

CARE Network

Child Abuse Response and Evaluation Network

COLORADO HB19-1133

*THE KEMPE FOUNDATION AND THE KEMPE CENTER
IDENTIFIED THE NEED FOR THE LEGISLATION AND PUT
TOGETHER THE STRUCTURE OF THE BILL*



Brief History of the Kempe Center

- Founded by Dr. Henry Kempe, author of the seminal paper “The Battered Child Syndrome”-- regarded as the single most significant event in creating awareness and exposing the reality of child abuse.
- Dr. Kempe founded multidisciplinary Child Protection Teams, now utilized across the world.
- Dr. Kempe was nominated for two Noble Peace Prizes, one for his work concerning child abuse and neglect.
- Early on Dr. Kempe noted the intergenerational relationship of child abuse and neglect and advocated for treating and preserving families when possible.
- In 2011, the American Humane Association (AHA) moved from Englewood to Washington DC and the Kempe Center absorbed the child welfare researchers from AHA.
- Next month Kempe’s annual conference will be live on six continents.
- Kempe Center: Research, Consultation, Program Development/Implementation and Training.



Needs Identified in the Legislation



- “...**expertise** to conduct medical exams to evaluate suspected child abuse and neglect and to conduct behavioral health assessments **is extremely limited.**”
- Six board-certified specialists in the field of child abuse pediatrics in Colorado, five in metro Denver and one in El Paso (all Kempe staff).
- “**Distances limit access to expert evaluations** in most of the state's sixty-four counties, resulting in a serious problem with a lack of providers willing and able to conduct medical exams for suspected physical or sexual abuse or neglect and to conduct behavioral health assessments.”
- “...will **expand the safety net** for children with the goal of reducing severe child maltreatment and fatalities.”
- “Educating and training health care and behavioral health providers about signs that children may be at risk of maltreatment and about resources available to families will position the **providers to recognize community-specific needs and help prevent child maltreatment.**”





CARE Network Overview

- Medical and Behavioral Health professionals.
- Initial and ongoing training in “best practice” standards for evaluating children suspected of being abused or neglected.
- Every provider’s evaluations are reviewed by Kempe CPT and feedback is provided to grow each provider’s skill set and knowledge base.
- Funded by general fund dollars and service is no cost to referring parties (largely expected to be county child welfare agencies).
- Program experienced significant budget cuts to pay providers. Work is underway by the Kempe Foundation to recruit foundations to back-fill lost funding.





Target Populations

- Children 5 and under where there are concerns about Physical Abuse or Neglect.
- Children 12 and under with concerns for Sexual Abuse.



Referral Sources

- Majority expected to come from County Child Welfare
- Law Enforcement
- Child Advocacy Centers
- Other medical providers/community agencies
- Parents/Custodians
- Provider's Own Practice
Trained medical providers will better recognize the presentation of abuse/neglect issues via their own practice.





Services Overview

- Full Medical Examinations (evaluation payments are NOT for medical exam).
- Behavioral Health Screenings for all children– Validated Trauma Tool (6+), and Suicide Screening when indicated.
- Developmental Screenings.
- Findings of likelihood that abuse/neglect occurred.
- Referrals for Needed Services.
- Sharing of Information/Documentation and participation in multi disciplinary teams (MDT) and other staffings.
- Court Testimony when needed.





Value Added

May identify:

- Abuse/neglect issues not part of the child welfare referral.
- Evidence of historic abuse (ex. skeletal survey).
- Previously unknown/untreated:
 - Medical issues (including underlying medical conditions that may contribute to the appearance of abuse or neglect)
 - Behavioral Health issues
 - Developmental Issues
- Recommend other children for network evaluations when indicated.





Value Added

- Assistance determining if abuse occurred, especially on complex cases (includes “ruling out” that abuse or neglect occurred).
- For children removed on or before the exam date, the evaluation would count as the child’s initial medical exam (historically a frequent audit issue).
- Network providers supporting/integrating with county child welfare and law enforcement:
 - Documentation/Court Testimony
 - Participation on multidisciplinary teams
- Provides local child maltreatment medical champions to be a resource for broader educational and prevention efforts.





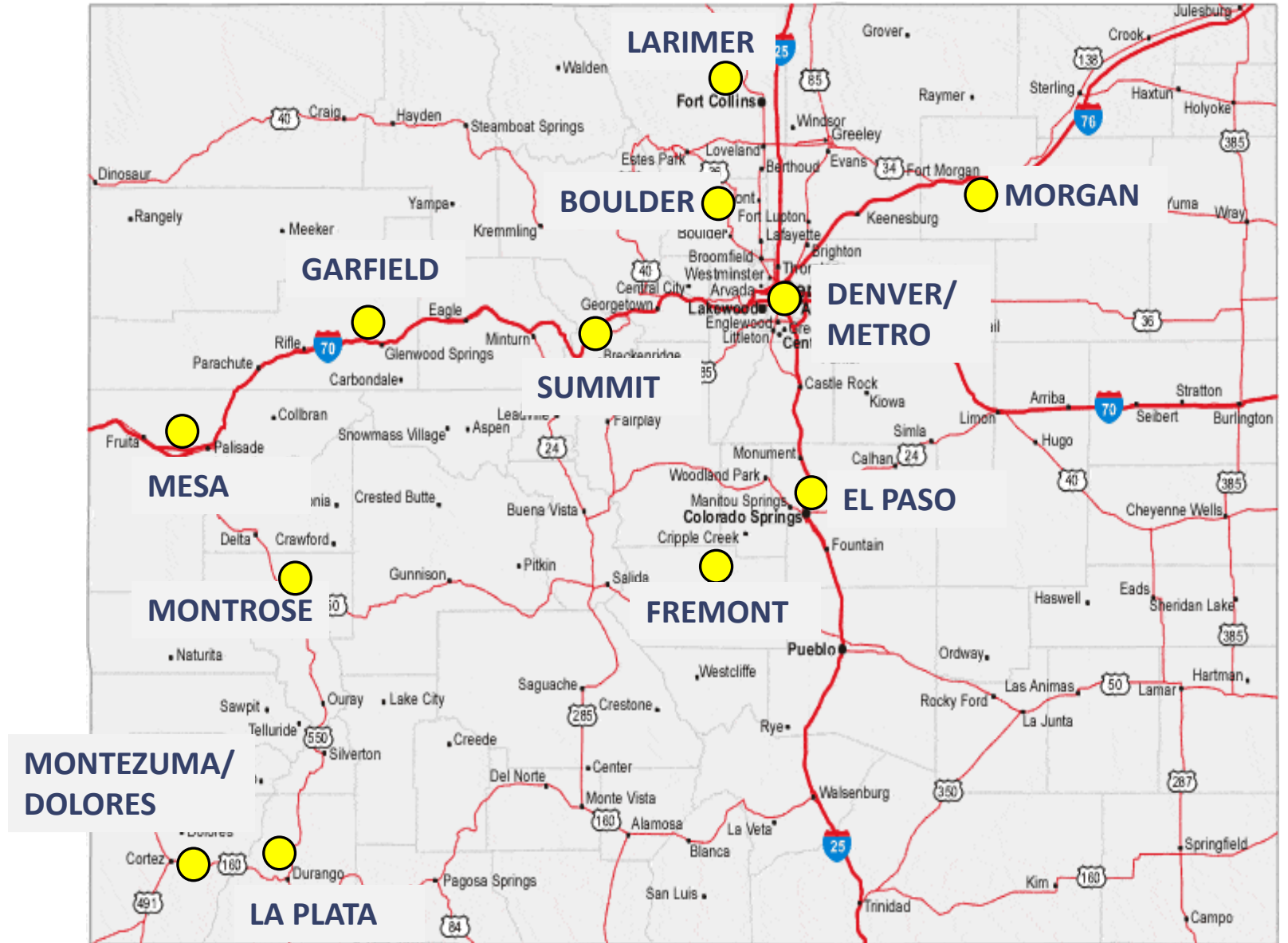
Pilot Year

- Began accepting referrals SFY21.
- 32 providers (all medical) in 12 counties (not including immediate Denver metro providers).
- Holding meetings between providers and counties with a provider presence.
- Assistance needed from counties:
 - Ensure referrals are being made to providers– ID target populations and develop referral procedures.
 - Assistance identifying and working through any implementation barriers.
 - Help in identifying local medical and behavioral health providers for network recruitment (including where the network has a presence and for new counties to add to the network).



NETWORK PROVIDER MAP FY20/21

- Immediate Metro Denver
- Boulder
- El Paso
- Fremont
- Garfield
- La Plata
- Larimer
- Mesa
- Montezuma/Dolores
- Montrose
- Morgan
- Summit



Questions?