

CARE NETWORK

Child Abuse Response and Evaluation



SFY26 ANNUAL REPORT

STATE FISCAL YEAR
JULY 1, 2025 – JUNE 30, 2026



MEDICAL & BEHAVIORAL
HEALTH PROFESSIONALS
WORKING TOGETHER



INCREASING ACCESS
ACROSS COLORADO



SUPPORTING PROVIDERS
EVERY STEP OF THE WAY



STRONGER TOGETHER
FOR COLORADO KIDS

*Strengthening communities through specialized consultation,
training, and coordinated care.*



Kempe CARE Network Mission



The Kempe CARE Network strengthens Colorado's response to child maltreatment by increasing access to skilled medical and behavioral health professionals who provide high-quality assessments, consultation, and support for children, families, and communities across the state.

Skilled Provider Network



CARE Network providers include specially trained **medical and behavioral health professionals** with expertise in child development, trauma, and child maltreatment assessment. Medical providers include physicians, physician assistants, nurse practitioners, and forensic nurse examiners. Behavioral health providers are licensed professionals trained in evidence-informed, trauma-informed assessment and support.

Children and Families Served



The CARE Network supports assessments for **children under six when there are concerns for physical abuse or neglect and children under thirteen when there are concerns for sexual abuse**. Providers work with families and community partners to support a coordinated, child-centered response.

Training, Consultation & Ongoing Support



The CARE Network builds statewide expertise through regular and specialized ECHO series training, annual in-person training, case consultation, mentorship, and continuing education. Ongoing learning opportunities help providers maintain best practice standards and strengthen local responses to child maltreatment.

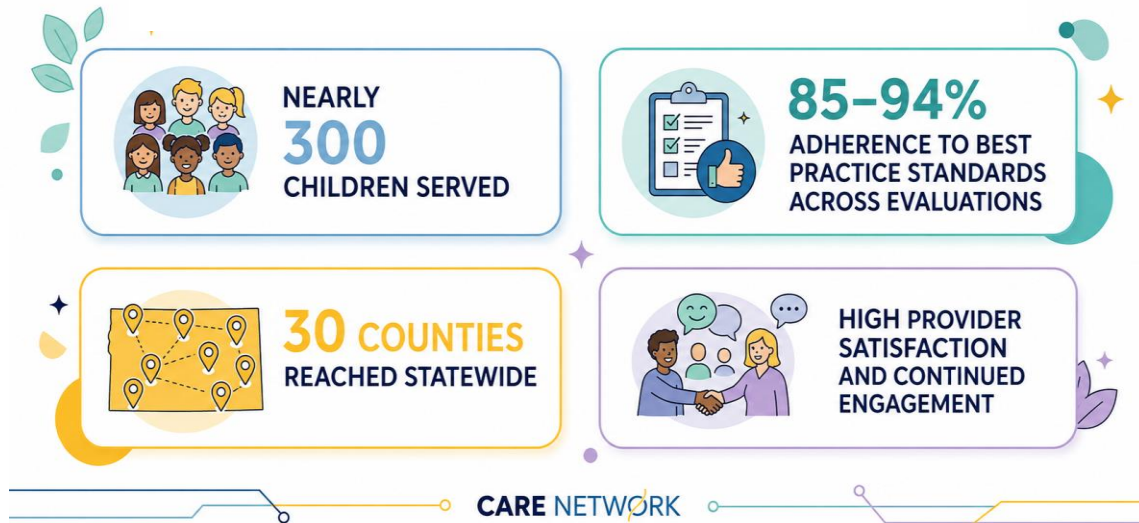
Increasing Access Across Colorado



By developing and supporting providers throughout Colorado the CARE Network expands access to specialized assessments closer to where children and families live, with a focus on strengthening capacity in rural and underserved communities.



A YEAR OF IMPACT AND TRANSITION



Executive Summary

The Kempe Child Abuse Response and Evaluation (CARE) Network continues to strengthen Colorado’s response to suspected child abuse and neglect by supporting a statewide system of specially trained medical and behavioral health professionals. Established in 2019 through House Bill 19-1133, the CARE Network increases access to high-quality, trauma-informed assessments for children and families, particularly in communities where specialized expertise may otherwise be limited.

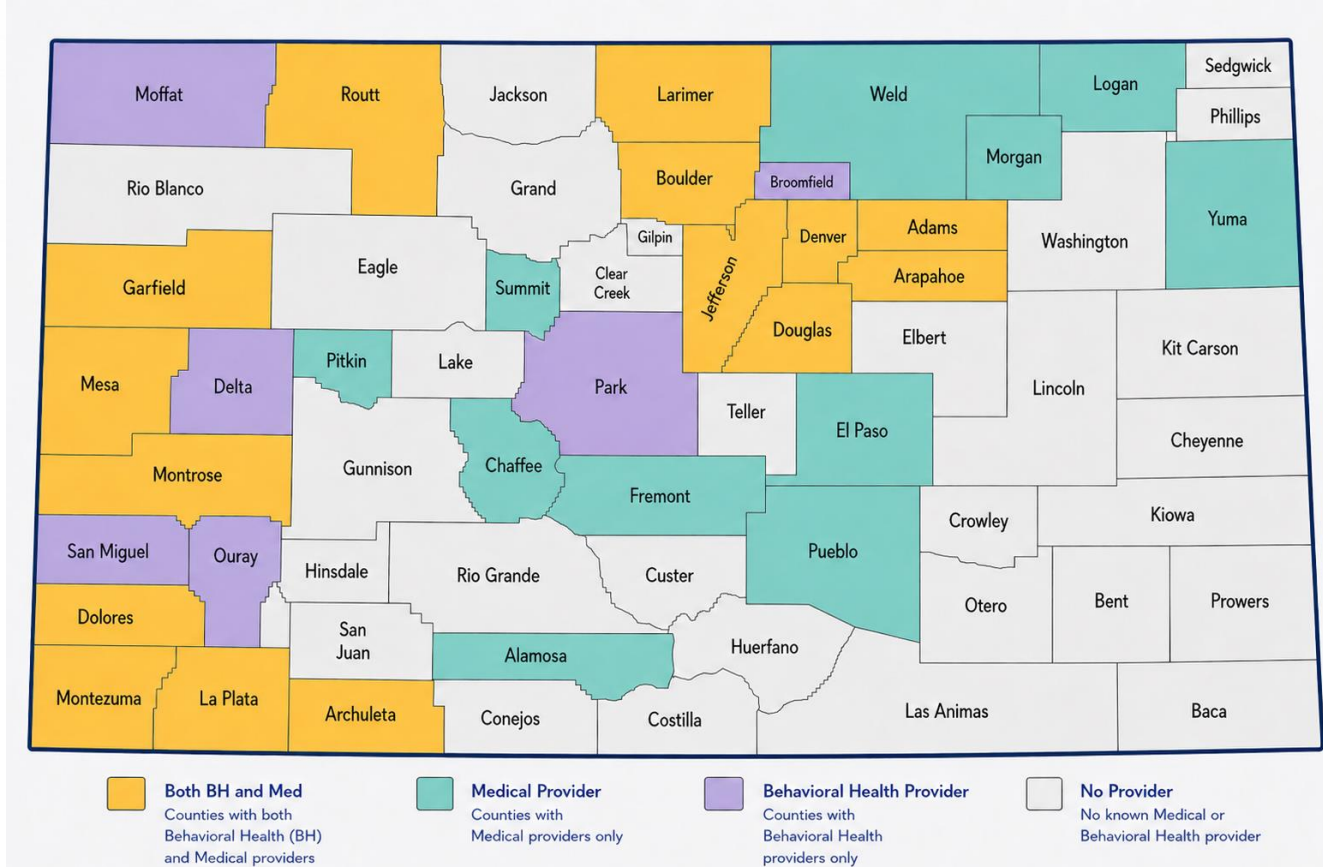
During State Fiscal Year 2026, CARE Network providers continued delivering critical services across Colorado. Nearly **300 children received specialized child abuse and neglect evaluations**, with approximately **85% of evaluations meeting established best practice standards**, demonstrating providers’ continued commitment to completing assessments consistent with CARE Network training and expectations.

The network’s reach extended across **30 Colorado counties**, connecting communities with medical and behavioral health professionals trained in child maltreatment assessment, consultation, and coordinated care. In addition to direct evaluations, the CARE Network continued building provider expertise through ongoing professional development, including **15 ECHO training sessions with 302 participant attendees**, supporting continued learning and collaboration among professionals across the state.

SFY26 was also a year of significant transition. Following an approximately **75% reduction in program funding for SFY27**, the CARE Network engaged in a comprehensive redesign process to ensure the program remains sustainable while preserving access to specialized services. This process included analyzing utilization patterns, engaging providers, and developing a revised structure that prioritizes access in rural and underserved communities while maintaining statewide consultation, training, and professional support.

As the CARE Network enters its next phase, the program remains committed to strengthening Colorado’s capacity to recognize, assess, and respond to child maltreatment through collaboration, specialized expertise, and a connected network of committed providers.

Colorado Counties with CARE Network Provider Coverage



Map is not to scale; for illustrative purposes only.

SFY26 Goals and Progress



Outreach

Recruit Providers

- Trips to Northeastern and Southeastern Colorado and virtual community meetings.
- New providers recruited from Durango, Cortez, Rangely, Steamboat, Pueblo.



Increase Evaluations

Increase non-Denver Health evaluation entries by 40%

- Entries were very close to last year, dropping 2%. This was largely driven by the retirement of a high volume provider and two other high volume providers having reductions in evaluations.



Local Trainings

Providers perform training in their local communities to create awareness of the expertise available at the local level

- Medical providers in Glenwood Springs presented at regional hospital Grand Rounds at Valley View Health System



The CARE Network does not just train providers once—it maintains a statewide specialty workforce through ongoing education, consultation, and professional community.

Specialized child maltreatment assessments require ongoing education, consultation, and collaboration. The CARE Network supports providers beyond initial training by offering continuing education opportunities designed to strengthen clinical skills, reinforce best practice standards, and build a statewide community of medical and behavioral health professionals in Colorado.

CARE NETWORK ANNUAL TRAINING

Pueblo ~ May 4-5, 2026

- 34 Returning Providers
- 15 New Providers



SESSION TOPICS

RETURNING & NEW PROVIDERS Day One

- Engaging the Whole Family
- Mock Court
- Community Stakeholder Panel
- What Happens After a Mandatory Report?
- Medical Child Abuse
- CARE Network Program Update

NEW PROVIDERS Day Two

- Physical Abuse
- Infant Mental Health & Developmental Trauma
- Documentation
- Care Process Model
- Family & Systems Lens
- Sexual Behaviors
- Suicide Assessment



Conference Attendees by Provider Type

Provider Type	New Provider (n = 15)	Returning Provider (n = 33)	Total (n = 48)
Registered Nurse	60% (9)	36% (12)	44% (21)
Licensed Behavioral Health provider	20% (3)	30% (10)	27% (13)
Physician	13% (2)	18% (6)	17% (8)
Advanced Practice Provider	7% (1)	15% (5)	12% (6)

Annual Conference Training Impact

81% intend to make changes in their practice

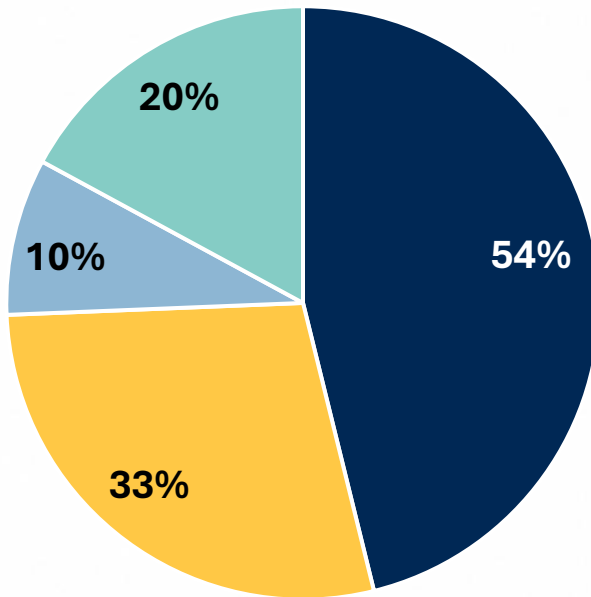
100% indicated the training will improve outcomes for children and families

87% of new providers passed a new training knowledge assessment

4.7/5
Averaged rating for quality of lectures



Provider Ratings of the Overall Training Experience



100% of new providers and 81% of returning providers rated the training conference as excellent or very good.

■ Excellent ■ Very Good ■ Good ■ Fair ■ Poor

What Attendees Said

“

“This was very educational and helpful with how to approach patients in different settings.”



“

“The meetings have been informative, collaborative and ultimately do help my clients and those that I supervise.”



“

“I feel much more equipped to serve in this way because of your efforts.”



“

“I am thankful for the training and the opportunities to work with the Kempe Center.”





ANNUAL AWARD WINNERS

Community Award Dr. Sarah Bryant



The Community Award for Excellence in Promoting the CARE Network through Outreach and Collaboration was awarded to Pueblo's own Dr. Sarah Bryant.

She partnered with the local child advocacy center to provide network evaluations and ultimately became its Medical Director. Through her leadership, she strengthened relationships with key community partners, including child welfare and law enforcement, advancing a more coordinated and effective response to child maltreatment in the Pueblo region.

Lifetime Achievement Award Dr. Deborah Crawford



Dr. Deborah Crawford has devoted a distinguished, decades-long career to protecting and supporting children and families impacted by abuse. A respected leader in child maltreatment, she has advanced multidisciplinary approaches to assessment, intervention, and treatment through her clinical expertise, advocacy, and systems leadership.

Her work with Healthy Harbors helped strengthen community-based responses for children and families, and she played a pivotal role in the development and growth of the local child advocacy center now named in recognition of her lasting contributions. Dr. Crawford's leadership has left an enduring impact on child abuse care in Northern Colorado and across the state.

Excellence in Conducting Evaluations Award Hannah McHargue, LCSW

The award for Excellence in Conducting Evaluations award is given to a provider who has demonstrated mastery in the CARE Network's best practice guidelines through



consistent, high-quality evaluations. This year, the award was given to Hannah McHargue, LCSW. Hannah submits high-quality evaluations that demonstrate thoughtfulness and reflexive practice and has become known as an expert in her community. Hannah has been a tireless advocate for the CARE Network locally and statewide.

Annual awards presented during the annual in-person CARE Network training for excellence in community engagement and conducting evaluations. This year also featured a "lifetime" achievement award.



Ongoing Education

ECHO Webinars: Advancing Practice Through Expert Education and Case-Based Peer Learning

Across 15 sessions (10 out of 12 months) ~ 302 Participant Attendances

MEDICAL

- In Utero Trauma, Catherine Demers, PhD
- Routine ED Screening for Physical Abuse, Daniel Lindberg, MD
- Medical Neglect, Rashaan Ford, MD
- Visual Diagnosis --Sexual Abuse, Denise Abdoo, PhD, CPNP
- AHT Outcomes, Amy Connery, PsyD, ABPP-CN

MEDICAL and BEHAVIORAL HEALTH

- Trusting yourself as an expert: How to develop and implement a training in your community, Lauren McCarthy, PhD and Ron Mitchell, MSW
- Trust Based Relational Intervention ®(TBRI), Michelle Mares, MS
- Understanding Problematic Sexual Behavior among Preteen Children, Brian Allen, PsyD
- Cognitive Bias - confirm!, Joe Grubenhoff, MD
- Plans of Safe Care, Lauren Bruns, MD

BEHAVIORAL HEALTH

- EMDR: Overview & Decision Making, Dara Lynne Tabugadir, LPC
- Proven, Trusted, Ready to Grow: Fostering Healthy Futures in Colorado, Michel Holien, LCSW
- Using and scoring the TSCYC, Lauren Berkovits, PhD
- Grief and Loss, Michelle Mares, MS
- Reflective Supervision, Kelly Glaze, PsyD

CARE Network ECHO Training Impact

4.53 / 5.0

Average Satisfaction Rating across all ECHOs
1=Poor; 5=Excellent

231

Evaluation
Responses

93%

Good Model for
Case Review

95%

Applicable
to Practice

97%

Evidence-Based
& Relevant

94%

New Strategies
for Cases

Across behavioral health, medical, and multidisciplinary ECHO sessions, participants reported high satisfaction, strong practice relevance, and gained new strategies for addressing complex child maltreatment cases.



Making A Difference



Annie is the owner and Clinical Director of Sand Canyon Therapy in Cortez. Annie joined the CARE Network in 2025 after one of our outreach trips in Montezuma County. She owns one of two pediatric behavioral health practices in her county and is the only local behavioral health provider who speaks Spanish. Since joining the CARE Network, Annie has completed 21 evaluations. Annie is a tireless advocate for her clients, seeking specialized evaluations when necessary. This includes coordinating with specialists at Children's Hospital of Colorado in Aurora to ensure one of her clients received an advanced neuropsychological evaluation that otherwise would not be available in her community.



**Annie Diaz, MS,
NCC, LPC, RPT**

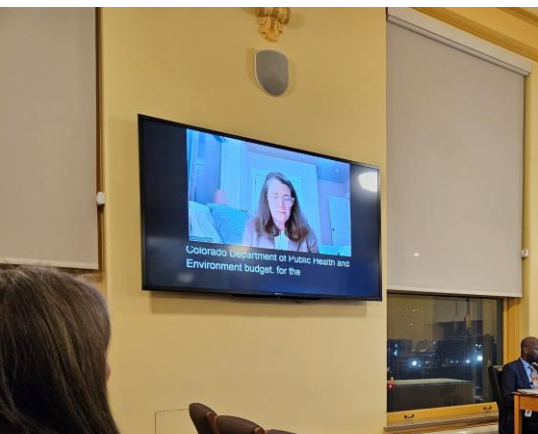
Provider Voices: Testimony to the Legislature

When the CARE Network faced the possibility of elimination, Dr. Deb Crawford and Hannah McHargue, LCSW, shared their experiences with Colorado legislators about the critical role the program plays in supporting professionals, children, and families across the state.

Their testimony highlighted that recognizing and responding to child maltreatment requires specialized knowledge, ongoing training, and access to expert consultation. CARE Network providers often evaluate complex situations where the signs of abuse and neglect may not be immediately clear, making continued education and mentorship essential to ensuring children receive appropriate assessment and support.

Beyond training, Dr. Crawford and Hannah emphasized the importance of the professional community created through the CARE Network. Providers across Colorado are connected through consultation, peer learning, and shared expertise—creating a support system that strengthens individual practice and improves the statewide response to child maltreatment.

Their advocacy, along with the efforts of many partners and supporters, helped preserve the CARE Network. Although significant funding reductions required program changes, the commitment remains the same: ensuring Colorado communities have access to skilled professionals who can recognize, assess, and respond when children and families need support.



Top: Dr. Deborah Crawford

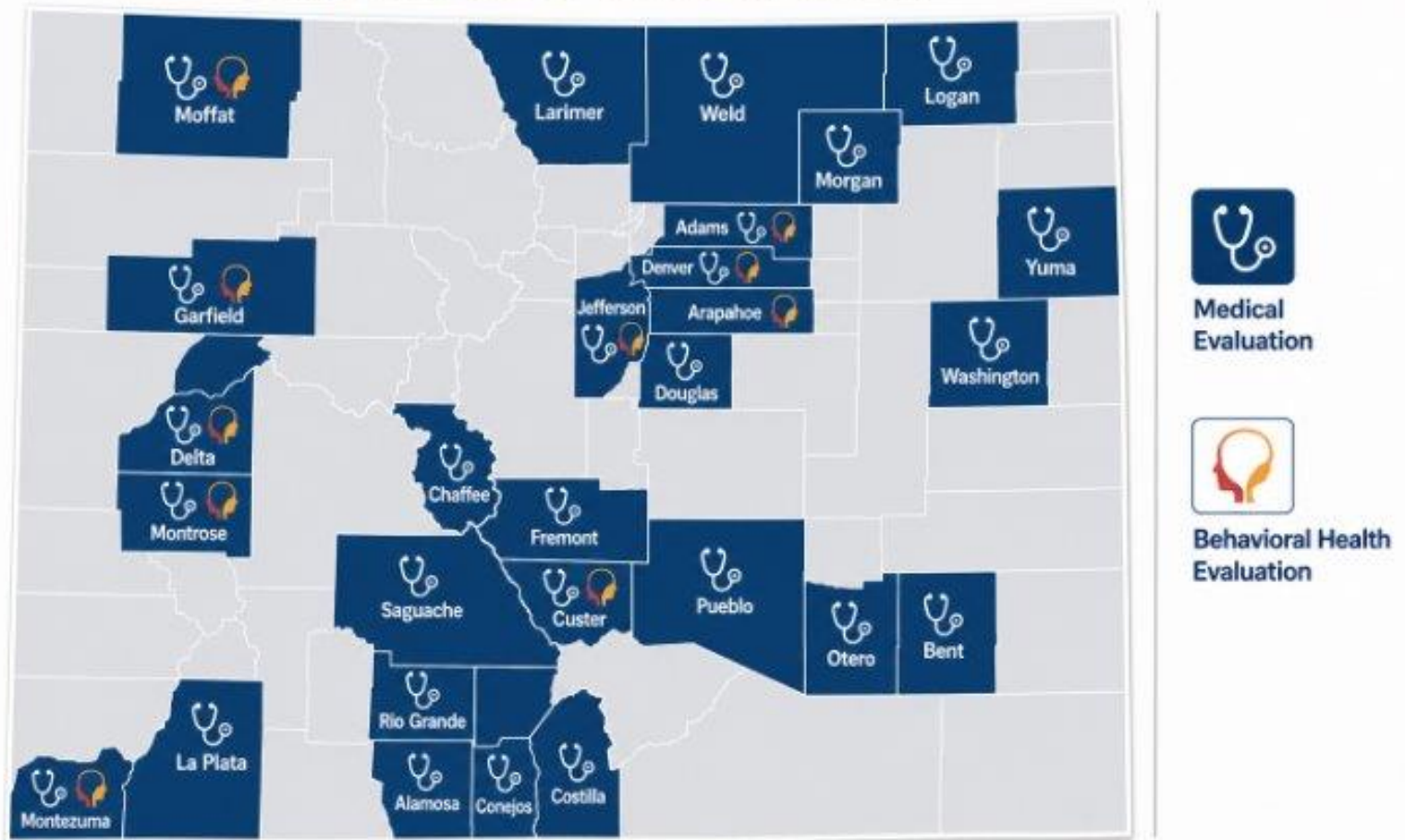
Bottom: Hannah McHargue, LCSW



Case Level Data Collection

This section highlights case-level data collected across CARE Network encounters to demonstrate care trends, clinical practices, patient needs, and the impact of services delivered. For every patient evaluation, CARE Network providers submit standardized, detailed data into a secure HIPAA-compliant platform. Collected information includes patient demographics, clinical findings and diagnostic workup, psychosocial and behavioral health assessments, identified concerns, and referrals for follow-up services.

Counties Where CARE Network Providers Completed One or More Evaluations

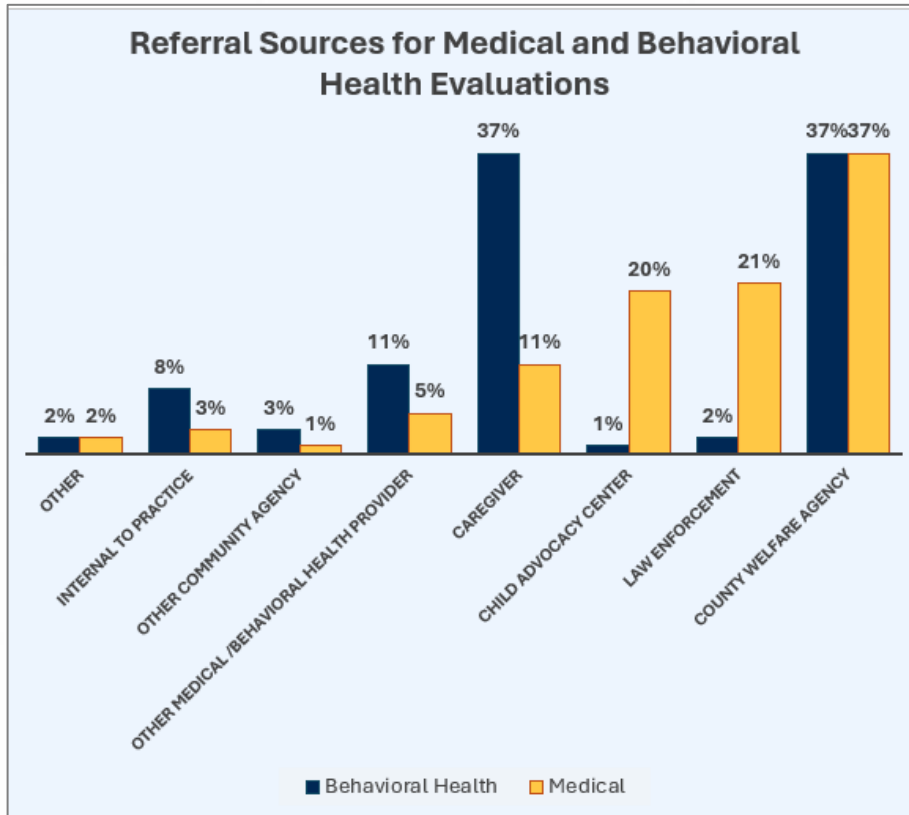


Note: At times evaluations were performed for counties where a provider is not physically present.



Data tells part of the story.
Together, we're building a stronger network
and better outcomes for children and families across Colorado.



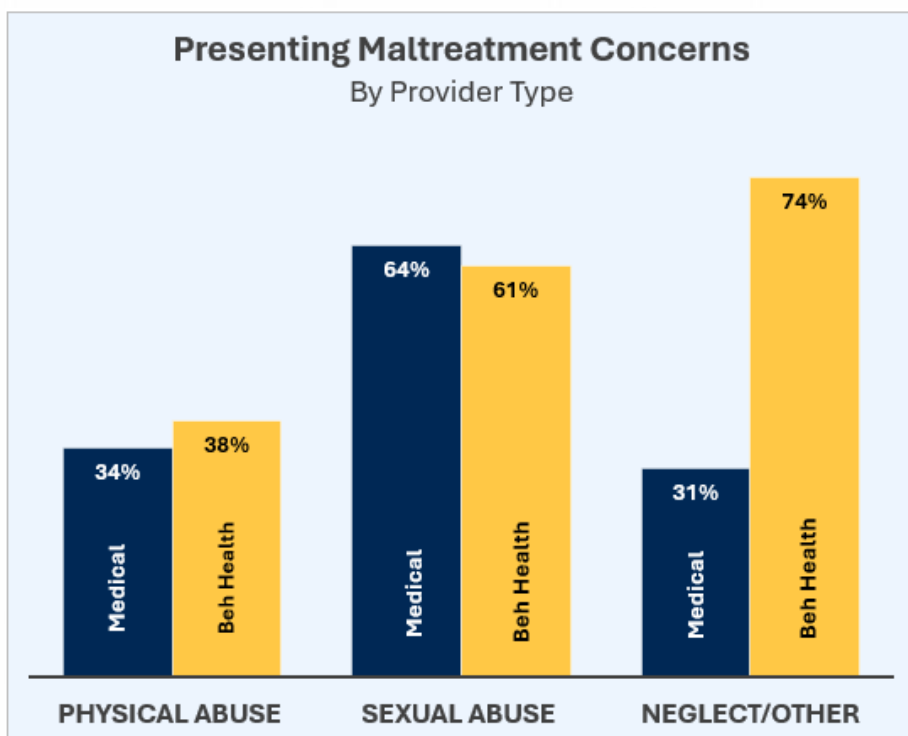


Referral patterns highlighting distinct pathways to care across disciplines. Medical evaluations are largely initiated through child protection and investigative agencies, while behavioral health evaluations are more frequently sought by caregivers and other medical/behavioral health providers.

	Medical Cases (N = 103)	Behavioral Health Cases (N = 104)
Gender		
Boy	63%	54%
Girl	37%	46%
Age		
Less than 6 years of age (Mean age in years)	74% (3.14)	54% (9.02)
6 years or older (Mean age in years)	26% (3.91)	46% (8.93)
Race and Ethnicity		
White alone	62%	68%
Hispanic or Latino alone	7%	16%
American Indian or Alaskan Native alone	6%	2%
Black or African American alone	4%	1%
Multiracial and/or Multiethnic	21%	12%



Although behavioral health providers received a greater proportion of referrals categorized as neglect/other concerns, examination of neglect subtypes revealed important differences by provider discipline. Behavioral health referrals more frequently involved emotional or psychological neglect (74%), exposure to violence (81%), and exposure to substance use (74%). In contrast, medical providers more commonly evaluated concerns related to medical neglect (55%), nutritional neglect (55%), and dental neglect (19%). These findings suggest that behavioral health evaluations are more likely to address psychosocial and environmental adversities, whereas medical evaluations more frequently focus on concerns involving unmet physical health needs.



*Beh = Behavioral Health

*Referrals could include more than one type of maltreatment concern; percentages will not equal 100%

Behavioral Health Assessment Findings and Referrals for services

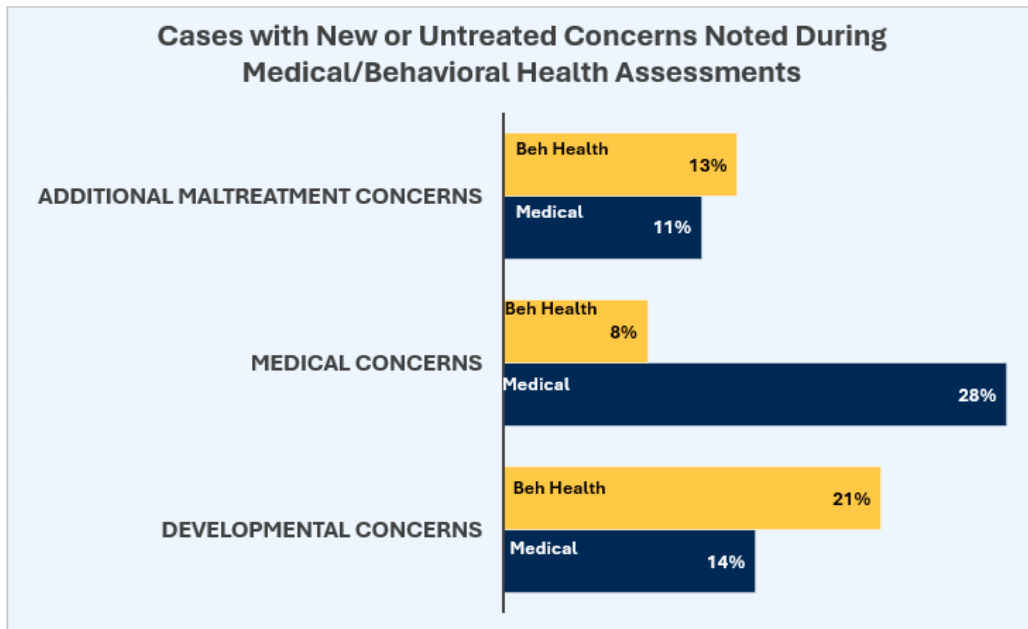
Medical providers conducted behavioral health screenings in 83% of cases seen for medical assessment (87% in children under 6 and 70% in children older than 6).

Of those screened, providers noted concerns in 58% of cases; 92% of those cases were referred for services or additional assessment.

Behavioral health providers diagnosed 73% of children with post-traumatic stress or stress related disorder. In 53% of those cases, the behavioral health provider indicated they could provide therapeutic services.



Cases with New or Untreated Concerns Noted During Medical/Behavioral Health Assessments



In addition to assessing concerns related to child maltreatment, CARE Network providers also identify unmet health and developmental needs that may otherwise go unrecognized

Referrals for Additional Services and Care

After an evaluation, providers may refer children and families for additional services to support their health and well-being.

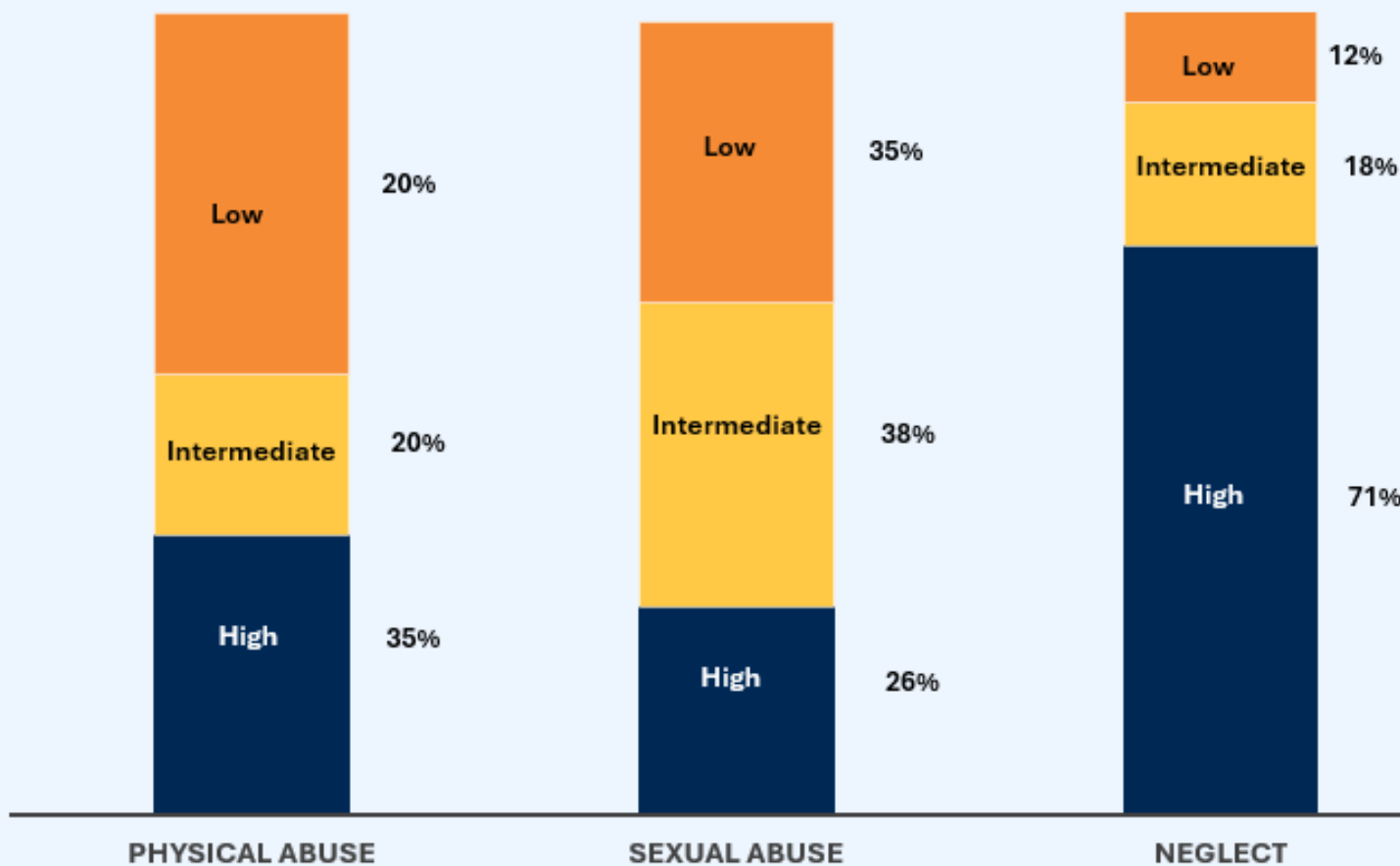


CARE Network evaluations often served as a gateway to additional services and supports. Medical providers made one or more referrals in **82%** of cases, and behavioral health providers made referrals in **62%** of cases. Referrals were informed by concerns identified during the evaluation process, including developmental concerns, medical concerns, and additional maltreatment concerns, as well as other unmet health, behavioral health, and family support needs.



Medical Provider Determination of Abuse Likelihood

Percentage of Cases at Each Threshold by Maltreatment Type



Note. Providers assessed concerns for 132 maltreatment types across 103 cases. Because 22% of cases involved more than one type of concern, percentages shown are based on the total number of concerns rather than the total number of cases.

Nearly half of evaluations (48%) included at least one maltreatment concern rated as highly concerning or definite abuse. Conversely, slightly more than half of evaluations (52%) did not result in a High Concern determination. This underscores the value of CARE Network evaluations not only in identifying children at high risk for maltreatment, but also in providing specialized expertise to help clarify concerns and support informed decision-making when abuse or neglect is suspected but not strongly supported by the available information.



Medical Evaluation Best Practice Framework



QUALITY IMPROVEMENT METRICS

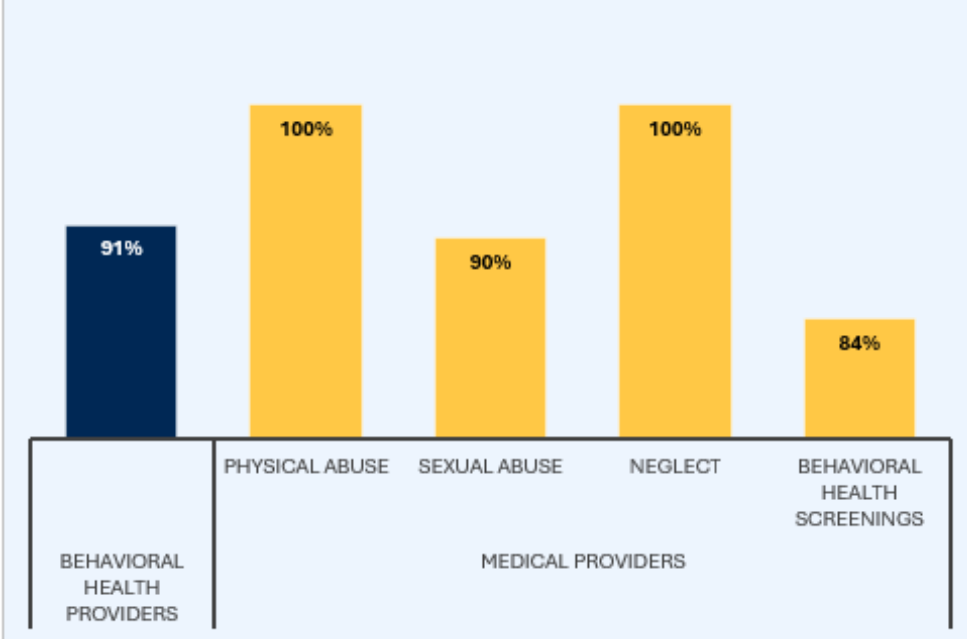
CARE Network providers are trained in standardized evaluation protocols that ensure consistency and quality across all patient encounters. This includes structured approaches to comprehensive history-taking, individualized clinical assessment, evidence-based screening and diagnostic testing, and thorough, accurate documentation. These established standards form the foundation of the program's quality assessment framework, enabling ongoing evaluation of care delivery, adherence to best practices, and continuous improvement across the network.

Behavioral Health Evaluation Best Practice Framework





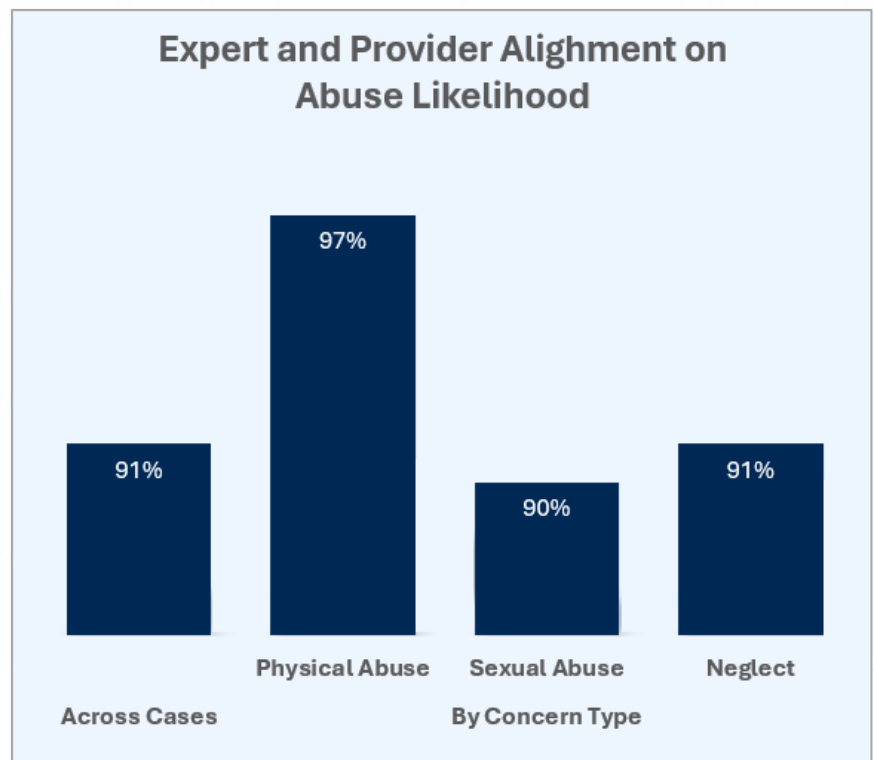
Percentage of Cases Meeting Best Practice Guidelines



CARE Network providers demonstrated **strong** adherence to established best practice standards across evaluation types. Expert review indicated that 91% of behavioral health evaluations and 94% of medical evaluations met best practice criteria overall, with adherence rates ranging from 90% to 100% across specific maltreatment concerns. These findings suggest that CARE Network providers are consistently applying the trauma-informed, comprehensive, and collaborative assessment practices that form the foundation of high-quality child maltreatment evaluations.

Despite the often-complex nature of child maltreatment evaluations, CARE Network providers demonstrated remarkable consistency with expert reviewers when assessing abuse likelihood. Overall agreement reached 91% across cases, with agreement rates ranging from 90% to 97% across specific maltreatment types. These findings highlight the strength of the CARE Network model, in which specialized training, mentorship, and ongoing case review help ensure that children and families receive evaluations that are both evidence-based and aligned with expert practice standards.

Expert and Provider Alignment on Abuse Likelihood





Provider Feedback



87%

**INTEND TO
CONTINUE THEIR
PRACTICE WITH
THE CARE
NETWORK**



87%

**VERY SATISFIED
WITH
MENTORSHIP AND
CASE REVIEW**



100%

**SATISFIED WITH
EXPERT CASE
REVIEW,
FEEDBACK, AND
SUPPORT**



78%

**RESPONSIVENESS
OF THE CARE
NETWORK
SUPPORT IS
EXCELLENT**

What Providers Said

“

“I have some received some very good ideas that I have implemented to support my client's treatment.”



“

“Antonia explains things in a way the adds to my understanding and improves my ability to articulate details or findings from the exams.”



“

“I enjoy being part of this community. It is much needed and I believe we are finally finding or way around the obstacles in our communities and across the state to improve the access and care these children and families need and deserve.”





Sustaining Access: SFY27

When the CARE Network was established, the Colorado legislature recognized that specialized child maltreatment assessment services were more readily available in the Denver metropolitan area, while children and families in other regions of Colorado often faced barriers accessing this expertise. The program was created to build local capacity by developing trained medical and behavioral health experts across the state, allowing children and families to receive high-quality assessments closer to home.

During SFY26, the CARE Network began planning for a significant transition following an approximately **75% reduction in program funding for SFY27**. While this reduction required changes to the program structure, the redesign focused on preserving the original vision of the CARE Network: ensuring specialized expertise remains available across Colorado, particularly in rural and under served communities.

Preserving Access Through a Targeted Support Model

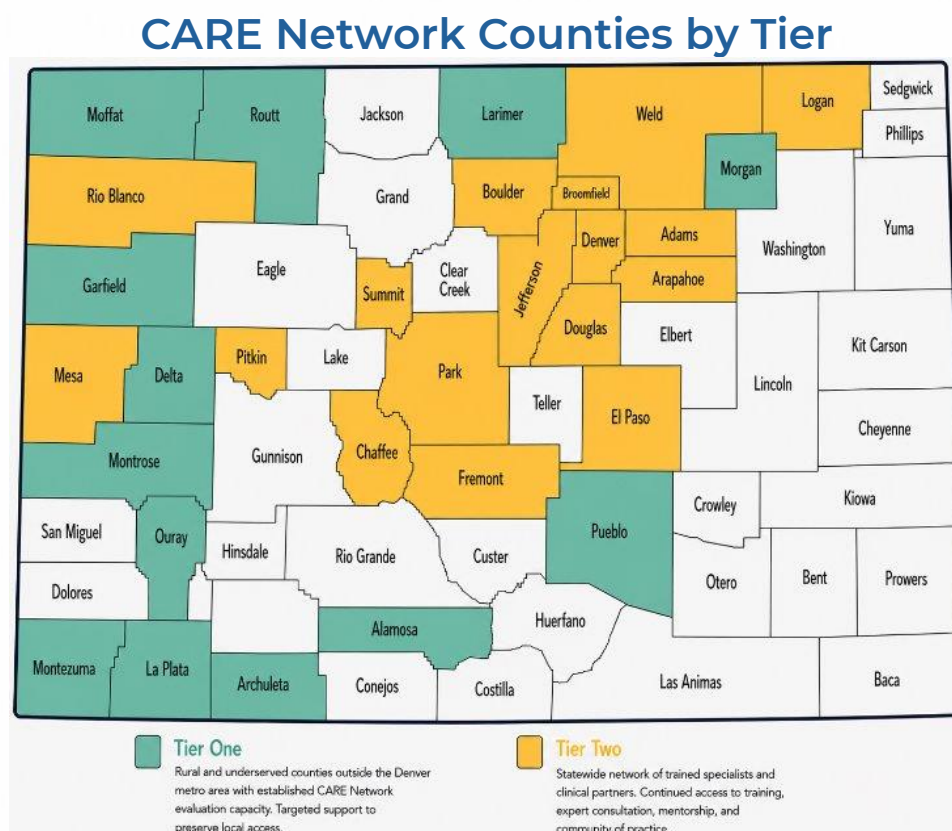
To align available resources with areas of greatest need, the CARE Network transitioned from a statewide reimbursement approach to a targeted support model. The redesigned structure prioritizes funding in communities where specialized evaluation services are limited, while maintaining a statewide network of trained providers.

Tier One: Rural and Underserved Access

Rural and underserved regions outside the Denver metro area will be prioritized. Provides targeted reimbursement support to sustain local expertise and preserve access to specialized assessments closer to home. These providers will continue receiving reimbursement support, participate in case-level data collection, and actively strengthen referral pathways with child welfare, law enforcement, and community partners.

Tier Two: Statewide Community of Practice

Tier Two providers remain valued members of the CARE Network and continue supporting Colorado's child maltreatment response. Providers maintain access to specialized training, expert consultation, mentorship, and professional collaboration while continuing to complete evaluations within their communities.



Map is not to scale; it is for illustrative purposes only

Strengthening the Network for the Future

The redesign also creates opportunities to improve how the CARE Network functions. Planned innovations include reducing provider administrative burden, simplifying data collection, and strengthening referral coordination.

In SFY27, the CARE Network plans to partner with a selected county or region to pilot a more integrated local network model. This effort will focus on strengthening referral pathways, increasing collaboration among child welfare, healthcare, and community partners, and identifying strategies that ensure children are connected with CARE Network providers when specialized assessments are needed. Lessons learned from this pilot will help inform approaches that may be expanded to additional communities across Colorado.

Although the funding landscape has changed, the CARE Network's mission remains the same: **increasing access to skilled professionals who provide high-quality assessments, consultation, and support for children, families, and communities across Colorado.**

LOOKING AHEAD: SFY27 GOALS

As the CARE Network transitions to a more targeted and sustainable model, goals for the coming year reflect both fiscal realities and strategic focus.

