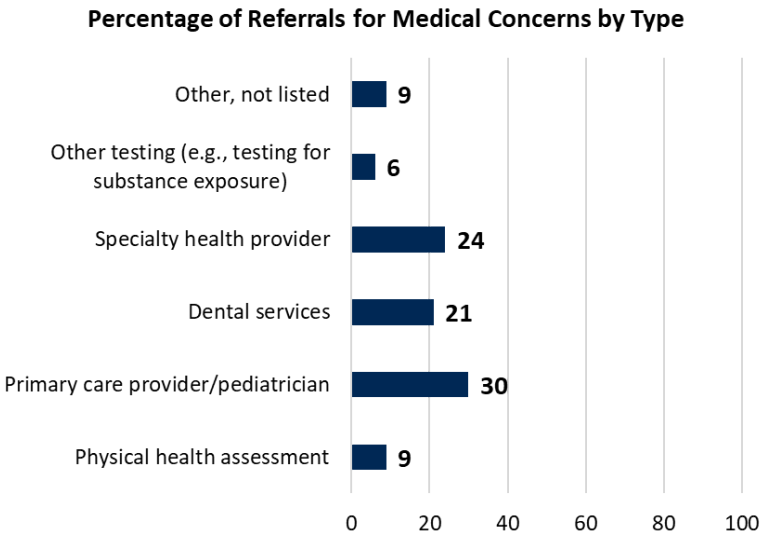
There were **96** cases (47%) in which the provider identified additional concerns including concerns for maltreatment (n = 14), medical issues (59), and developmental concerns (44).

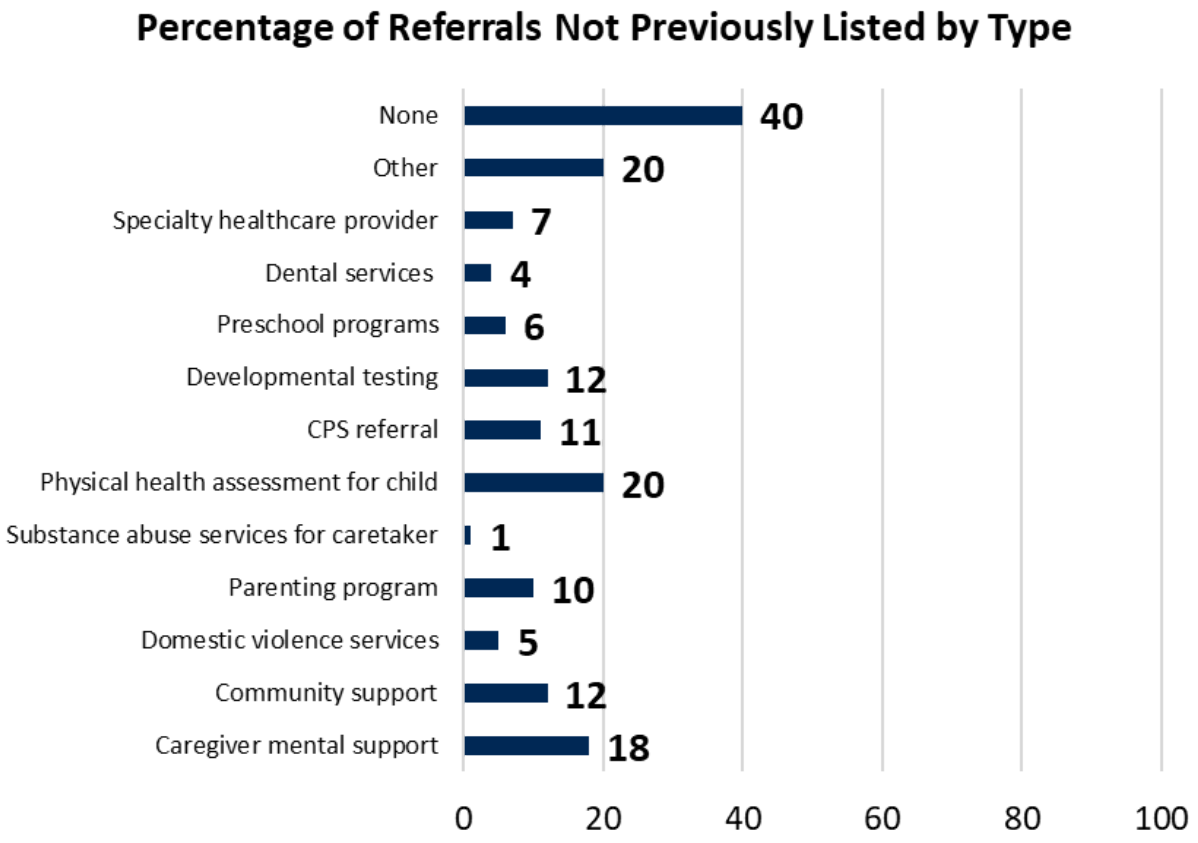
Medical Evaluations Behavioral Health Referrals by Age



Medical Evaluations Referrals for Other Concerns







Medical Evaluations Referrals

Collectively, providers indicated one or more referrals were made in **81%** of cases. The majority of which were written without follow-up.

- 53% were written without follow-up
- 13% were written with follow-up
- 24% were person to person

Case Data: Behavioral Health Providers

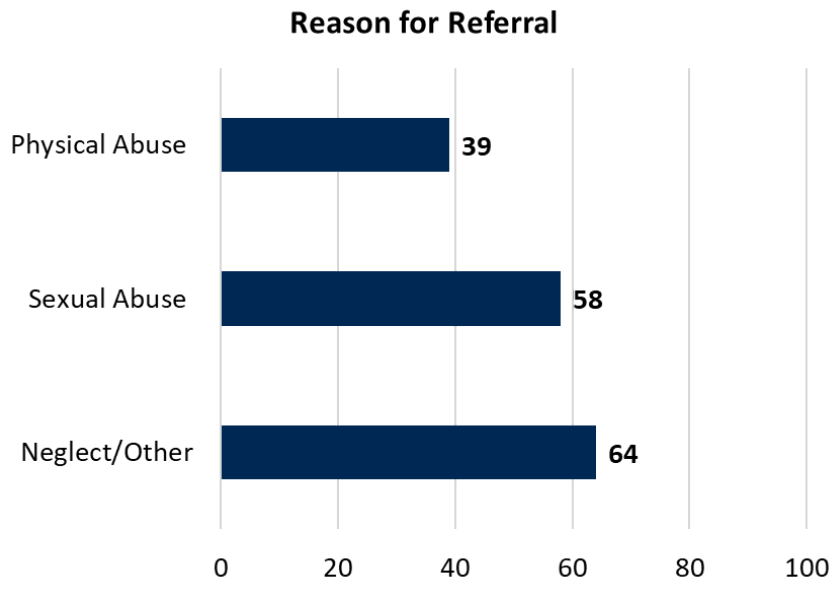
Specific to behavioral health evaluations, most were completed by a Licensed Professional Counselor (LPC; 51%). Fifty one percent of children were female, white (51%), with a mean age of 69.47 months. Most were referred for concerns related to neglect and/or sexual abuse (64 and 58% respectively). Eighty-seven percent of cases were already known to child protective services. The most commonly identified concern following assessment was mood/behavioral issues and interpersonal relationships. In the majority of cases (78%), providers recommended individual child therapy. Other referrals were made in 69% of cases (e.g., parenting programs, assessment for ADHD, Autism Spectrum Disorder (ASD), or learning disorders, etc.). In 18% of cases following assessment, providers indicated concerns about new or unknown maltreatment and reports to CPS made in 69% of those cases.

Behavioral Health Evaluations Demographics

Demographics	%	N
Child Sex (female)		
Race/Ethnicity	51	37
White	51	35
Hispanic/Latino	28	20
Black	3	2
Multi-racial	18	13
Other/UK	0	0
Mean Child Age (months)	69.47	

Behavioral Health Evaluations Referral Types

- 87% of referred cases had already been reported to child protective services
- 11% had not been reported
- In1%, the reporting status was unknown.



Behavioral Health Evaluations Percentage of Referral Type by Child Sex

	Physical Abuse	Sexual Abuse	Neglect/Other
Female (37)	32% (12)	70% (26)	62% (23)
Male (35)	46% (16)	46% (16)	66% (23)
Total (72)	39% (28)	58% (42)	64% (46)

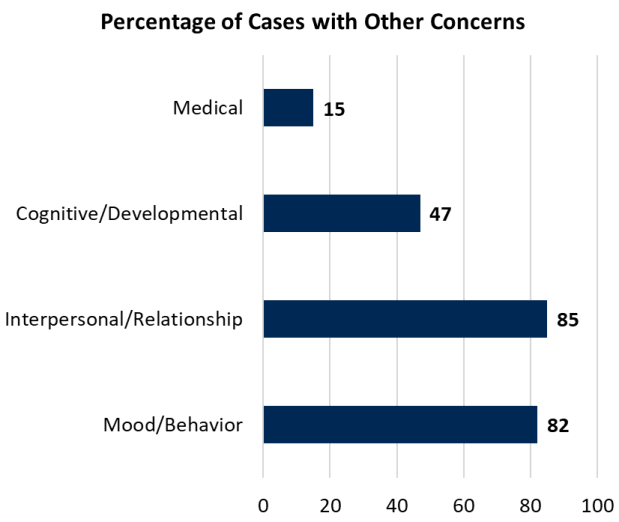
Behavioral Health Providers Maltreatment Concerns

•In 90% of cases (n = 65), providers indicated a concern for maltreatment.

•In 18% of cases (n = 13) providers indicated a concern about new or unknown abuse/neglect not already reported.

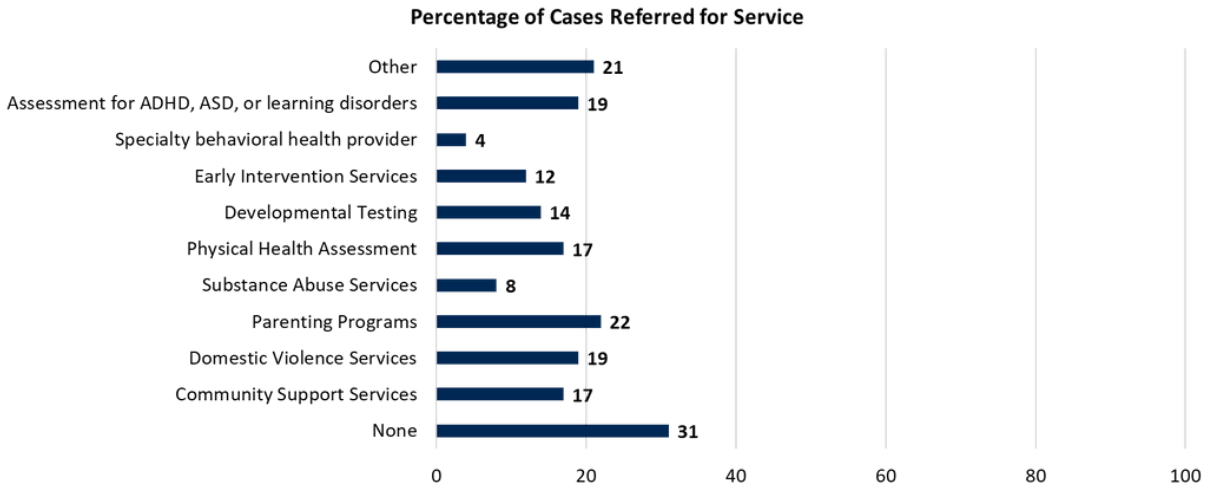
•In the 65 cases with a concern for abuse/neglect, providers reported the concern in 52% of cases, and in 69% of cases where providers indicated a new concern.

Behavioral Health Evaluations Identified Concerns and Treatment Recommendation



Recommendations for Behavioral Health Treatment or Services	%	N
Individual child therapy	78%	72
Dyadic therapy with child and caregiver/parent	69%	50
Individual therapy with caregiver	44%	32
Family therapy	26%	19
No treatment warranted /recommended	6%	4

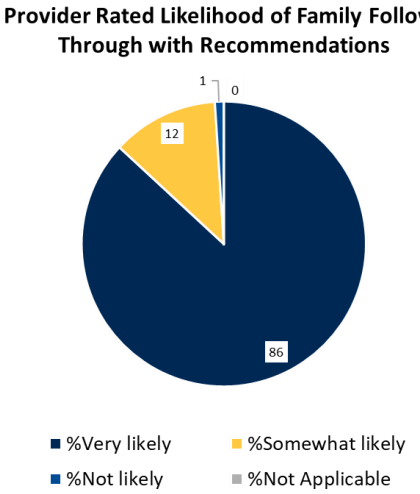
Behavioral Health Evaluations Referral for Services



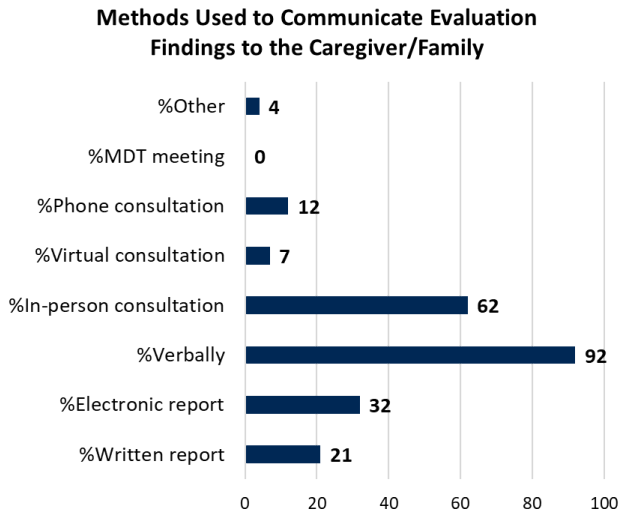
Behavioral Health Evaluations Referral for Services

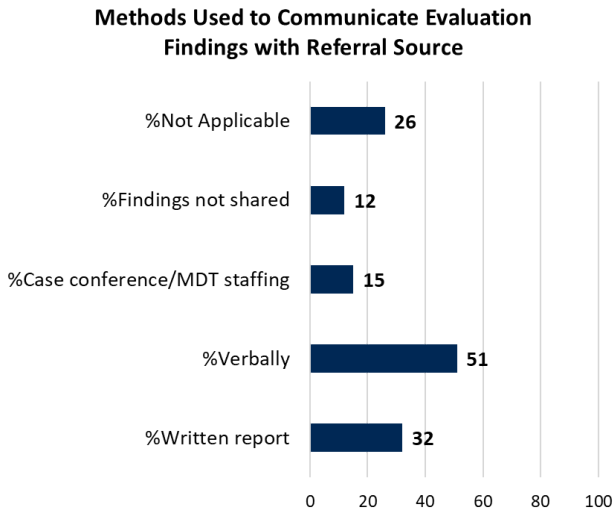
- 92% of providers indicated they had or will follow-up to determine if the child/family connected with recommended provider/agency.

- Providers in 86% of cases indicated a high likelihood the family/caregivers would follow-through with treatment recommendations and referrals.



Behavioral Health Evaluations Referral Communication





PROGRAM EVALUATION

How We Conceptualize Our Program Evaluation

The focus of our evaluation process is to assess whether we are meeting our overall CARE Network goals of

- high quality training
- implementation of best practice guidelines
- alignment of provider ratings of maltreatment likelihood with expert, board certified Child Abuse Pediatricians
- satisfaction with mentorship and feedback

We specifically examine whether

- providers report gaining knowledge, competency, and preparedness to conduct medical evaluations for abuse/neglect concerns
- mentorship and feedback results in high levels of adherence to best practice guidelines and standards of care
- training and mentorship results in high levels of agreement between providers and a CAP expert on likelihood of maltreatment
- there is increased collaboration between providers and child and family serving agencies
- communities have more access to specialty trained providers
- Network providers report intent to continue practice with the Network and would recommend other professionals to become a Network provider.

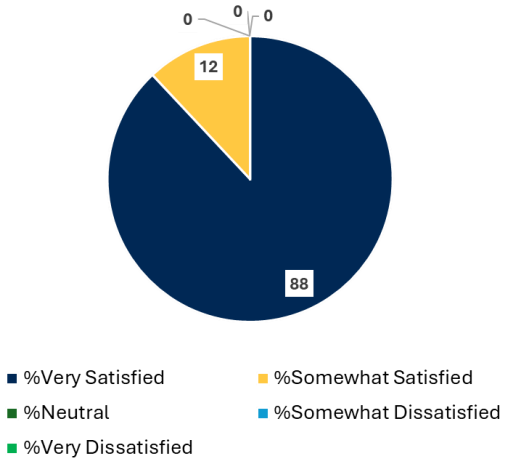
Annual Conference Training Evaluation

After the completion of the CARE Network Annual Conference, new and returning providers are surveyed to assess satisfaction with the conference and increased skill acquisition to conduct CARE Network medical and behavioral health exams. New providers also complete a knowledge assessment with the benchmark expectation that 80% of providers will score 80% or better on the assessment. Fifteen new providers and 33 returning providers completed surveys. Survey findings are presented below for new providers followed by returning providers. Overall, providers reported high levels of satisfaction with the conference training and educational experiences, acquired requisite knowledge, and reported a high degree of preparedness and confidence.

New Providers

100% of providers were ***satisfied*** with the overall training experience

Overall Satisfaction with training experience



Highlights and Quotes

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

81% of providers indicated they intended to make changes in their practice because of the training.

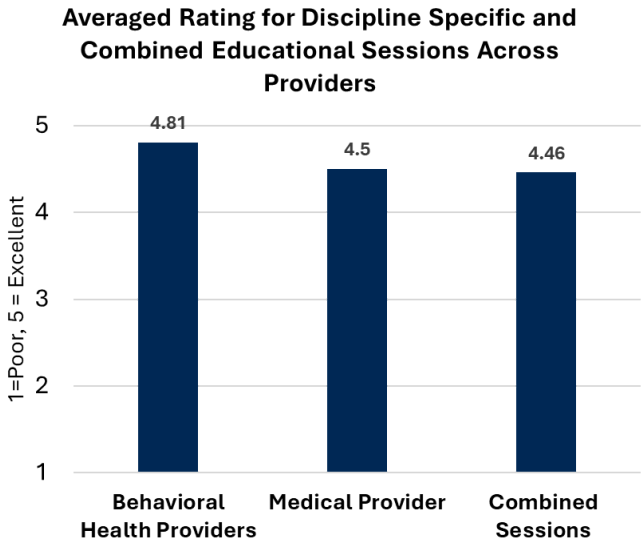
100% of attendees agreed the training will improve outcomes for patients.

"By having the additional knowledge, evidence-based information, and support of the Care Network, I can apply more holistic care including behavioral health screenings."

"This training helped me immensely with learning how to "meet" my patients and families where they are and understand the situations they are coming from in terms of evaluating for abuse/neglect"

What New Providers Are Saying

Quality of Educational Sessions



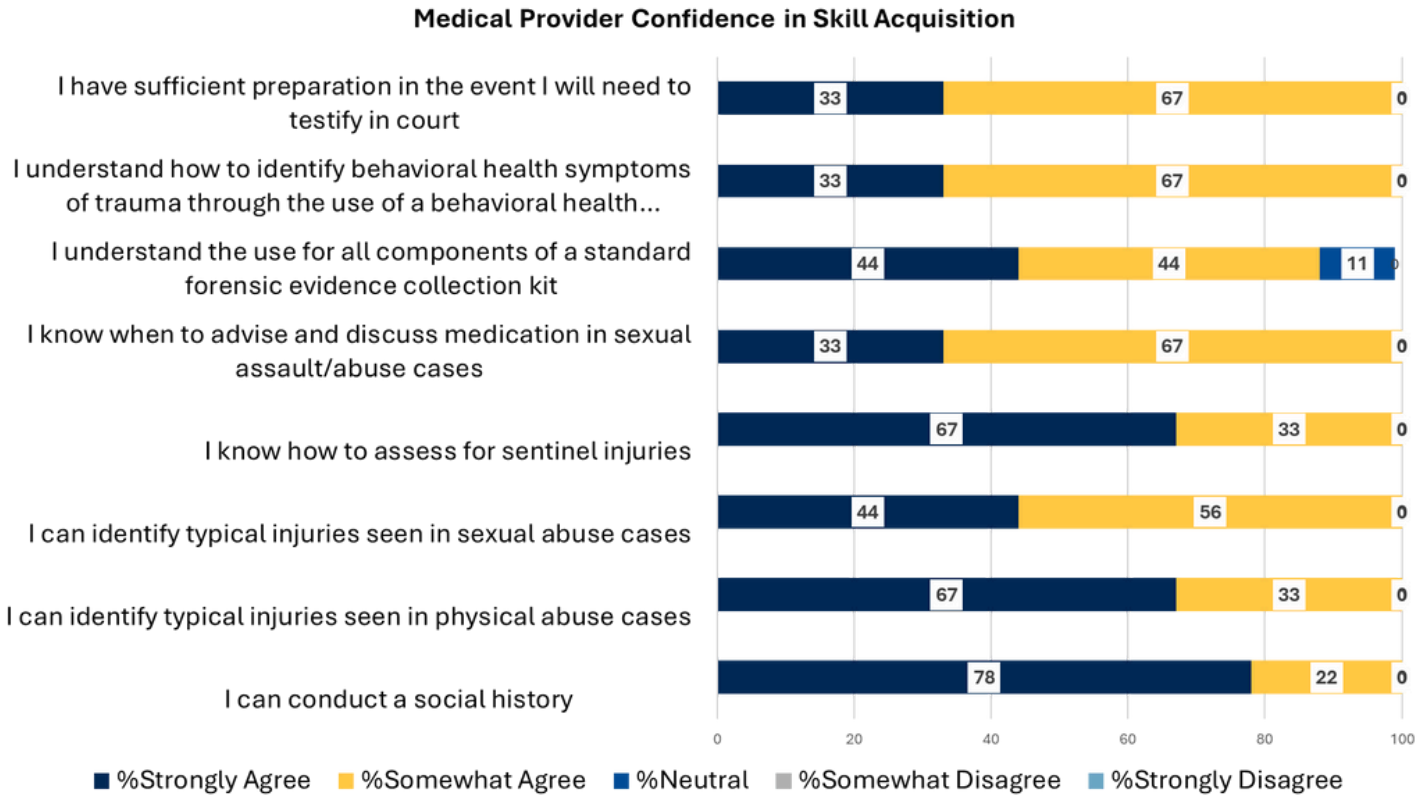
Medical providers attended four discipline specific sessions. Behavioral health providers attended six discipline specific sessions. Ten sessions were cross-discipline.

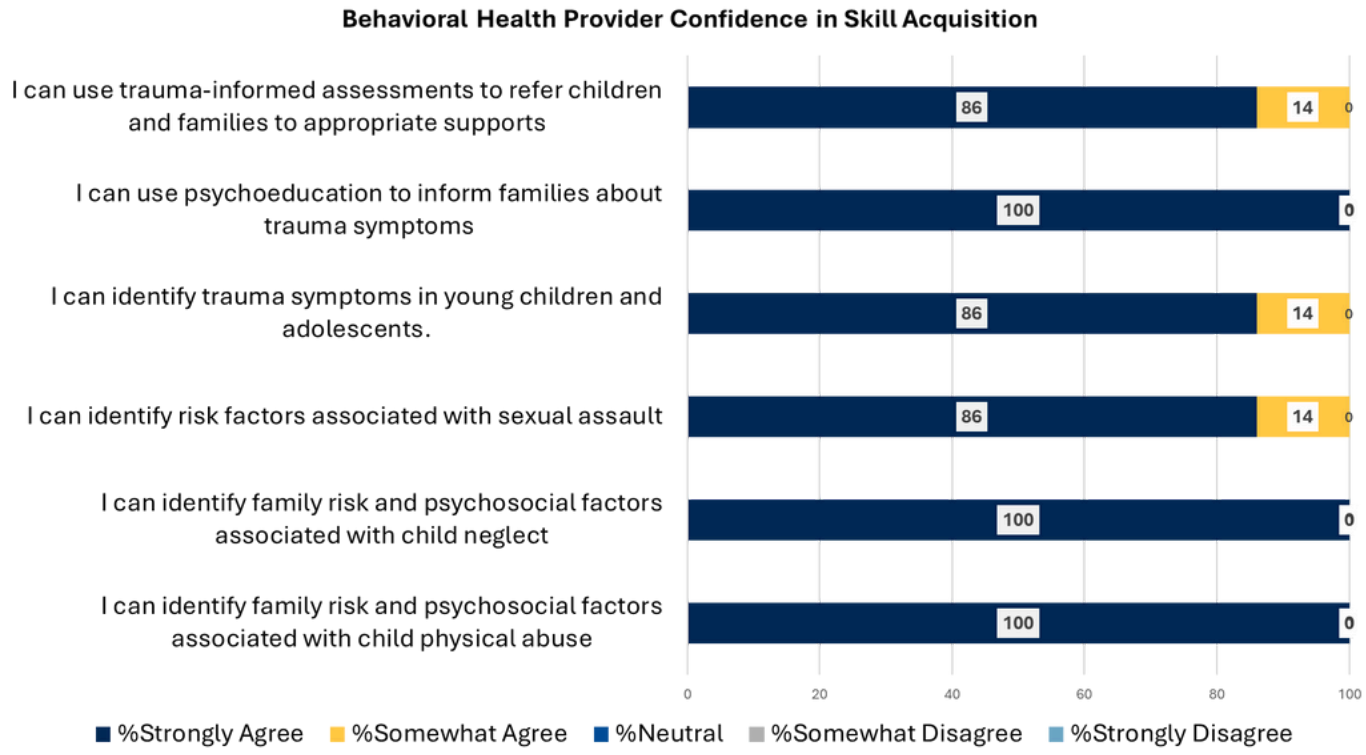
- 100% of medical providers rated the sessions as *good* or *excellent.*
- 86% or greater of behavioral health providers rated the sessions as *good* or *excellent.*
- 81% or greater of providers rated combined provider sessions as *good* or *excellent.*

Confidence in Skill Acquisition

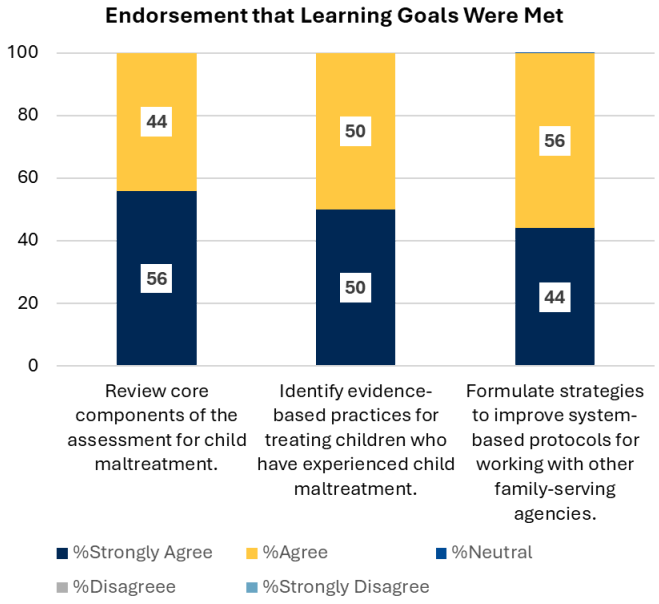
Providers were asked to rate their confidence in discipline specific skill training and knowledge acquisition as well as understanding of core components of evidence-based practice and best practice guidelines for medical and behavioral health assessment for abuse and neglect concerns.

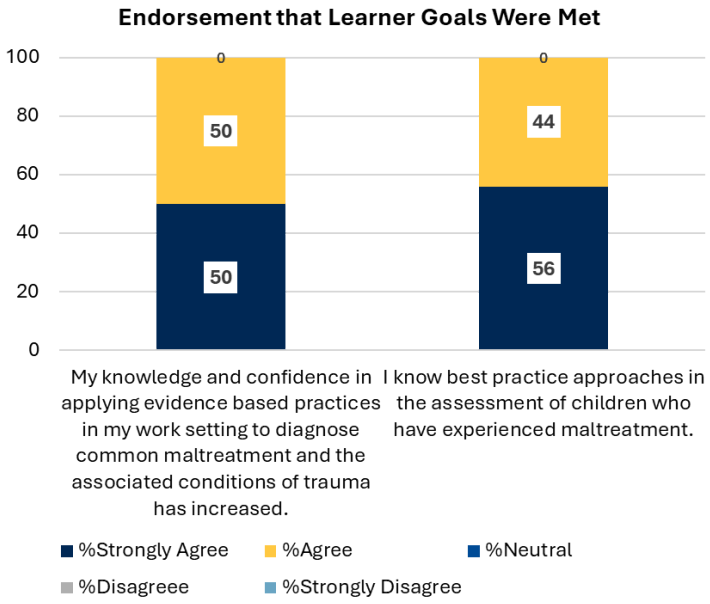
- 89% or greater of medical providers agreed they were confident in all eight skill sets assessed.
- 100% of behavioral health providers agreed they were confident in all six skill sets assessed.





Provider Ratings of Learning Goals



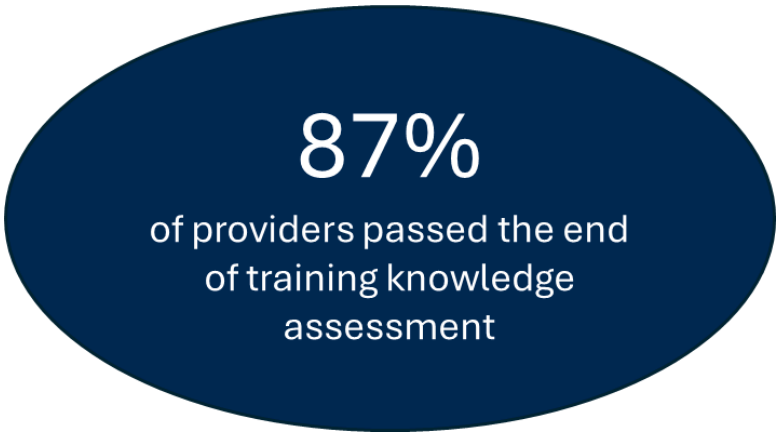


Provider Feedback

- ***I really enjoyed the networking opportunities, the support and mentorship, and the variety of didactic approaches.***
- ***I really enjoyed this training! Lauren did such an incredible job and kept things engaging and fun which can be difficult with the amount of content! I feel very lucky to be a part of the network!***
- ***Excellent instructors ! Learned so much from Antonia Lauren and Denise!***
- ***It was refreshing to be informed that this work is happening around the entire state of Colorado. I often think that our community does not have resources, and I met providers from smaller rural communities that have less resources than we do. I am hopeful that our relationships will provide support to one another.***

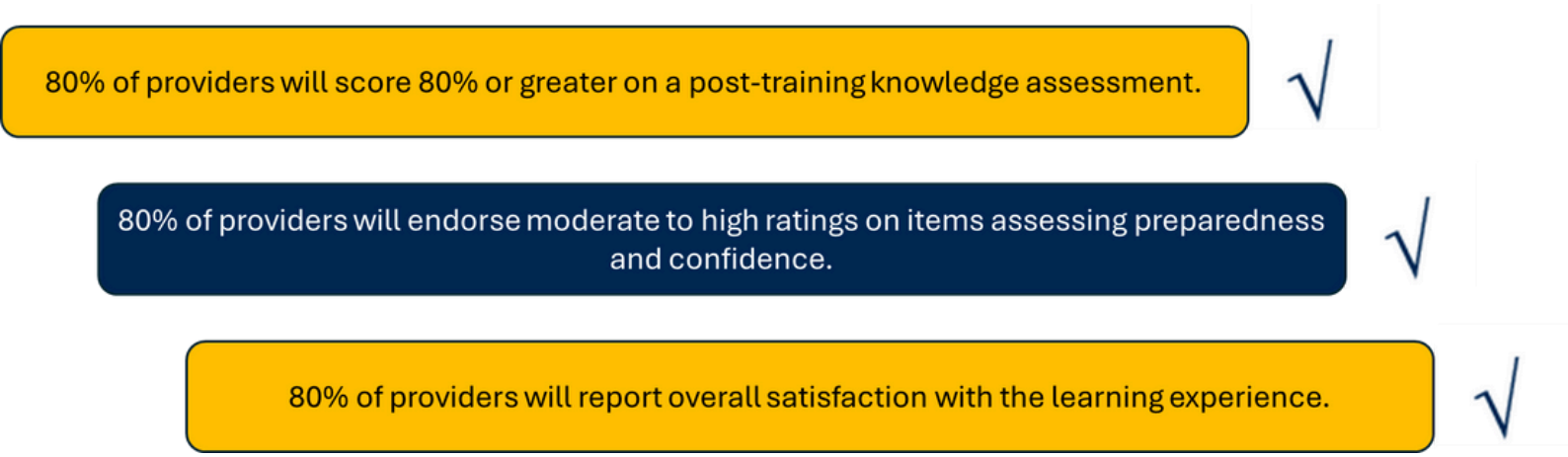
Knowledge Assessment

Project developed post-training knowledge assessments were developed for medical and behavioral health providers to assess relevant and critical knowledge. The medical provider assessment was comprised of 32 items; the behavioral health provider assessment included 20 items. The assessment included true/false statements, scenario-based questions, and general knowledge items. A passing score was 80% of correct items.



New Provider Training Key Indicators Met

Based on all data, we have met our goals for the new provider trainng regarding knowledge and skill aquisition, as well as satisfaction.



Returning Provider Training

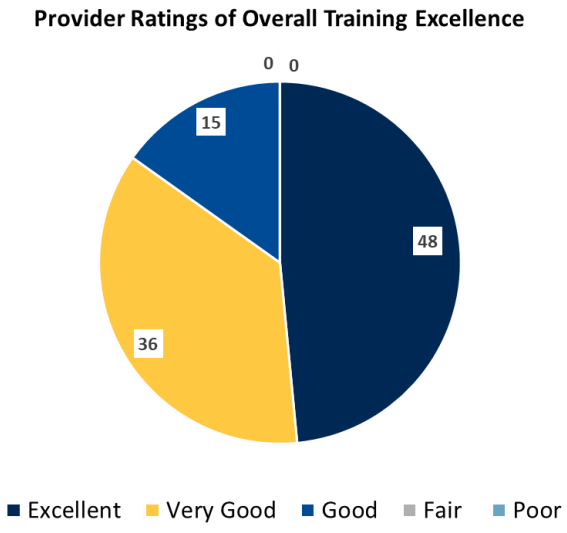
Overview of Survey Results

- 100% of respondents rated the training experience *good* to *excellent.*
- 94% or more agreed the training was relevant, evidence-based, and applicable to practice.
- 82% reported plans to make changes to clinical practice based on the training.
- Providers gave high ratings across learning session (average ≥ 4.5/5).
- 100% reported the case studies were an effective tool for learning.
- 84% or more agreed that learning objectives were met and felt confident implementing targeted learning outcomes.

Profession of Learners

	Number	Percentage
Licensed Behavioral Health Providers	14	42%
Registered Nurse with SANE/FNE Certification	7	21%
Physician (MD, DO)	4	12%
Advanced Practice Provider (PA, NP)	4	12%
Registered Nurse without SANE/FNE Certification	4	12%

Satisfaction with Training Experience



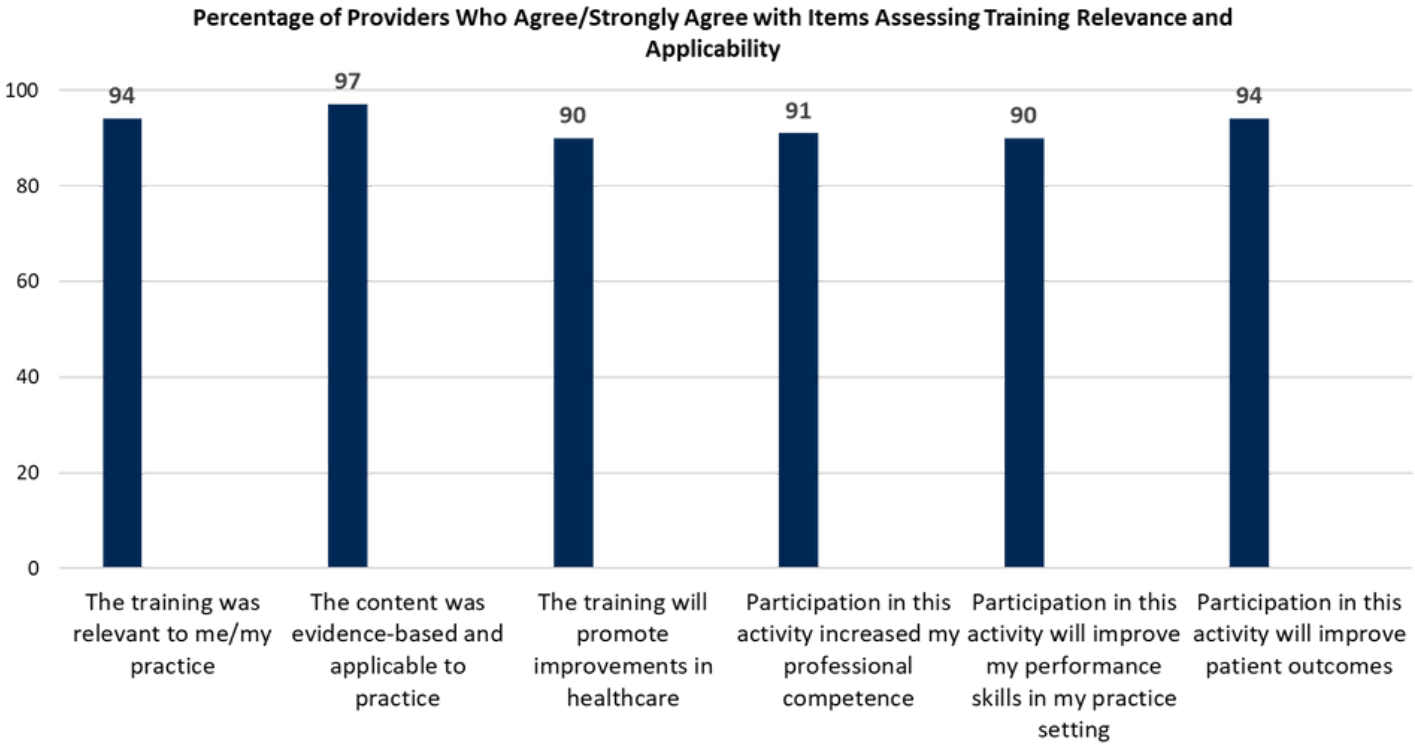
Provider Feedback

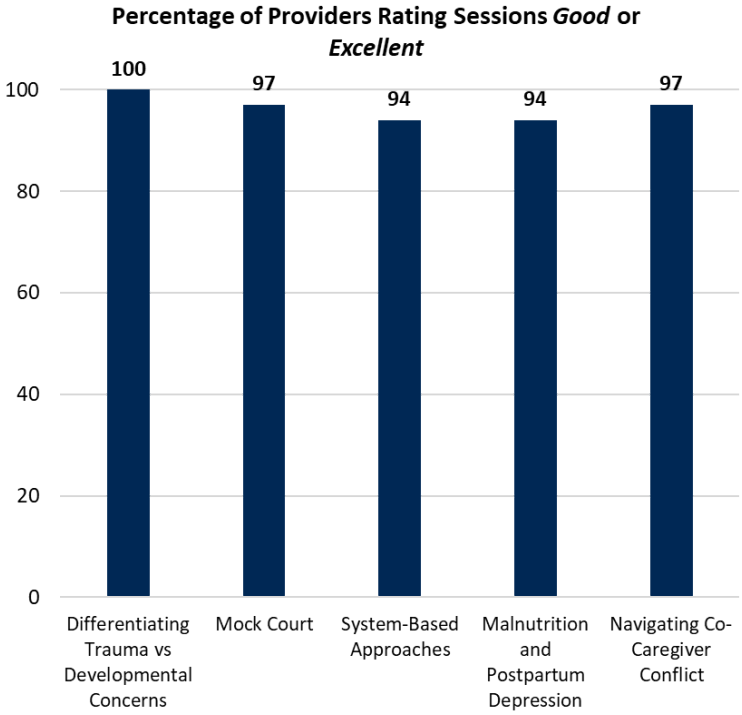
It was a great training! It gets better every year with the topics presented and the opportunity to network.

It was incredibly valuable, and the networking is really wonderful.

All information I thought was well planned and informative to all providers.

This was the best content of any year training!!! Everything was in depth and right on, great job!





- 100% of providers agreed the meeting had the right amount of didactic presentation, interaction, and participation opportunities.

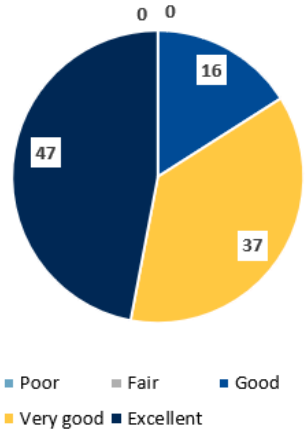
- 97% of providers rated the case studies as *very effective* in reinforcing learning materials and improving skills.

Ongoing Education
ECHO Training

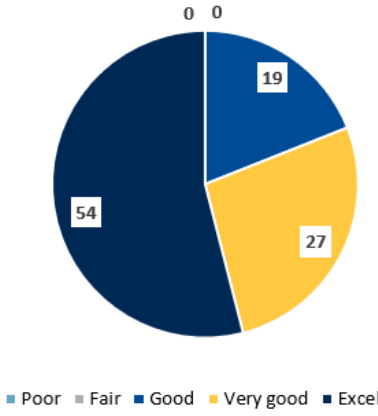
After each ECHO, attendees are asked to provide overall ratings of the session, applicability and relevance of the topics, and whether overall learning objectives were met. In addition, providers are surveyed at the end of the year to assess whether the ECHO model is a good way to promote multidisciplinary approaches, help providers feel more connected to other professionals, increase awareness of social risk and protective factors, and improve provider confidence in key abilities.

ECHO Session Ratings

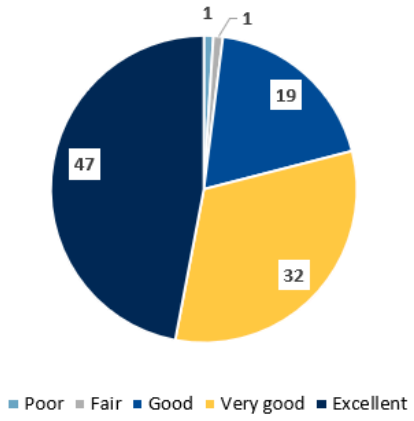
Overall Excellence of the Medical ECHO Sessions (Mean =4.31/5, N=51)



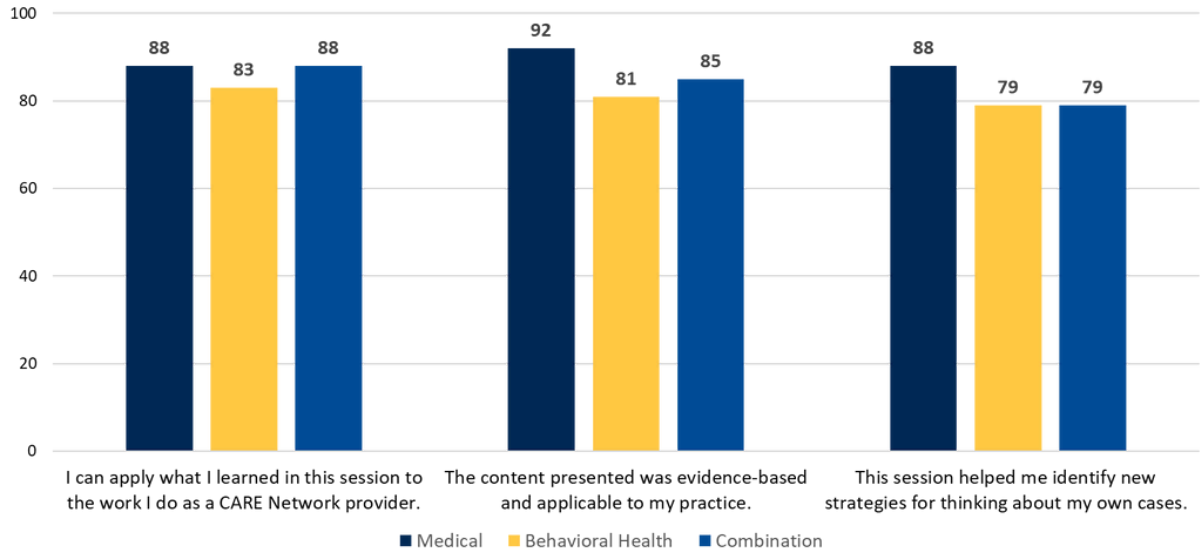
Overall Excellence of the Behavioral Health ECHO Sessions (Mean = 4.35/5, N = 48)

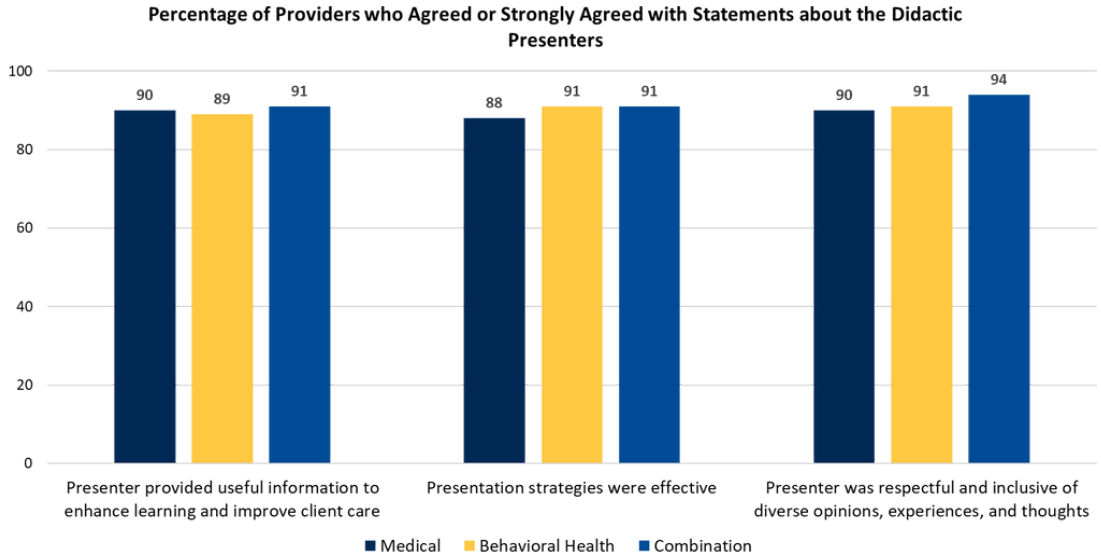


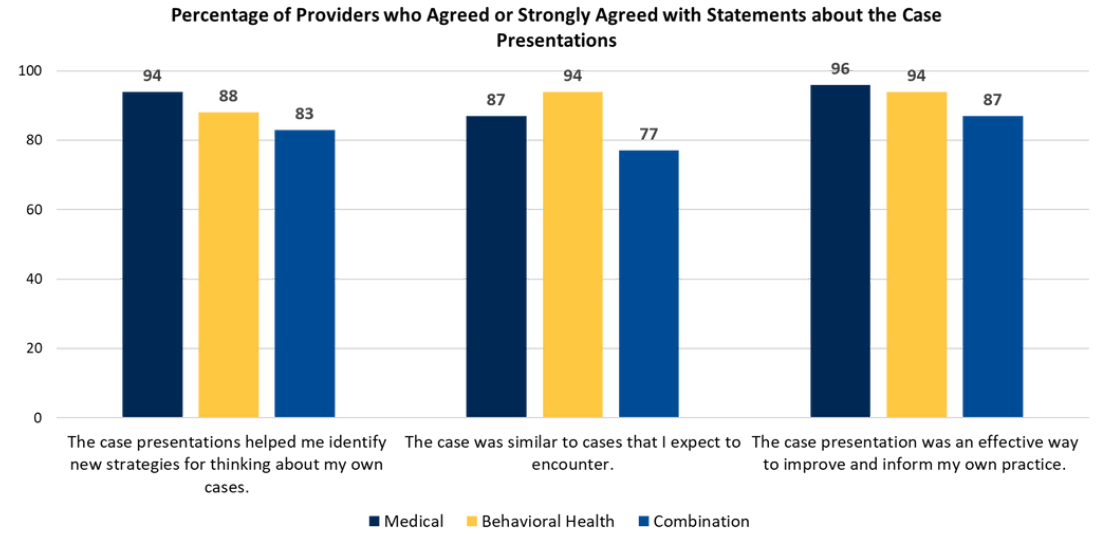
Overall Excellence of the Combined Provider ECHO Sessions (Mean = 4.24/5, N = 134)

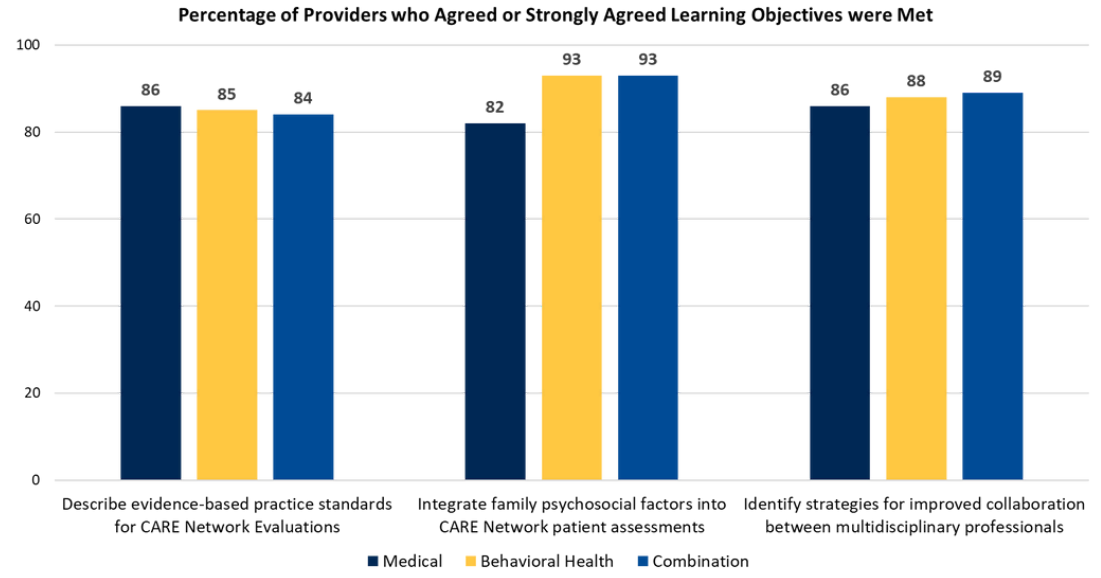


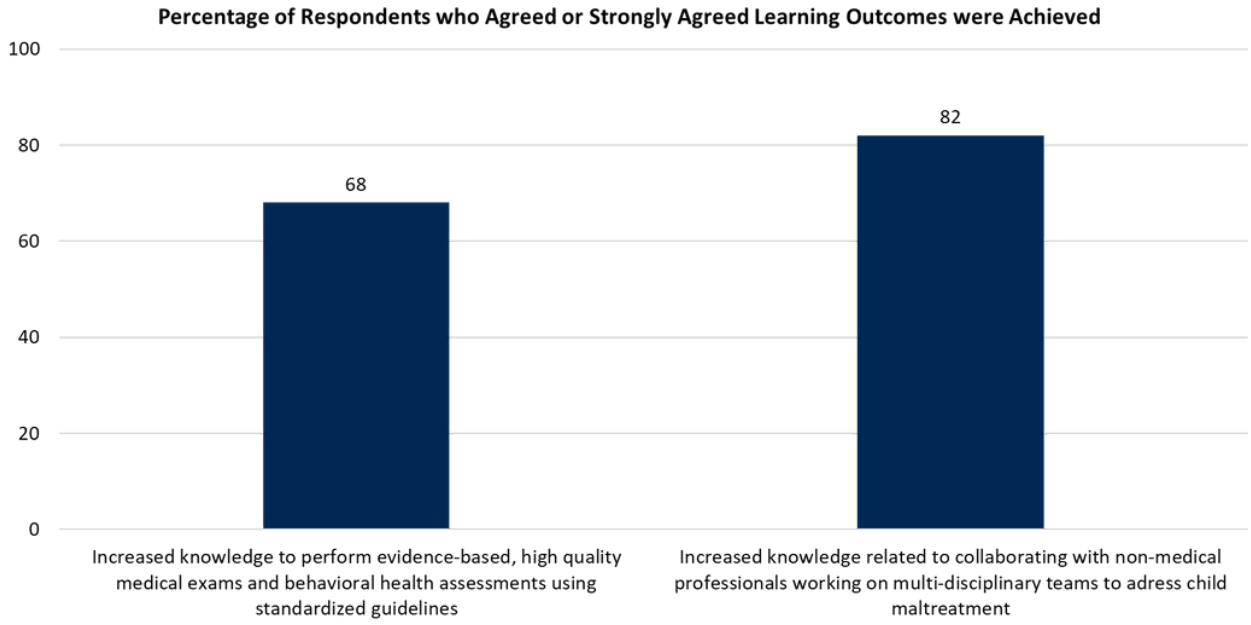
Percentage of Providers who Agreed or Strongly Agreed with Statements about the Relevance and Applicability of Session Content

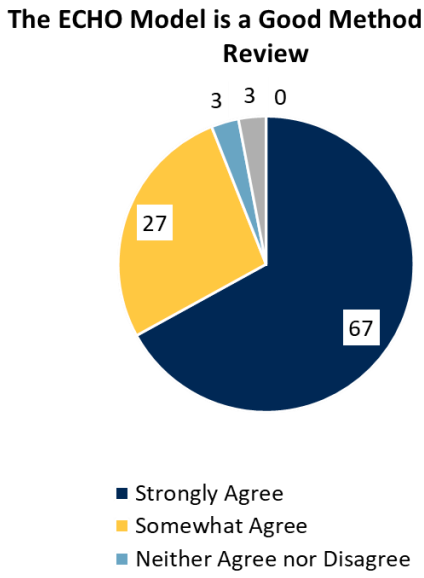



Percentage of Providers who Agreed or Strongly Agreed with Statements about the Didactic Presenters
100
80
60
40
20
0
90
89
91
88
91
91
90
91
94
Presenter provided useful information to enhance learning and improve client care
Presentation strategies were effective
Presenter was respectful and inclusive of diverse opinions, experiences, and thoughts
Medical
Behavioral Health
Combination


Percentage of Providers who Agreed or Strongly Agreed with Statements about the Case Presentations
100
80
60
40
20
0
94
88
83
87
94
77
96
94
87
The case presentations helped me identify new strategies for thinking about my own cases.
The case was similar to cases that I expect to encounter.
The case presentation was an effective way to improve and inform my own practice.
Medical
Behavioral Health
Combination


Percentage of Providers who Agreed or Strongly Agreed Learning Objectives were Met
100
80
60
40
20
0
86
85
84
82
93
93
86
88
89
Describe evidence-based practice standards for CARE Network Evaluations
Integrate family psychosocial factors into CARE Network patient assessments
Identify strategies for improved collaboration between multidisciplinary professionals
Medical
Behavioral Health
Combination



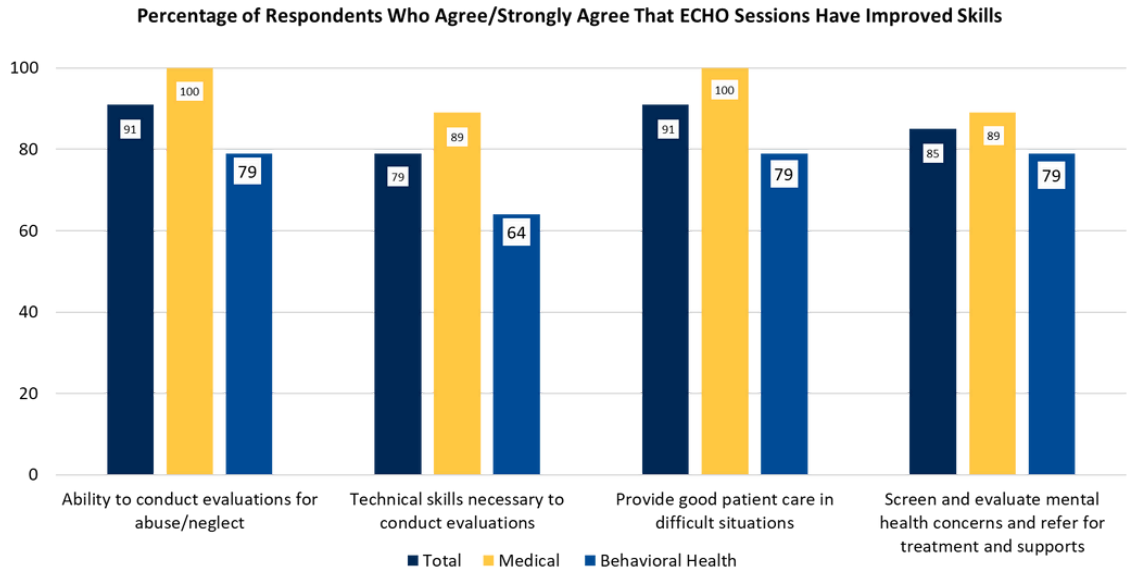


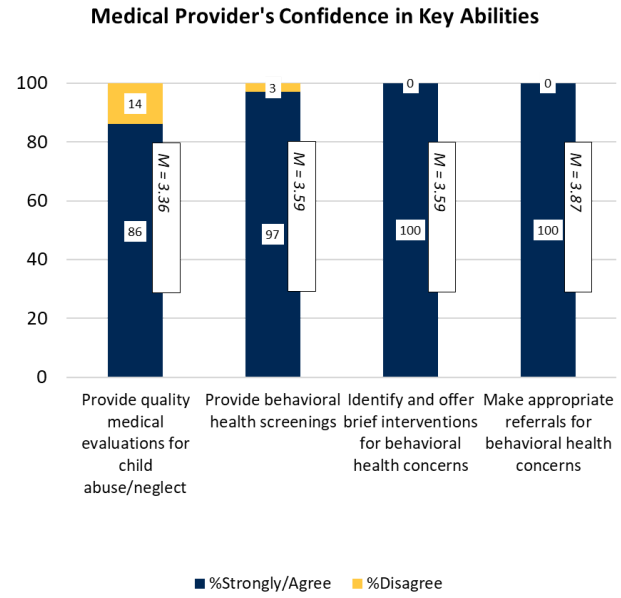
97% of respondents **agreed or strongly agreed** that the ECHO sessions are a good way to model *and* demonstrate multi-disciplinary approaches to the identification and response to concerns for child abuse and neglect.

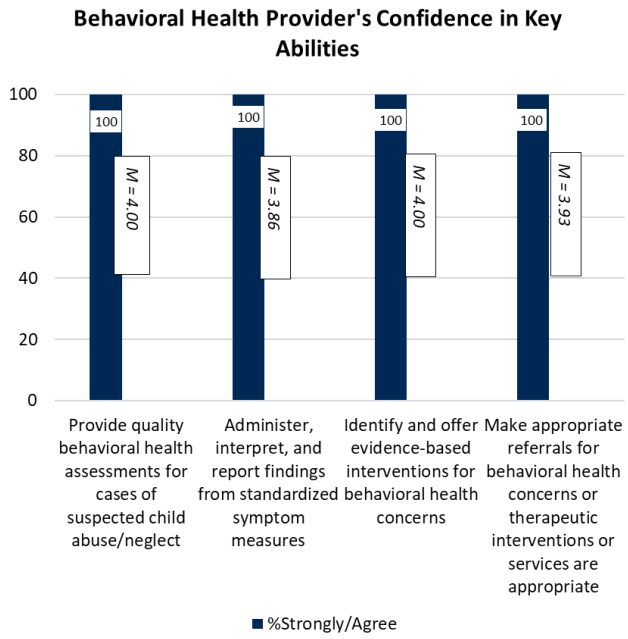
84% of respondents **agreed or strongly agreed** that the sessions helped them to feel more connected to other professionals doing behavioral health assessments.

94% 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.

93% 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


Percentage of Respondents Who Agree/Strongly Agree That ECHO Sessions Have Improved Skills
100
80
60
40
20
0
91
100
79
79
89
64
91
100
79
85
89
79
Ability to conduct evaluations for abuse/neglect
Technical skills necessary to conduct evaluations
Provide good patient care in difficult situations
Screen and evaluate mental health concerns and refer for treatment and supports
Total
Medical
Behavioral Health


Medical Provider's Confidence in Key Abilities
100
80
60
40
20
0
14
86
M = 3.36
3
97
M = 3.59
0
100
M = 3.59
0
100
M = 3.87
Provide quality medical evaluations for child abuse/neglect
Provide behavioral health screenings
Identify and offer brief interventions for behavioral health concerns
Make appropriate referrals for behavioral health concerns
%Strongly/Agree
%Disagree


Behavioral Health Provider's Confidence in Key Abilities
100
80
60
40
20
0
100
M = 4.00
100
M = 3.86
100
M = 4.00
100
M = 3.93
Provide quality behavioral health assessments for cases of suspected child abuse/neglect
Administer, interpret, and report findings from standardized symptom measures
Identify and offer evidence-based interventions for behavioral health concerns
Make appropriate referrals for behavioral health concerns or therapeutic interventions or services are appropriate
%Strongly/Agree

Provider & Mentor Performance

Assessment in this area focuses on adherence to best practice guidelines, alignment of likelihood of abuse ratings, and provider reported satisfaction with case review and feedback. Our benchmark goals are described below.

Adherence to Best Practice Standards

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.

Adherence to Best Practice Standards

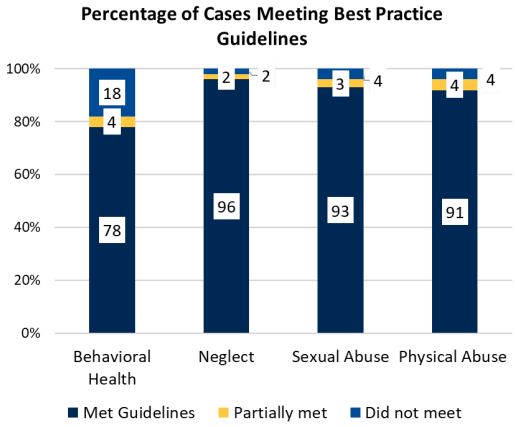
114 medical cases and 72 behavioral health cases were reviewed by a mentor.

Mentors reviewed each case to determine whether best practice guidelines had been followed, partially followed, or were not followed.

78%+ **of medical providers followed best practice guidelines.**

90% **of behavioral health providers followed best practice guidelines.**

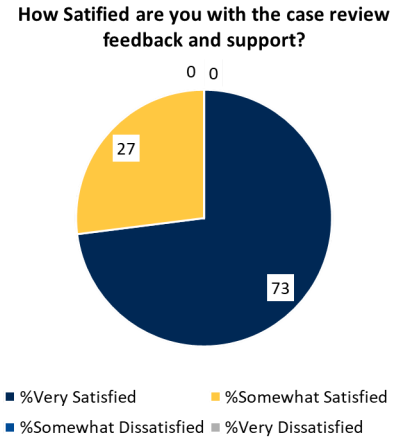
Behavioral health providers were asked to indicate compliance with 15 best practice guideline practices. The CARE Network mentor completed the same ratings based on the evaluation submitted by the provider. Comparisons between mentor rated and provider rated compliance with best practice guidelines are presented below. The mentor also indicated whether the provider met best practice guidelines overall. See below for provider performance.



Comparison of Provider and Mentor Ratings for Items Consistent with Best Practice Guidelines	Provider Ratings (n = 72)	Mentor Ratings (n = 72)
	%	%
Steps taken to establish child/family feelings of safety	100%	96%
Steps taken to establish clinician trustworthiness and transparency	100%	97%
Inquired about important family/cultural values practices	93%	82%
Exploration of presenting concerns identified by the referral party, child, & family	100%	97%
One or more standardized measures were used to assess symptoms and presenting concerns	97%	94%
Two or more methods were used to assess symptoms and presenting concerns	96%	92%
Symptoms were assessed in the following domains: mood/behavior, relational, & cognitive	100%	97%
Developmental issues/concerns were addressed or explored	96%	94%
Biopsychosocial history was completed	99%	96%
Assessment findings were summarized in a written report	89%	89%
Assessment findings were shared with the caregiver/family	99%	96%
Assessment findings were shared with the referral source (if not self-referred)	87%	60%
Findings included a diagnosis or diagnostic rule-outs	100%	92%
Recommendations were provided	100%	97%
Barriers or challenges accessing treatment or services were assessed with the caregiver/family and/or the referral source	83%	86%

Mentorship and Case Review Feedback

Providers were asked to indicate overall satisfaction with mentor case review and feedback and whether feedback improved key Network expectations.



Mentorship and Case Review Feedback

- Providers were surveyed in May 2025 to assess satisfaction with mentorship review and feedback.
- **93%** of medical providers reported case review feedback improved clinical skills for conducting medical exams.
- **65%** indicated feedback improved forensic data collection
- **85%** agreed feedback improved procedures and implementation of screening and referrals for behavioral health

The feedback I have received about my submitted cases reviews has helped…	% Agree/Strongly Agree	Medical Provider M (SD)	Behavioral Health Provider M (SD)
improve communicate with families	78%	4.50 (.65)	4.08 (.95)
improve diagnostic decision making	70%	4.50 (.76)	3.92 (.95)
facilitate and reinforce adherence to best practices guidelines	78%	4.79 (.58)	4.08 (.95)
facilitate and reinforce adherence to best practices guidelines for behavioral health screenings and referrals	86%	4.43 (.76)	-

Scale values are 1 (*strongly disagree*) – 5 (*strongly agree*). Higher scores indicate greater agreement. Medical providers = 14; Behavioral Health providers = 13

Most Helpful Aspects of Feedback and Mentorship

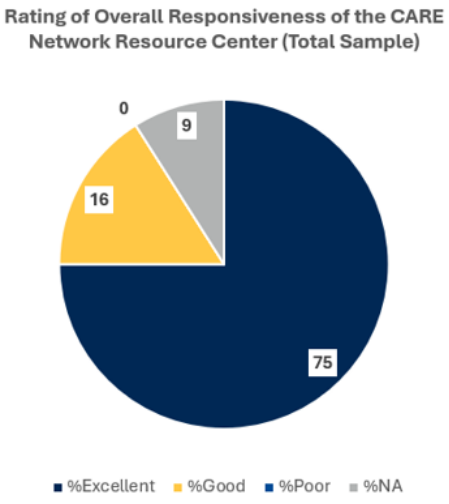
- Expert knowledge and clinical insight
- Specific, actionable feedback
- New perspectives and reflective thinking
- Emotional support and reassurance
- Connection and collaboration

What providers said…

Resource Center Satisfaction

100%

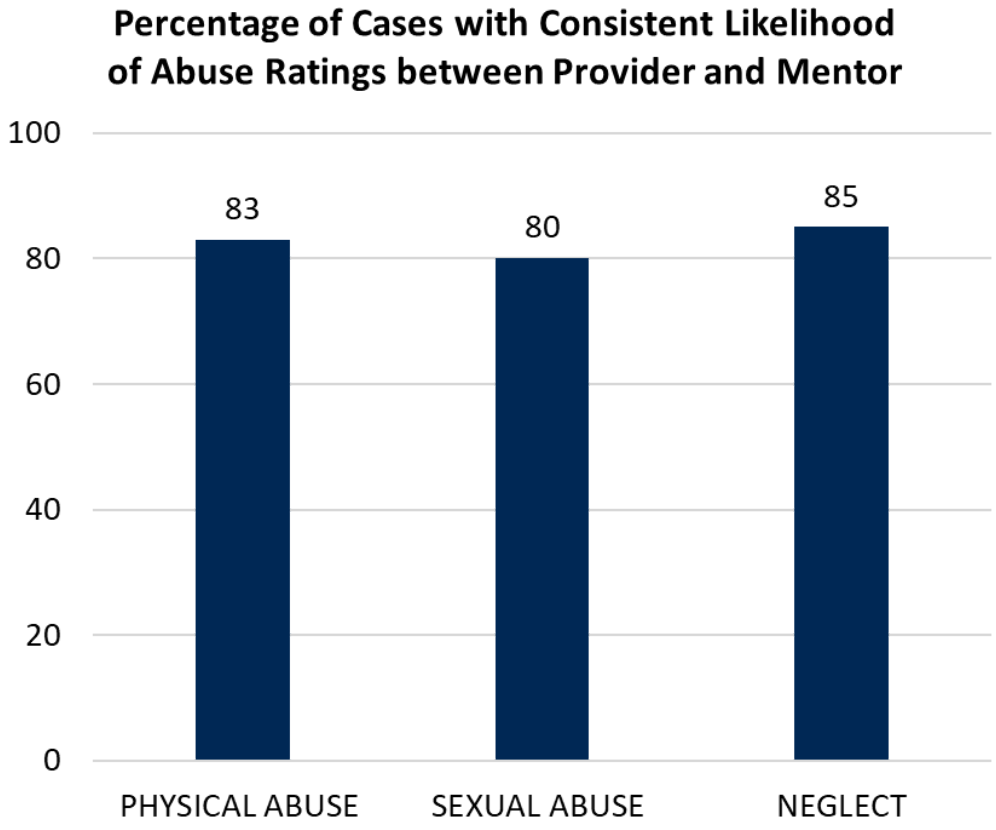
of providers surveyed indicated they were satisfied with the responsiveness and support from the CARE Network Resource Center.



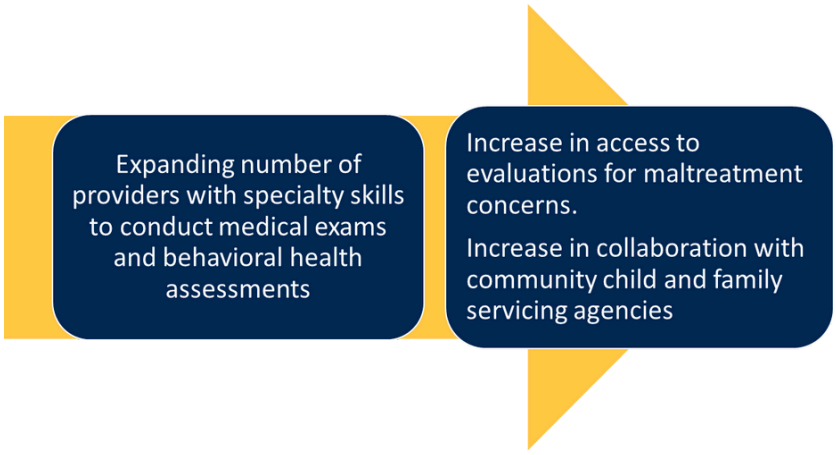
Alignment of Likelihood of Abuse Ratings

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 provider agreed on likelihood of abuse ratings in 80% or greater of cases.



Community Impact



Impact on Community

- ***70%*** of returning providers indicated participation in the CARE Network has improved access to medical exams in their communities.

- ***58%*** of returning providers indicated participation in the CARE Network has improved access to behavioral health assessments in their communities.

- ***85%*** of 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.

- ***67%*** of respondents would be ***very likely*** to recommend other providers consider becoming a CARE Network provider.

We are pleased to report that the program has successfully met its key performance indicators for the reporting period, reflecting our commitment to delivering high-quality and impactful training, as well as Resource Center and provider services. The following figure illustrates the specific targets achieved across various critical areas, underscoring the program's strong performance and positive outcomes. Beyond these successes, we are also committed to understanding where we have other opportunities for improvement, ensuring our program evolves to meet evolving needs.

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	

Quality Improvement: Service Enhancement Initiative

To ensure the continuous improvement and effectiveness of our healthcare network program, a comprehensive mixed-method analysis was undertaken last year. This evaluation aimed to identify both the strengths of our services and critical areas for enhancement, drawing insights from various stakeholders and utilization patterns across different counties. The findings presented below offer a detailed look into user experiences, challenges, and opportunities to refine our approach and maximize the program's impact.

Last year we initiated a mixed-method analysis to further identify ways to improve network services. High and low utilization counties were chosen to capture both strengths and areas of opportunity for the program. In June 2024, a survey was emailed to child welfare professionals in Denver, Weld and Routt counties, with 45 individuals responding. Respondents were primarily intake caseworkers (49%), followed by supervisors (22%) and permanency caseworkers (20%), with the majority working in Weld or Denver counties. Most had been in their roles for under six years. Thirty-three percent indicated they were aware of the CARE Network (n = 15); 36% (n = 16) were unaware and 31% (n = 14) were unsure.

Survey results indicated that child welfare professionals who had referred children/caregivers for medical and behavioral evaluations expressed strong satisfaction with CARE Network providers. They noted that referrals were easy to make, evaluations were seen as helpful to case management, and most found that new information was often uncovered. Respondents valued collaboration with providers and were likely to refer future cases, with ease of scheduling being the top factor influencing referral decisions. Those referring for behavioral health evaluations found them to be particularly helpful for cases involving trauma, developmental concerns, or disruptive behavior with many citing the value of working with a specialized provider to better understand abuse-related symptoms.

Both those familiar and unfamiliar with the CARE Network highlighted key barriers: lack of knowledge about available providers and how to refer. For those unaware of the CARE Network, the majority believed the program could be useful and expressed strong interest—especially if providers were local or known personally. Across the board, the findings emphasized the importance of increasing awareness, simplifying referral processes, and fostering relationships between child welfare staff and network providers.

A qualitative assessment of CARE network was also conducted for a more in-depth exploration of barriers and challenges. After identifying the two most and three least active counties, multidisciplinary stakeholders in each county were interviewed. A total of 23 semi-structured interviews were conducted with stakeholders across several disciplines (law enforcement (n=6), social services (n=6), child advocacy centers (n=5), and CARE network providers (n=6)). Interview domains included CARE Network experiences, implementation factors, barriers and facilitators to program usage, and suggestions for improvement. The primary themes that emerged were: 1) relatively low child abuse case volumes in rural counties lead to inconsistencies in case management and reliance on community providers who may not have CARE network training; 2) fragmented coordination between small law enforcement and child welfare agencies makes it difficult to identify the proper CARE network provider; 3) limited resources and geographic isolation create barriers to best practices, including language services and mental health outreach; 4) rural counties experience disproportionate disparities in issues related to immigration, insurance coverage, transportation, and socioeconomic status, requiring cultural sensitivity for equitable investigations, and 5) staffing turnover and outreach challenges limit our ability to establish the long-term CARE Network relationships that rural counties need.

LESSONS LEARNED: To enhance program effectiveness, future efforts must prioritize increasing CARE Network awareness, simplifying referral pathways, and fostering stronger relationships between child welfare professionals and network providers, especially in rural and underserved communities.

STRATEGIC PLANNING

Goals Achieved Fiscal Year 2025

GOALS ACHIEVED: TRACKING OUR STRATEGIC PLAN

IDENTITY	✓Held multiple in person and virtual community meetings ✓Created provider database
STRUCTURE	✓Established website provider portal ✓Streamlined invoicing process to align with existing organizational practices ✓Researched providing behavioral health continuing education credits
CULTURE	✓Continued ECHO panel representation by a parent with child welfare lived experience ✓Included DEIJ topics in all trainings ✓Presented race equity data at international conference
WORK	✓Collaborated with national and local experts for education ✓Multidisciplinary community meetings included law enforcement, district attorney, and human services professionals

Fiscal Year 2026 Goals

- **Outreach Trips**: Recruit and train providers on the eastern plains. There are two in-person trips planned for next SFY: Northeastern/Central Colorado and Southeastern Colorado.
- **Increase Evaluations**: Increase non-Denver Health providers evaluation entries by 40%. This is consistent with the trajectory over the past couple of years. To support this goal, we will schedule in-person and virtual meetings between network providers and local referral sources.
- **Local Trainings**: Providers will receive information on performing training in their local communities to help promote the CARE Network and to create awareness of the expertise available at the local level. Our goal is for 50% of providers to conduct at least one training.

Identity	Structure	Culture	Work	Success
Finalize Provider Database on Website	Provide marketing materials and local opportunities to meet with referral sources.	Providers market CN in local areas.	Increased volume of referrals.	CN expands its reach to more Colorado communities.
Outreach trips to Eastern and Central Colorado	Provide training materials for providers to do local trainings.	Providers do local trainings to socialize the network and establish selves as local expert in CAN	Improve quality of evaluations through mentoring feedback.	Children and families receive information and referrals for CAN concerns.
Meetings with state agencies to socialize the CN.	Collect and Evaluate Data to Improve Trainings and Program Deliverty.	Apply evaluation data in trainings to increase quality and participation.	Consistency in making referrals for identified concerns.	Providers perform evaluations meeting CN standards.