

Evaluating the CARE Network How are we doing?

Terri Lewis, PhD

Associate Professor, University of Colorado

Kempe Center for the Treatment and Prevention of Child Abuse & Neglect

The Kempe Center

CHILD ABUSE RESPONSE & EVALUATION
(CARE) NETWORK



Identifying and responding to child abuse and neglect in the State of Colorado

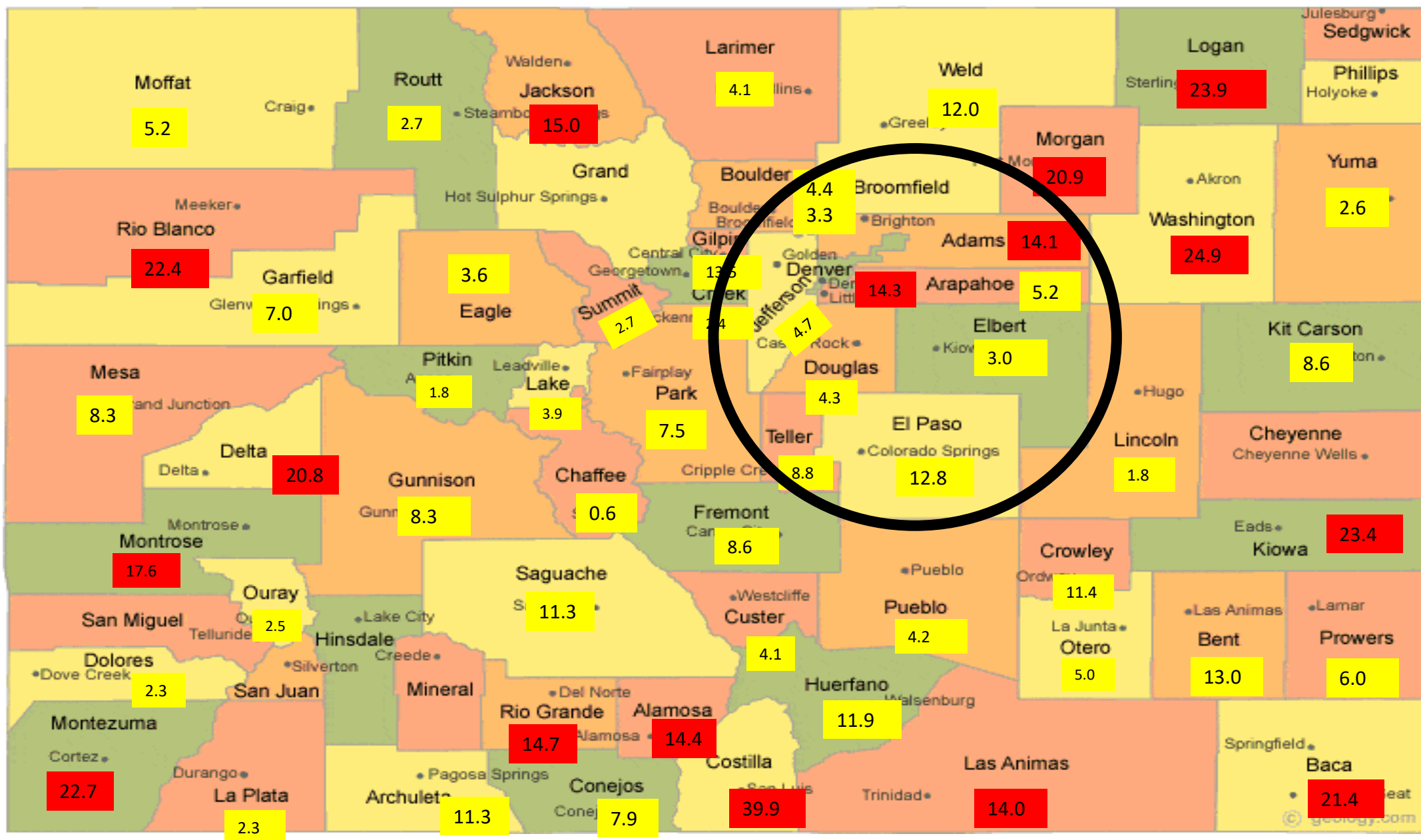
2020

193,448 hot lines calls

98,073 referrals to CPS

43,483 received an investigation or alternative response

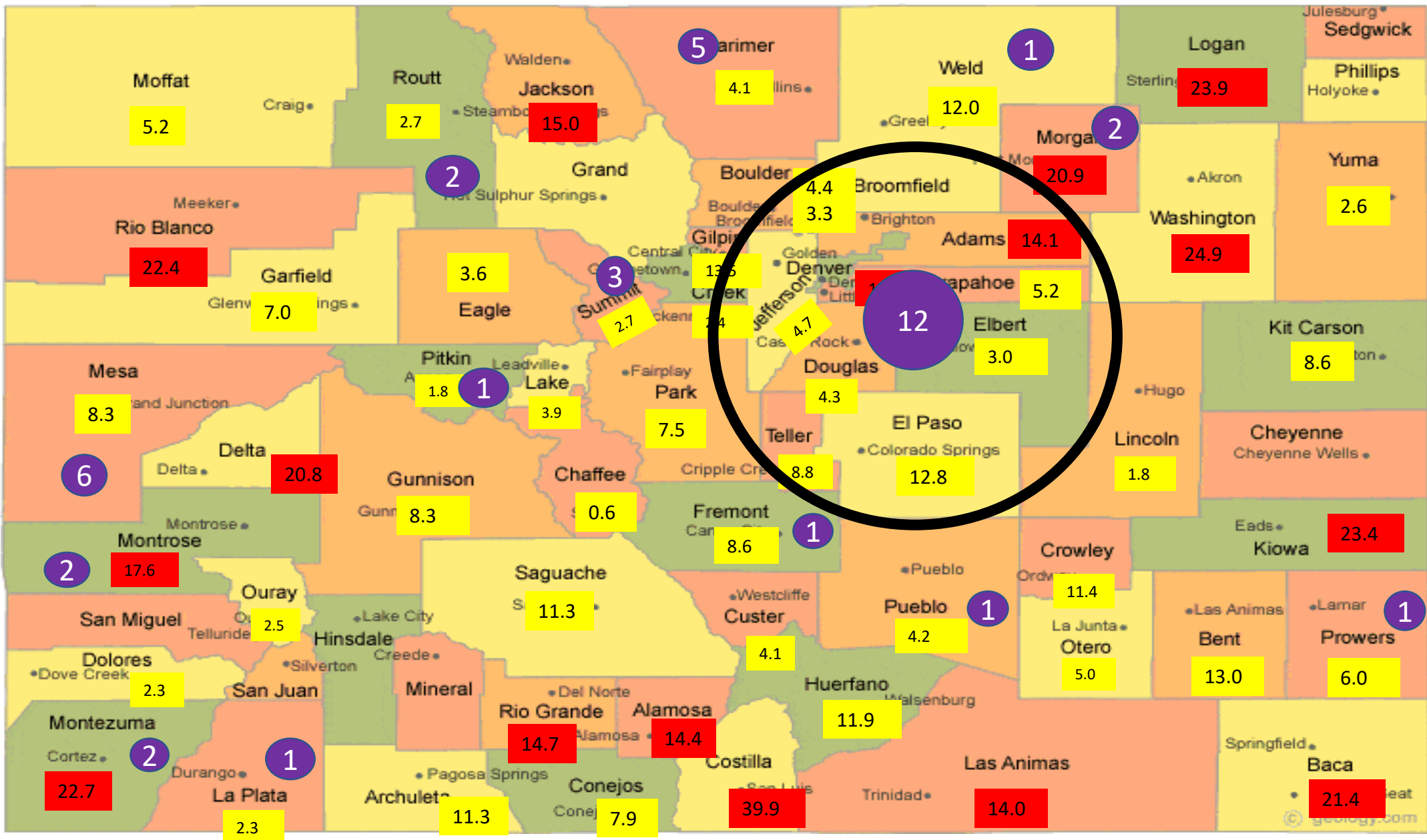
12,513 cases were substantiated



CARE Network Resource Center

- Recruit providers to perform medical and behavioral health screenings for cases of suspected CAN
- Develop practice standards
- Develop a streamlined referral process
- Encourage participation and enhance role of providers in MDTs in local communities
- Provide education, training, collaborative mentorship, and support for CN providers
- Collect and analyze data to identify and monitor outcomes



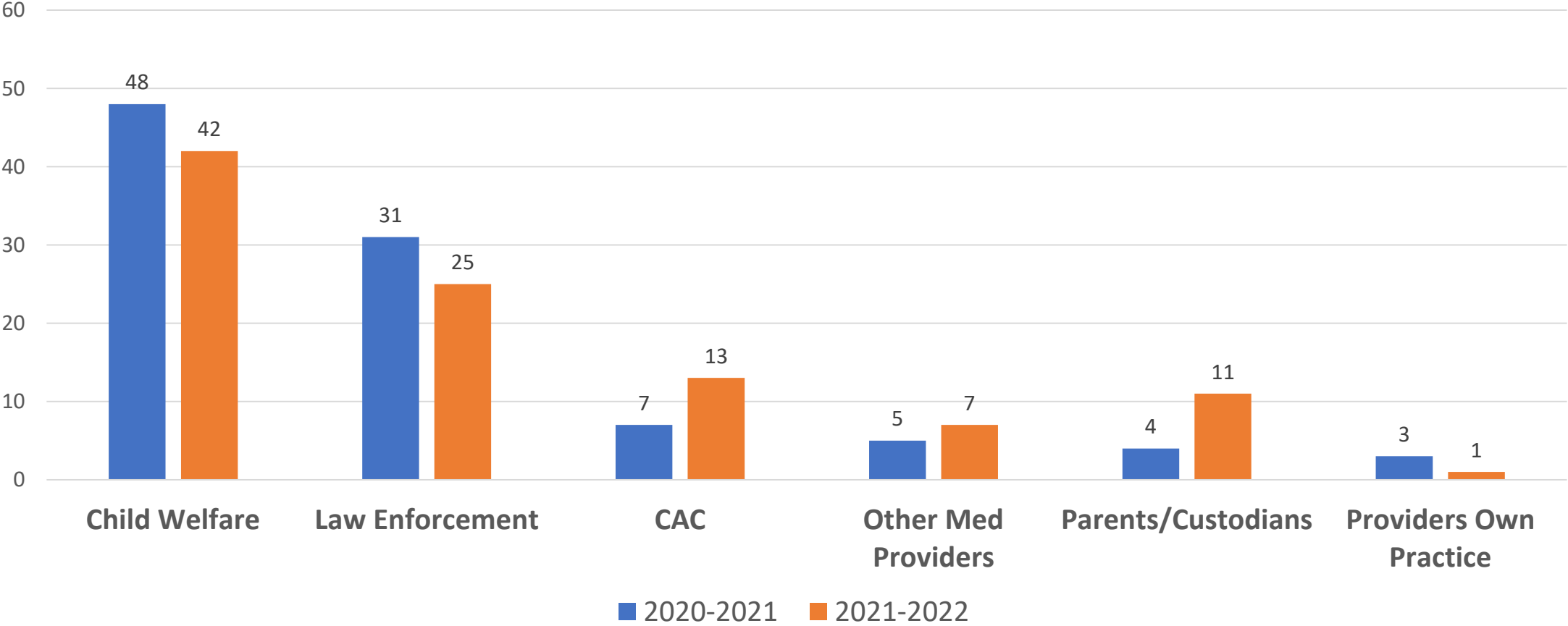


31% of counties have a CN trained medical provider

CARE Network Evaluations

	2020-2021 (75)	2021-2022 (85)
Average child age (months)	55.14	49.08
Child Sex		
Female	64%	56%
Ethnicity		
Hispanic/Latinx	20%	30%
Race		
White	89%	88%
Black/African American	3%	2%
Native American	1%	2%
Referral Concern		
Sexual Abuse	32%	47%
Physical Abuse	32%	29%
Neglect	35%	44%
Concern for Maltreatment (yes)	65%	64%

Referral Sources



Behavioral Health Needs

2020-2021

Behavioral health needs were identified in 45% of children with an assessment

36% were referred for services

2021-2022

Behavioral health needs were identified in 49% of children with an assessment

77% were referred for services

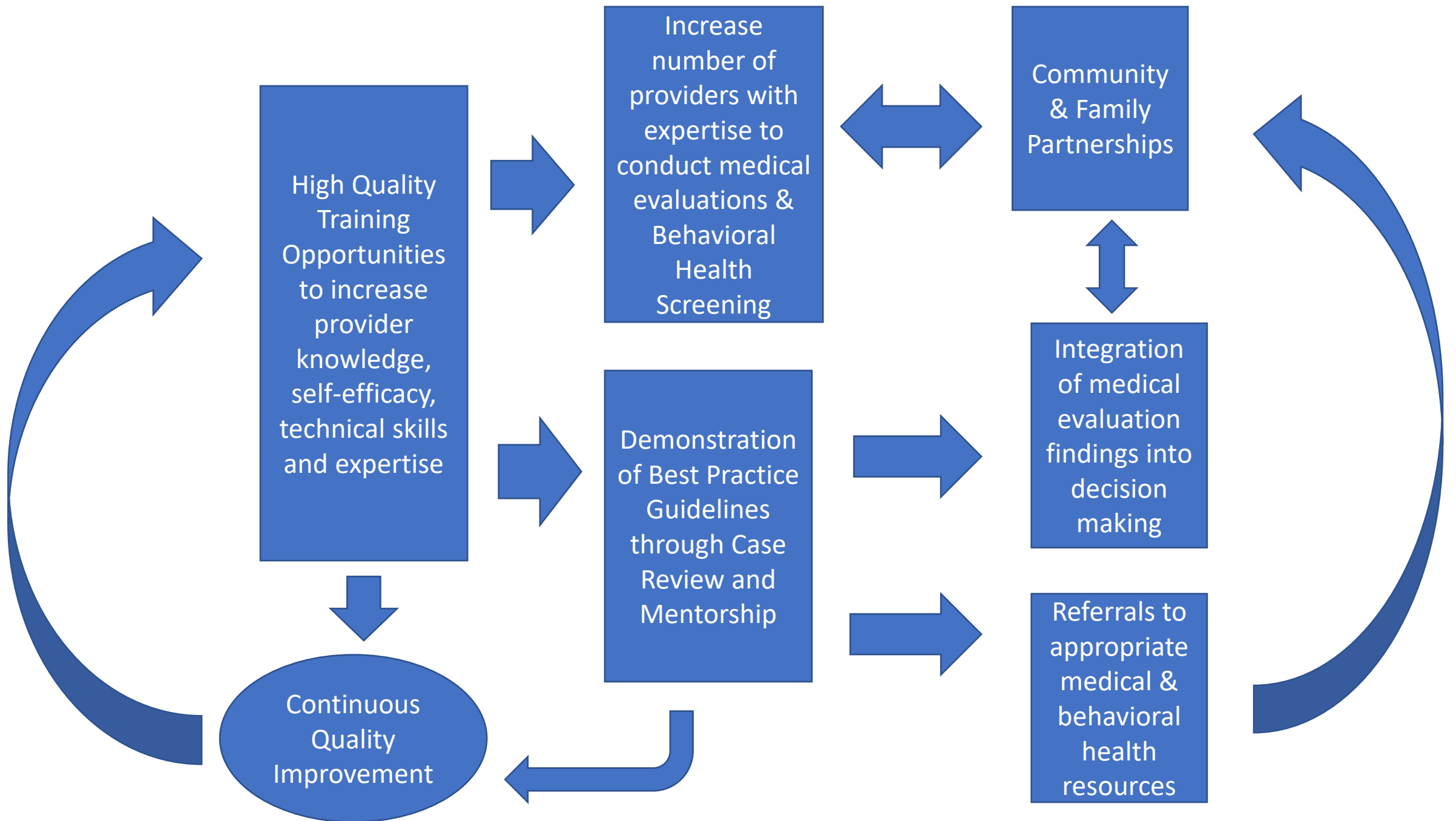
Medical, Developmental, or Identification of New Abuse

2020-2021

Other needs or new concerns for abuse were identified in **20%** of children with an assessment

2021-2022

Other needs or new concerns for abuse were identified in **32%** of children with an assessment



THANK
YOU

Goals

Provide high quality training opportunities

- Technical skills necessary to conduct medical evaluations
- Increase knowledge and competency to identify injury consistent with abuse
- Provide best practice standard and expectations for conducting evaluations

We do this by:	Benchmark:
2-Day New Provider Training	➤ 80% of providers will report satisfaction with training opportunities
Monthly ECHO sessions	
Mentorship and Support	➤ 80% of providers will score 80% or higher on a post-training knowledge assessment
Annual Provider Training	➤ 80% of providers will report satisfaction with the mentorship and feedback
	➤ Consistently high ratings across ECHO sessions

How We Assess



Post-training survey following New
Provider Training

Satisfaction
Knowledge assessment



Survey after each ECHO session

Satisfaction
relevancy








Post-training survey following Annual Provider Training



Six-Month Survey

Satisfaction with mentorship and feedback
Satisfaction with the Resource Center

How did we do?

Benchmark goals	
➤ 80% of providers will report satisfaction with training opportunities	
➤ 80% of providers will score 80% or higher on a post-training knowledge assessment	
➤ 80% of providers will report satisfaction with the mentorship and feedback	
➤ Consistently high ratings across ECHO sessions	
➤ High satisfaction ratings with CARE Network Resource Center	



Goals

- Demonstrate adherence to best practice guidelines for medical evaluations and behavioral health screenings

We do this by:	Benchmark:
Mentor review and feedback of all submitted evaluations	<ul style="list-style-type: none">➤ High level of adherence to best practice guidelines for medical evaluation➤ High level of adherence to best practice guidelines for behavioral health screenings➤ Aligned agreement on case findings (likelihood of abuse)

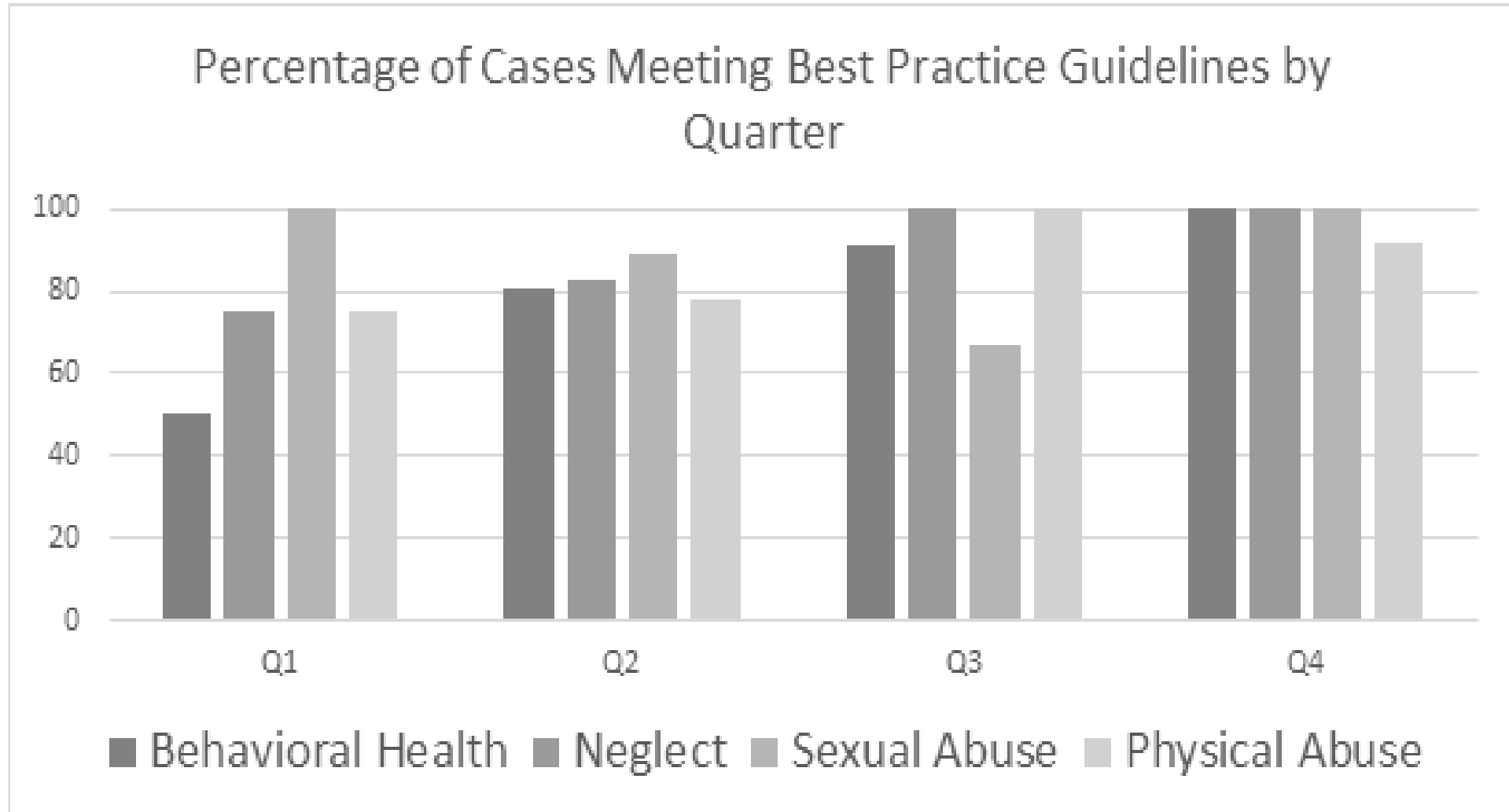


How We Assess

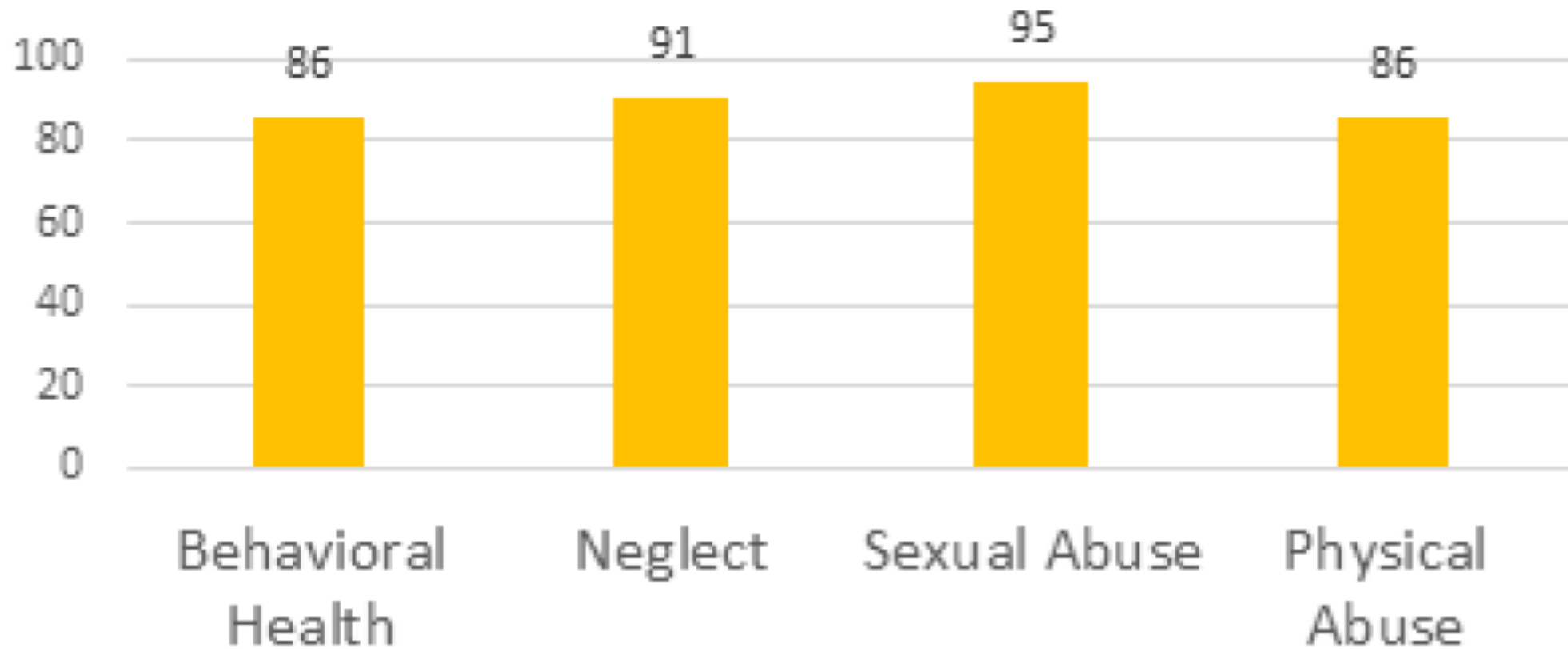
- Case submission review
 - Providers indicate whether a behavioral health screening was completed.
 - Providers indicate whether a behavioral health referral was made.
 - Providers indicate whether any other referrals were made.
- Mentors are asked to indicate whether provider met best practice guidelines for each type of maltreatment assessed. Response options are YES, NO, or Partial.
- Providers provide likelihood of abuse ratings for each type of maltreatment assessed. These are compared to mentor ratings of likelihood of abuse.

Best Practice Guidelines

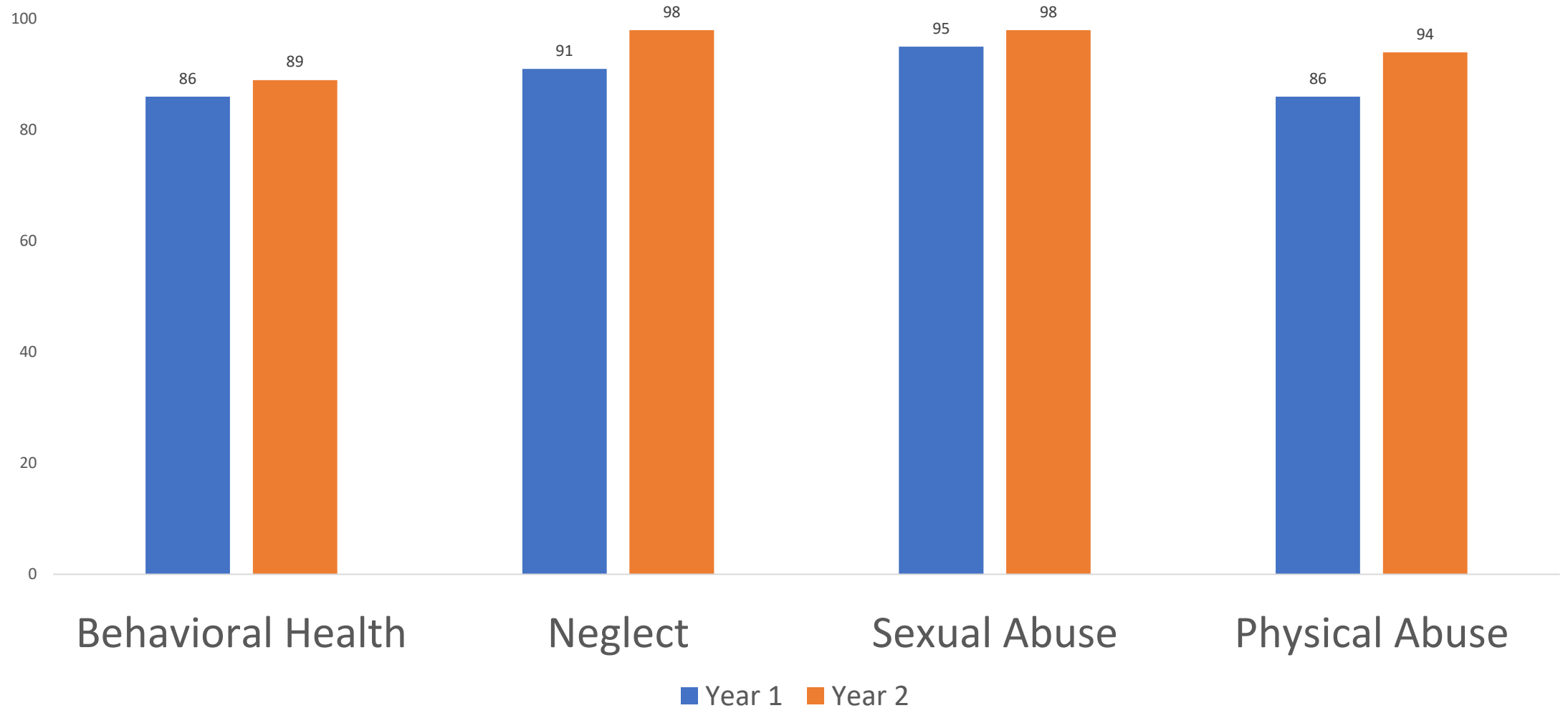
2020-2021



Percentage of Cases Meeting Best Practice Guidelines



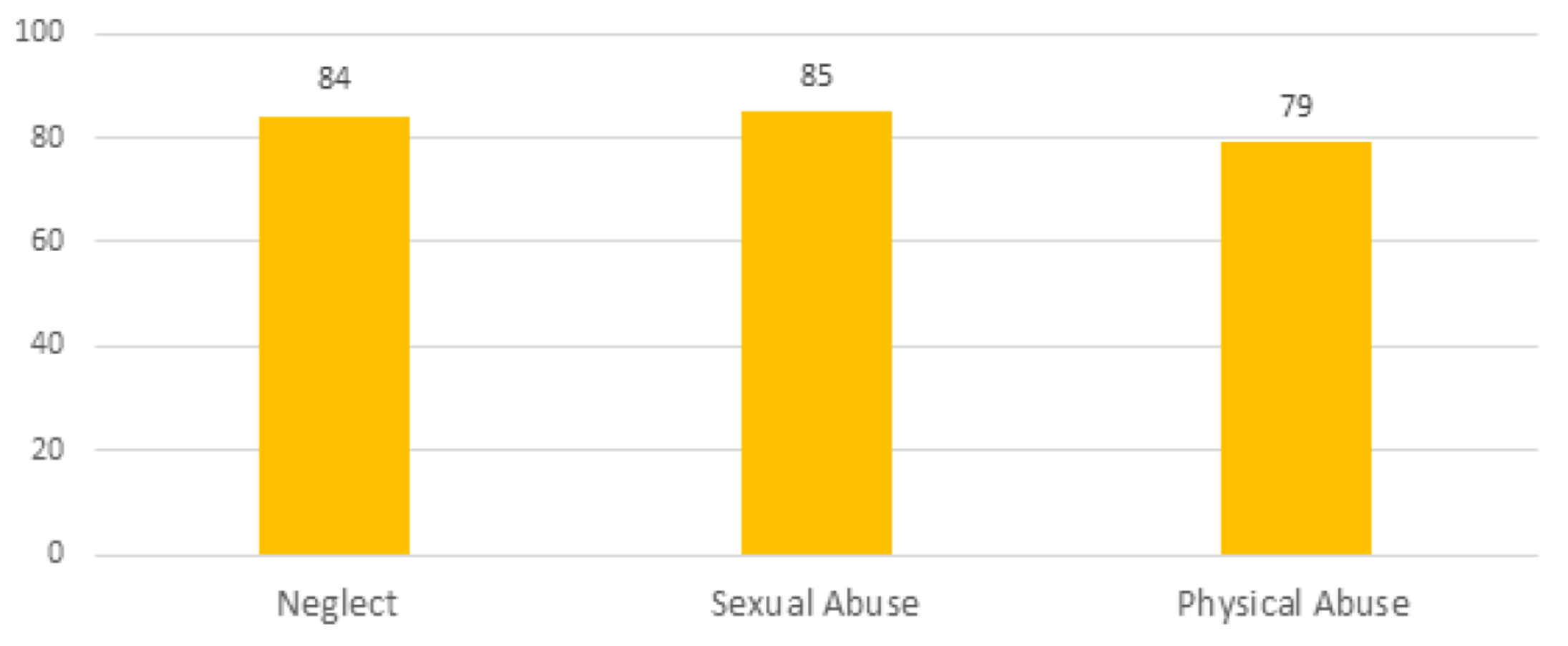
Adherence to Best Practice Guidelines



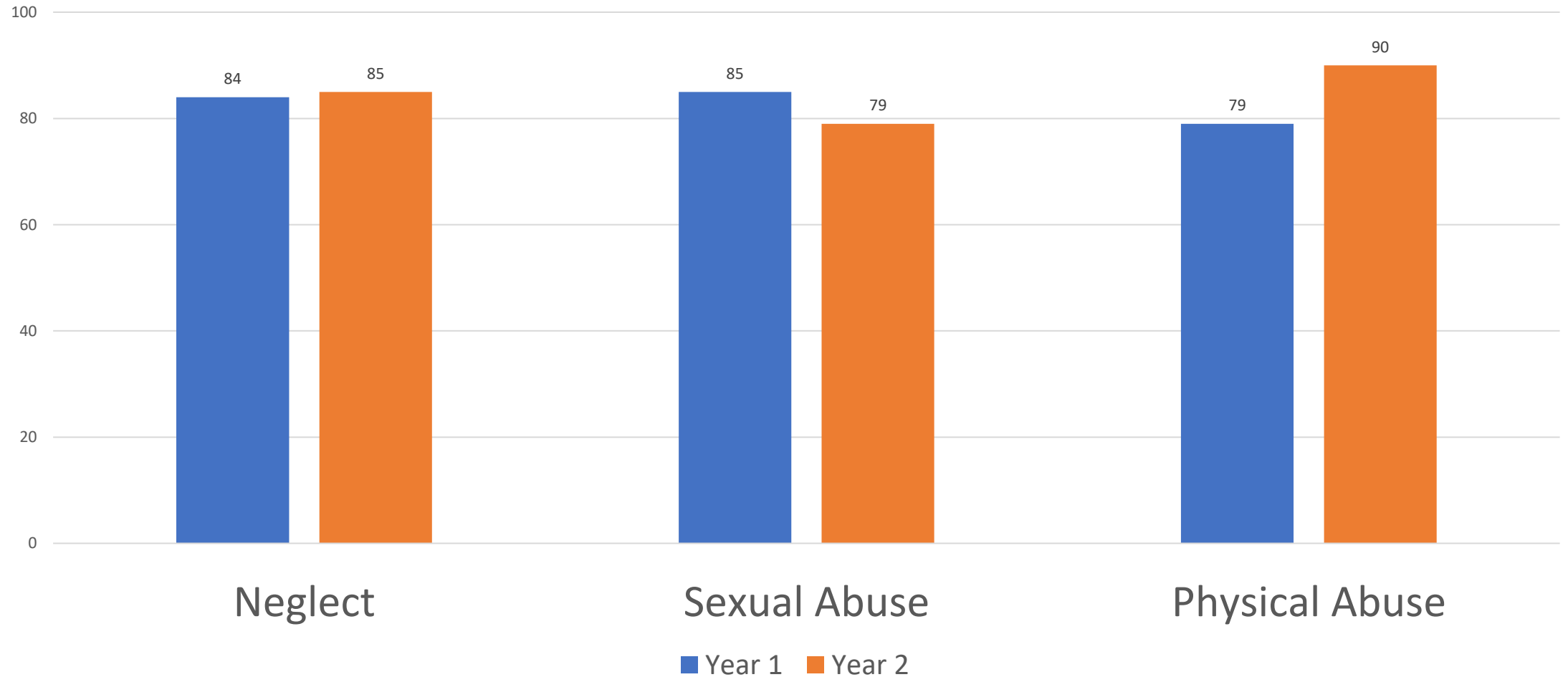
Likelihood of Abuse Alignment

Physical Abuse	Sexual Abuse	Neglect
1. Definitely not inflicted injury	1. Not sexual abuse	1. Not neglect
2. No Concern for inflicted injury	2. Unlikely sexual abuse	2. Unlikely neglect
3. Mildly Concerning	3. Indeterminate	3. Indeterminate
4. Intermediate concern	4. Probable	4. Probable
5. Very Concerning	5. Definite sexual abuse	5. Definite neglect
6. Substantial Evidence		
7. Definite inflicted injury		

Alignment of Abuse Ratings 2020-2021

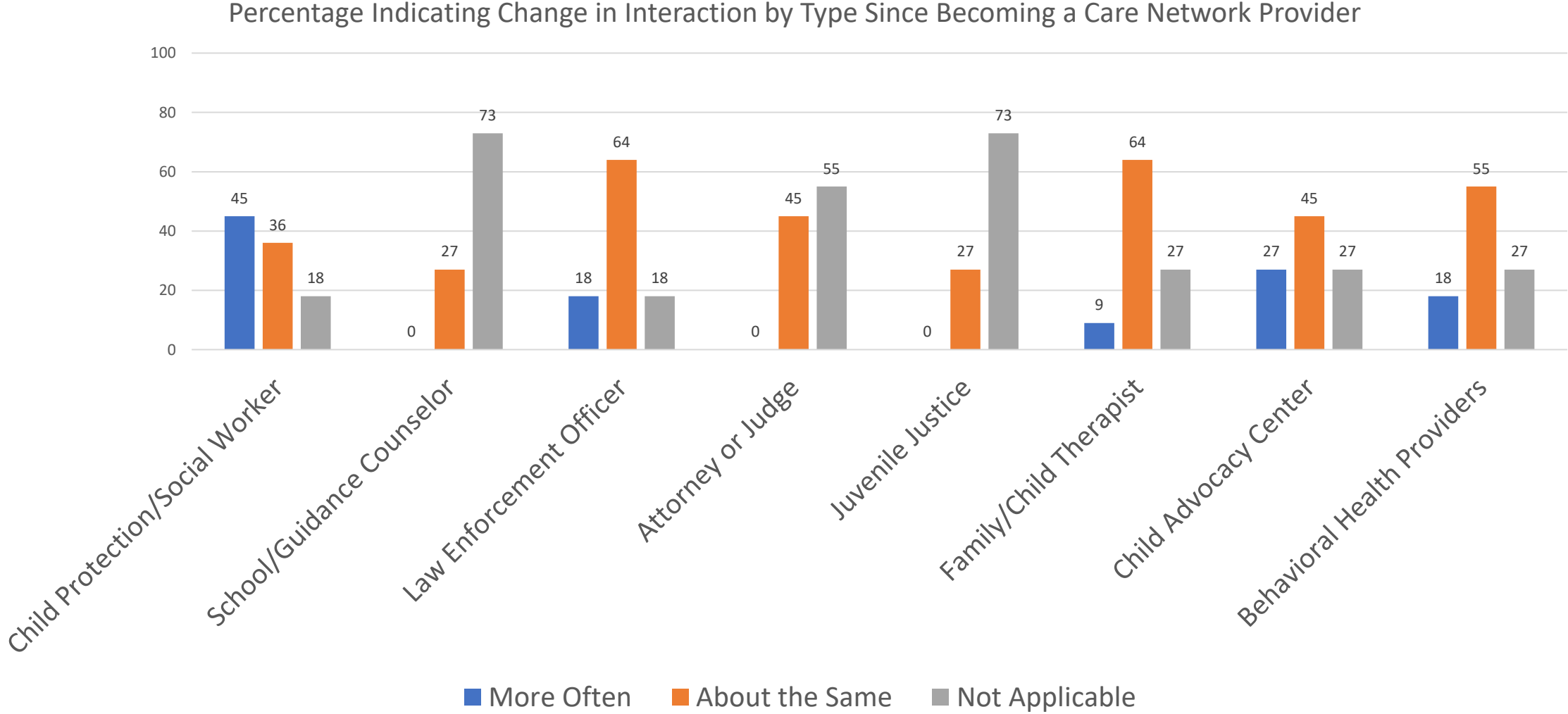


Alignment of Likelihood of Abuse Ratings



Increased Collaboration with Child & Family Serving Agencies

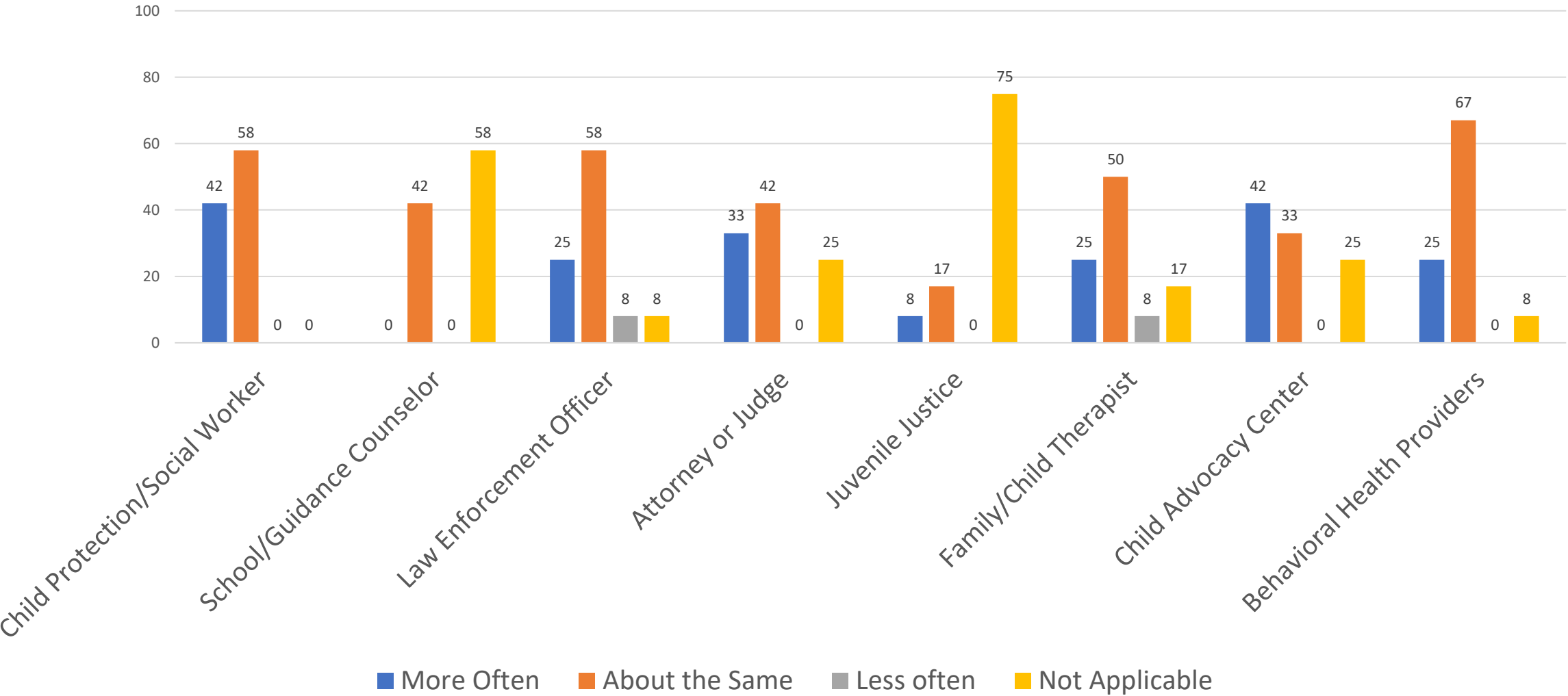
2020-2021



Increased Collaboration with Child & Family Serving Agencies

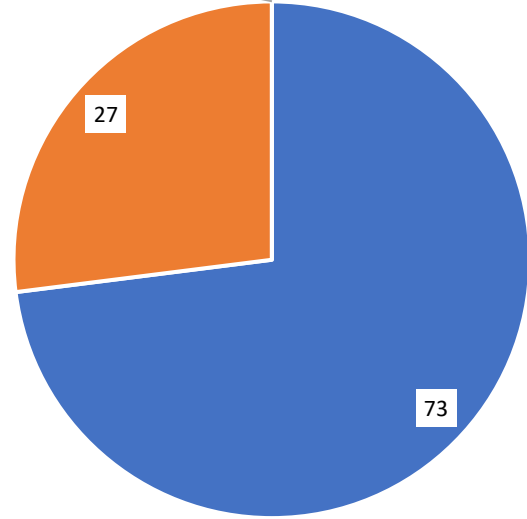
2021-2022

Percentage Indicating Change in Interaction by Type Since Becoming a CARE Network Provider



Collaborative Sharing and Integration of Medical Findings with CPS

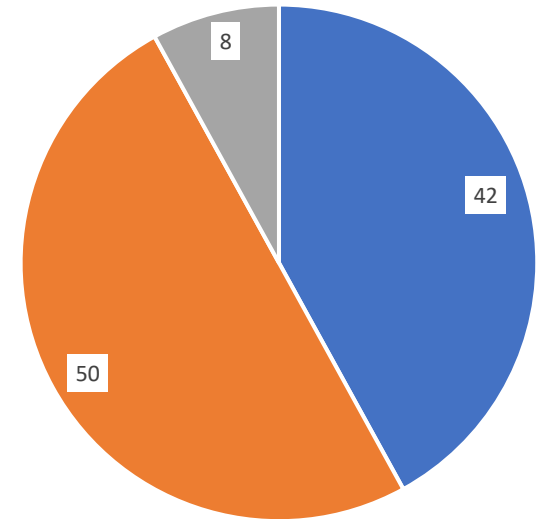
Percentage of Respondents indicating Change in Collaborative Sharing and Integration of Medical Findings with DHS/CPS



■ Improved ■ Stayed about the same ■ Decreased

2020-2021

Percentage of Respondents indicating Change in Collaborative Sharing and Integration of Medical Findings with DHS/CPS



■ Improved ■ Stayed about the same ■ Decreased

2021-2022



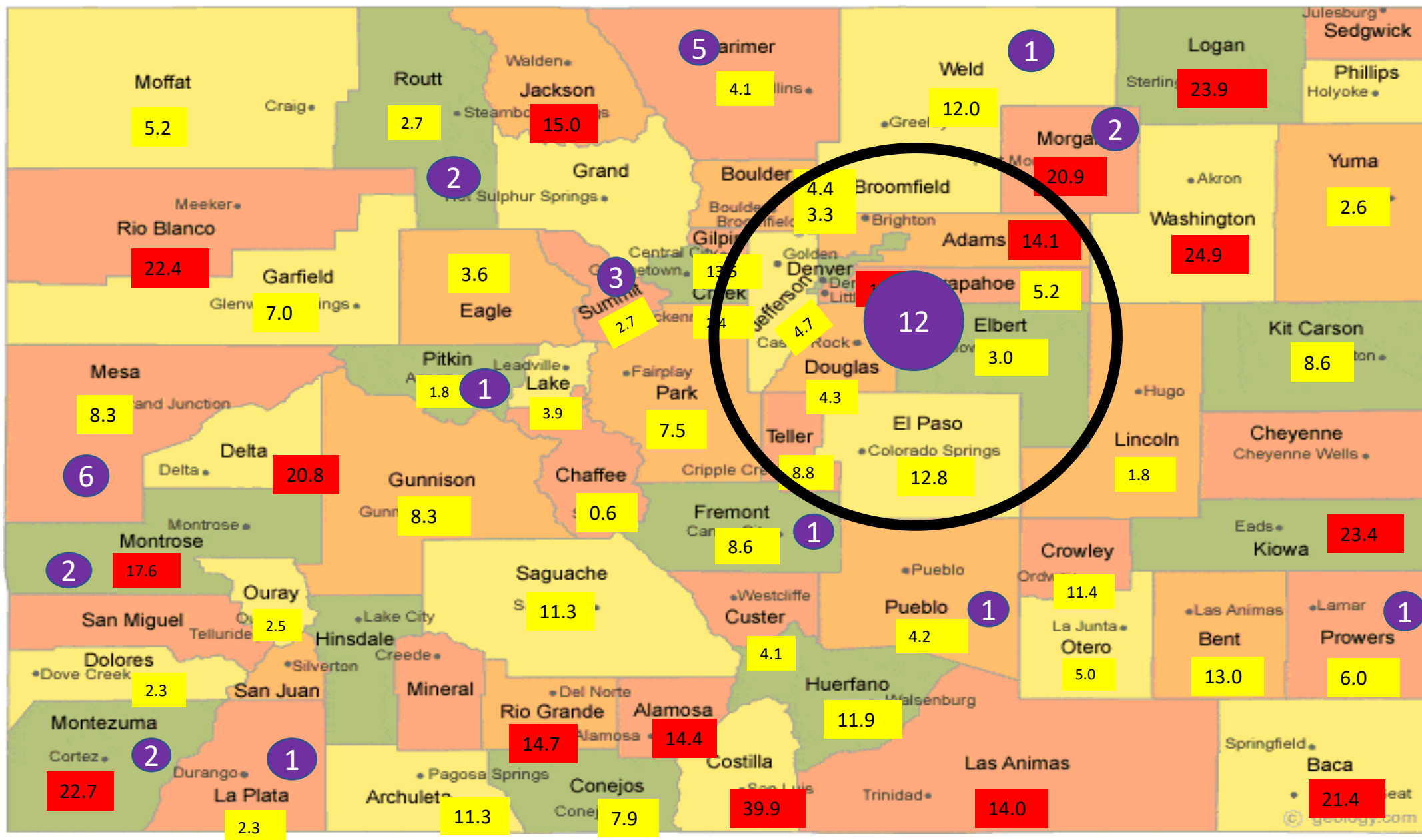
How are we doing?

Benchmark goals	
➤ High quality training opportunities	
➤ Satisfaction with mentorship and feedback	
➤ Adherence to best practice guidelines	
➤ Alignment of Likelihood of Abuse ratings	
➤ Increased collaboration with child and family serving agencies	



Areas for Improvement or Growth

- Expansion of providers in high-risk /high need areas
- 



31% of counties have a CN trained medical provider



Areas for Improvement or Growth

- Expansion of providers in high-risk /high need areas
- Increasing collaboration with child and family serving agencies

Next Steps

- Increase referrals from CPS
- Increase %age of providers participating in MDTs
- Determine whether provider evaluations are being considered in case dispositions
- Family/Caregiver satisfaction with CN provider evaluations
- Assess barriers to CN expansion

** Does interaction/assessment with CN provides (a) reduce risk of referrals and/or (b) reduce risk of re-referrals to CPS?

