

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

**PREAMENDED**

*This Unofficial Version Includes Committee  
Amendments Not Yet Adopted on Second Reading*

LLS NO. 19-0779.01 Jerry Barry x4341

**HOUSE BILL 19-1133**

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**HOUSE SPONSORSHIP**

**Caraveo and Pelton,**

**SENATE SPONSORSHIP**

**Fields,**

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**House Committees**

Public Health Care & Human Services  
Appropriations

**Senate Committees**

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**A BILL FOR AN ACT**

101 **CONCERNING THE CREATION OF A COLORADO CHILD ABUSE RESPONSE**  
102 **AND EVALUATION NETWORK.**

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**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 of the resource center.

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.

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

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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 six board-certified  
14 specialists in the field of child abuse pediatrics in Colorado, five of whom  
15 are located in Denver and one of whom is located in Colorado Springs.

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

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

23 (f) Engaging health care professionals and behavioral health  
24 providers in the protection of children experiencing maltreatment will  
25 expand the safety net for children with the goal of reducing severe child

1 maltreatment and fatalities; and

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

6 **SECTION 2.** In Colorado Revised Statutes, **add** part 9 to article  
7 20.5 of title 25 as follows:


8 **PART 9**

9 **COLORADO CHILD ABUSE RESPONSE**

10 **AND EVALUATION NETWORK (CARENETWORK)**

11 **25-20.5-901. Short title.** THE SHORT TITLE OF THIS PART 9 IS THE  
12 "COLORADO CHILD ABUSE RESPONSE AND EVALUATION NETWORK  
13 (CARENETWORK) ACT".

14 **25-20.5-902. Definitions.** AS USED IN THIS PART 9, UNLESS THE  
15 CONTEXT OTHERWISE REQUIRES:

16 

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

24 (2) "DESIGNATED PROVIDER" MEANS A PHYSICIAN, NURSE,  
25 ADVANCED PRACTICE PROVIDER, OR BEHAVIORAL HEALTH PROVIDER WHO  
26 IS LICENSED IN THIS STATE AND WHO MEETS THE CRITERIA ESTABLISHED  
27 TO BE A DESIGNATED PROVIDER IN THE CARENETWORK.

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

6           **25-20.5-903. CARENetwork - structure - resource center.**

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

20           (2) ON OR BEFORE SEPTEMBER 1, 2019, THE DEPARTMENT SHALL  
21 AWARD A CONTRACT TO A RESOURCE CENTER TO ESTABLISH THE  
22 CARENETWORK. THE RESOURCE CENTER SHALL:

23           (a) WORK TO INCREASE LOCAL CAPACITY OF HEALTH CARE AND  
24 BEHAVIORAL HEALTH PROVIDERS TO PERFORM MEDICAL AND BEHAVIORAL  
25 HEALTH ASSESSMENTS FOR SUSPECTED CASES OF PHYSICAL OR SEXUAL  
26 ABUSE OR NEGLECT BY USING CURRENT OR BY BUILDING APPROPRIATE  
27 INFRASTRUCTURE FOR AND PROVIDING TECHNICAL ASSISTANCE TO THE

- 1 CARENETWORK;
- 2 (b) DEVELOP BEST PRACTICE STANDARDS ACROSS THE STATE FOR  
3 THE CARENETWORK, INCLUDING A REVIEW OF CURRENT NATIONAL  
4 ACCREDITATION STANDARDS, FOR MEDICAL EXAMS AND BEHAVIORAL  
5 HEALTH ASSESSMENTS FOR CHILDREN DESCRIBED IN SUBSECTION (1) OF  
6 THIS SECTION;
- 7 (c) DEVELOP A STREAMLINED MEDICAL AND BEHAVIORAL HEALTH  
8 REFERRAL PROCESS TO DESIGNATED PROVIDERS FOR CHILDREN TO RECEIVE  
9 APPROPRIATE CARE, INCLUDING COORDINATED HAND-OFFS TO AVAILABLE  
10 RESOURCES;
- 11 (d) ESTABLISH AN EFFICIENT STRUCTURE, CONSIDERING  
12 GEOGRAPHY AND IDENTIFIED COMMUNITY NEEDS, TO ENSURE A  
13 COORDINATED RESPONSE TO SUSPECTED CASES OF PHYSICAL OR SEXUAL  
14 ABUSE OR NEGLECT;
- 15 (e) ENCOURAGE PARTICIPATION AND ENHANCE THE ROLE OF  
16 MEDICAL PROVIDERS IN MULTIDISCIPLINARY TEAMS IN LOCAL  
17 COMMUNITIES TO PROVIDE INPUT FOR THE CARENETWORK;
- 18 (f) COLLABORATE WITH EXISTING PROGRAMS IN LOCAL  
19 COMMUNITIES TO PROVIDE EDUCATION AND TRAINING, COLLABORATIVE  
20 MENTORSHIP, AND SUPPORT FOR DESIGNATED PROVIDERS SERVING  
21 CHILDREN IN THEIR COMMUNITIES, INCLUDING, EDUCATION AND TRAINING  
22 ABOUT RISKS AND PROTECTIVE FACTORS ASSOCIATED WITH CHILD ABUSE  
23 AND NEGLECT AND RESOURCES FOR FAMILIES TO ADDRESS THEIR HEALTH  
24 AND SOCIAL NEEDS;
- 25 (g) COLLECT AND ANALYZE DATA TO IDENTIFY AND MONITOR  
26 OUTCOMES OF THE CARENETWORK AND TO GUIDE ONGOING PROGRAM  
27 ANALYSES, RESULTING IN THE DEVELOPMENT OF BEST PRACTICES THAT

1 ENCOURAGE CONTINUOUS IMPROVEMENT AND FIDELITY OF THE  
2 CARENETWORK'S STANDARD OF CARE; AND

3

4 (h) REPORT ANNUALLY TO THE EXECUTIVE DIRECTORS OF THE  
5 DEPARTMENT AND THE DEPARTMENT OF HUMAN SERVICES ON ACTIVITIES  
6 OF THE CARENETWORK.

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

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15 **SECTION 3. Safety clause.** The general assembly hereby finds,  
16 determines, and declares that this act is necessary for the immediate  
17 preservation of the public peace, health, and safety.