

**First Regular Session
Seventy-second General Assembly
STATE OF COLORADO**

ENGROSSED

This Version Includes All Amendments Adopted
on Second Reading in the House of Introduction

LLS NO. 19-0779.01 Jerry Barry x4341

HOUSE BILL 19-1133

HOUSE SPONSORSHIP

Caraveo and Pelton,

SENATE SPONSORSHIP

Fields,

House Committees

Public Health Care & Human Services
Appropriations

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING THE CREATION OF A COLORADO CHILD ABUSE RESPONSE**
102 **AND EVALUATION NETWORK, AND, IN CONNECTION THEREWITH,**
103 **MAKING AN APPROPRIATION.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)

The bill establishes the Colorado child abuse response and evaluation network (CARENetwork) to improve the provision of services to children who are subject to physical or sexual abuse or neglect. The department of public health and environment is to contract with a nonprofit organization to act as a resource center. The bill specifies duties

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

HOUSE
Amended 2nd Reading
April 12, 2019

of the resource center.

The bill also establishes a CARENetwork advisory committee and specifies the membership and duties of the advisory committee.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1. Legislative declaration.** (1) The general assembly
3 finds and declares:

4 (a) Historically, there are over one hundred thousand suspected
5 child abuse and neglect referrals to child welfare in Colorado each year,
6 and, of those referrals, approximately one-third are screened in for an
7 assessment;

8 (b) It is estimated that forty percent of the screened-in referrals
9 involve suspected child abuse and neglect of children under the age of
10 five, and twenty percent involve sexual abuse;

11 (c) However, expertise to conduct medical exams to evaluate
12 suspected child abuse and neglect and to conduct behavioral health
13 assessments is extremely limited. There are only **seven** board-certified
14 specialists in the field of child abuse pediatrics in Colorado, five of whom
15 are located in **Denver**, one of whom is located in **Colorado Springs**, and
16 **one of whom is located in Fort Morgan.**

17 (d) Distances limit access to expert evaluations in most of the
18 state's sixty-four counties, resulting in a serious problem with a lack of
19 providers willing and able to conduct medical exams for suspected
20 physical or sexual abuse or neglect and to conduct behavioral health
21 assessments;

22 (e) All children at risk of child abuse and neglect deserve access
23 to appropriate medical and behavioral health assessments;

24 (f) Engaging health care professionals and behavioral health

1 providers in the protection of children experiencing maltreatment will
2 expand the safety net for children with the goal of reducing severe child
3 maltreatment and fatalities; and

4 (g) Educating and training health care and behavioral health
5 providers about signs that children may be at risk of maltreatment and
6 about resources available to families will position the providers to
7 recognize community-specific needs and help prevent child maltreatment.

8 **SECTION 2.** In Colorado Revised Statutes, **add** part 9 to article
9 20.5 of title 25 as follows:


10 **PART 9**

11 **COLORADO CHILD ABUSE RESPONSE**

12 **AND EVALUATION NETWORK (CARENETWORK)**

13 **25-20.5-901. Short title.** THE SHORT TITLE OF THIS PART 9 IS THE
14 "COLORADO CHILD ABUSE RESPONSE AND EVALUATION NETWORK
15 (CARENETWORK) ACT".

16 **25-20.5-902. Definitions.** AS USED IN THIS PART 9, UNLESS THE
17 CONTEXT OTHERWISE REQUIRES:

18 

19 (1) "COLORADO CHILD ABUSE RESOURCE AND EVALUATION
20 NETWORK" OR "CARENETWORK" MEANS A NETWORK COMPRISED OF A
21 RESOURCE CENTER, DESIGNATED PROVIDERS, AND OTHER COMMUNITY
22 PARTNERS, INCLUDING CHILDREN'S ADVOCACY CENTERS, THAT
23 COLLABORATE TO DEVELOP AND MAINTAIN A STANDARDIZED,
24 COORDINATED HEALTH CARE RESPONSE TO THE PREVENTION AND
25 TREATMENT OF SUSPECTED PHYSICAL OR SEXUAL ABUSE OR NEGLECT.

26 (2) "DESIGNATED PROVIDER" MEANS A PHYSICIAN, NURSE,
27 ADVANCED PRACTICE PROVIDER, OR BEHAVIORAL HEALTH PROVIDER WHO

1 IS LICENSED IN THIS STATE AND WHO MEETS THE CRITERIA ESTABLISHED
2 TO BE A DESIGNATED PROVIDER IN THE CARENETWORK.

3 (3) "RESOURCE CENTER" MEANS A NATIONALLY RECOGNIZED
4 ORGANIZATION WITH BOARD-CERTIFIED SPECIALISTS IN THE FIELD OF
5 CHILD ABUSE PEDIATRICS AND WITH EXPERTISE TO ESTABLISH STANDARDS
6 OF MEDICAL AND BEHAVIORAL HEALTH CARE FOR THE CARENETWORK
7 AND PROVIDE EDUCATION AND TRAINING FOR DESIGNATED PROVIDERS.

8 **25-20.5-903. CARENetwork - structure - resource center.**

9 (1) THERE IS CREATED IN THE DEPARTMENT OF PUBLIC HEALTH AND
10 ENVIRONMENT THE COLORADO CHILD ABUSE RESPONSE AND EVALUATION
11 NETWORK TO PROVIDE MEDICAL EXAMS AND BEHAVIORAL HEALTH
12 ASSESSMENTS TO CHILDREN UNDER SIX YEARS OF AGE FOR SUSPECTED
13 CASES OF PHYSICAL OR SEXUAL ABUSE OR NEGLECT AND CHILDREN UNDER
14 THIRTEEN YEARS OF AGE FOR SUSPECTED SEXUAL ABUSE. IN
15 IMPLEMENTING THE CARENETWORK, THE DEPARTMENT SHALL
16 COORDINATE WITH THE DEPARTMENT OF HUMAN SERVICES, EXISTING
17 ADVISORY COMMITTEES, AND INTERESTED STAKEHOLDERS TO ALIGN THE
18 WORK OF THE CARENETWORK WITH OTHER STATE AND LOCAL EFFORTS
19 FOCUSED ON PREVENTING CHILD ABUSE AND NEGLECT AND ADDRESSING
20 THE HEALTH AND SOCIAL NEEDS OF FAMILIES AT RISK OF EXPERIENCING
21 CHILD ABUSE OR NEGLECT.

22 (2) ON OR BEFORE NOVEMBER 1, 2019, THE DEPARTMENT SHALL
23 AWARD A CONTRACT TO A RESOURCE CENTER TO ESTABLISH THE
24 CARENETWORK. THE RESOURCE CENTER SHALL:

25 (a) WORK TO INCREASE LOCAL CAPACITY OF HEALTH CARE AND
26 BEHAVIORAL HEALTH PROVIDERS TO PERFORM MEDICAL AND BEHAVIORAL
27 HEALTH ASSESSMENTS FOR SUSPECTED CASES OF PHYSICAL OR SEXUAL

1 ABUSE OR NEGLECT BY USING CURRENT OR BY BUILDING APPROPRIATE
2 INFRASTRUCTURE FOR AND PROVIDING TECHNICAL ASSISTANCE TO THE
3 CARENETWORK;

4 (b) DEVELOP BEST PRACTICE STANDARDS ACROSS THE STATE FOR
5 THE CARENETWORK, INCLUDING A REVIEW OF CURRENT NATIONAL
6 ACCREDITATION STANDARDS, FOR MEDICAL EXAMS AND BEHAVIORAL
7 HEALTH ASSESSMENTS FOR CHILDREN DESCRIBED IN SUBSECTION (1) OF
8 THIS SECTION;

9 (c) DEVELOP A STREAMLINED MEDICAL AND BEHAVIORAL HEALTH
10 REFERRAL PROCESS TO DESIGNATED PROVIDERS FOR CHILDREN TO RECEIVE
11 APPROPRIATE CARE, INCLUDING COORDINATED HAND-OFFS TO AVAILABLE
12 RESOURCES;

13 (d) ESTABLISH AN EFFICIENT STRUCTURE, CONSIDERING
14 GEOGRAPHY AND IDENTIFIED COMMUNITY NEEDS, TO ENSURE A
15 COORDINATED RESPONSE TO SUSPECTED CASES OF PHYSICAL OR SEXUAL
16 ABUSE OR NEGLECT;

17 (e) ENCOURAGE PARTICIPATION AND ENHANCE THE ROLE OF
18 MEDICAL PROVIDERS IN MULTIDISCIPLINARY TEAMS IN LOCAL
19 COMMUNITIES TO PROVIDE INPUT FOR THE CARENETWORK;

20 (f) COLLABORATE WITH EXISTING PROGRAMS IN LOCAL
21 COMMUNITIES TO PROVIDE EDUCATION AND TRAINING, COLLABORATIVE
22 MENTORSHIP, AND SUPPORT FOR DESIGNATED PROVIDERS SERVING
23 CHILDREN IN THEIR COMMUNITIES, INCLUDING, EDUCATION AND TRAINING
24 ABOUT RISKS AND PROTECTIVE FACTORS ASSOCIATED WITH CHILD ABUSE
25 AND NEGLECT AND RESOURCES FOR FAMILIES TO ADDRESS THEIR HEALTH
26 AND SOCIAL NEEDS;

27 (g) COLLECT AND ANALYZE DATA TO IDENTIFY AND MONITOR

1 OUTCOMES OF THE CARENETWORK AND TO GUIDE ONGOING PROGRAM
2 ANALYSES, RESULTING IN THE DEVELOPMENT OF BEST PRACTICES THAT
3 ENCOURAGE CONTINUOUS IMPROVEMENT AND FIDELITY OF THE
4 CARENETWORK'S STANDARD OF CARE; AND

5 [REDACTED]
6 (h) REPORT ANNUALLY TO [REDACTED] THE EXECUTIVE DIRECTORS OF THE
7 DEPARTMENT AND THE DEPARTMENT OF HUMAN SERVICES ON ACTIVITIES
8 OF THE CARENETWORK.

9 (3) NOTHING IN THIS SECTION SUPERCEDES THE AUTHORITY OF THE
10 DEPARTMENT OF HUMAN SERVICES OR A COUNTY DEPARTMENT OF HUMAN
11 OR SOCIAL SERVICES TO RECEIVE REPORTS AND COORDINATE THE OFFICIAL
12 INVESTIGATION AND RESPONSE TO REPORTS OF CHILD ABUSE OR NEGLECT.
13 NOTHING IN THE SECTION RELIEVES THE PARTICIPANTS IN THE
14 CARENETWORK FROM MANDATED REPORTING REQUIREMENTS PURSUANT
15 TO SECTION 19-3-304.

16 [REDACTED]
17 **SECTION 3. Appropriation.** For the 2019-20 state fiscal year,
18 \$632,717 is appropriated to the department of public health and
19 environment for use by the prevention services division. This
20 appropriation is from the general fund and is based on an assumption that
21 the division will require an additional 0.6 FTE. The division may use this
22 appropriation to implement this act.

23 **SECTION 4. Safety clause.** The general assembly hereby finds,
24 determines, and declares that this act is necessary for the immediate
25 preservation of the public peace, health, and safety.