

First Regular Session
Seventy-second General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 19-0779.01 Jerry Barry x4341

HOUSE BILL 19-1133

HOUSE SPONSORSHIP

Caraveo,

SENATE SPONSORSHIP

Fields,

House Committees

Public Health Care & Human Services

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING THE CREATION OF A COLORADO CHILD ABUSE RESPONSE**

102 **AND EVALUATION NETWORK.**

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 (CAREN) 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.

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 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

1 expand the safety net for children with the goal of reducing severe child
2 maltreatment and fatalities; and

3 (g) 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.

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

9 **PART 9**

10 **COLORADO CHILD ABUSE RESPONSE
11 AND EVALUATION NETWORK (CAREN NETWORK)**

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

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

17 (1) "ADVISORY COMMITTEE" MEANS THE CAREN NETWORK
18 ADVISORY COMMITTEE ESTABLISHED PURSUANT TO SECTION 25-20.5-904.

19 (2) "COLORADO CHILD ABUSE RESOURCE AND EVALUATION
20 NETWORK" OR "CAREN NETWORK" MEANS A NETWORK COMPRISED OF A
21 RESOURCE CENTER, DESIGNATED PROVIDERS, AND OTHER COMMUNITY
22 PARTNERS THAT COLLABORATE TO DEVELOP AND MAINTAIN A
23 STANDARDIZED, COORDINATED RESPONSE TO SUSPECTED PHYSICAL OR
24 SEXUAL ABUSE OR NEGLECT.

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

1 TO BE A DESIGNATED PROVIDER IN THE CARENETWORK.

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

7 **25-20.5-903. CARENetwork - structure - resource center.**

8 (1) THERE IS CREATED IN THE DEPARTMENT OF PUBLIC HEALTH AND
9 ENVIRONMENT THE COLORADO CHILD ABUSE RESPONSE AND EVALUATION
10 NETWORK TO PROVIDE SERVICES TO CHILDREN UNDER SIX YEARS OF AGE
11 FOR SUSPECTED CASES OF PHYSICAL OR SEXUAL ABUSE OR NEGLECT AND
12 CHILDREN UNDER THIRTEEN YEARS OF AGE FOR SUSPECTED SEXUAL
13 ABUSE. IN IMPLEMENTING THE CARENETWORK, THE DEPARTMENT SHALL
14 COORDINATE WITH THE DEPARTMENT OF HUMAN SERVICES.

15 (2) ON OR BEFORE SEPTEMBER 1, 2019, THE DEPARTMENT SHALL
16 AWARD A CONTRACT TO A RESOURCE CENTER TO ESTABLISH THE
17 CARENETWORK. THE RESOURCE CENTER SHALL:

18 (a) WORK TO INCREASE LOCAL CAPACITY OF HEALTH CARE AND
19 BEHAVIORAL HEALTH PROVIDERS TO PERFORM MEDICAL AND BEHAVIORAL
20 HEALTH ASSESSMENTS FOR SUSPECTED CASES OF PHYSICAL OR SEXUAL
21 ABUSE OR NEGLECT BY BUILDING APPROPRIATE INFRASTRUCTURE FOR AND
22 PROVIDING TECHNICAL ASSISTANCE TO THE CARENETWORK;

23 (b) DEVELOP BEST PRACTICE STANDARDS ACROSS THE STATE FOR
24 THE CARENETWORK FOR MEDICAL EXAMS AND BEHAVIORAL HEALTH
25 ASSESSMENTS FOR CHILDREN DESCRIBED IN SUBSECTION (1) OF THIS
26 SECTION;

27 (c) DEVELOP A STREAMLINED REFERRAL PROCESS TO DESIGNATED

1 PROVIDERS FOR CHILDREN TO RECEIVE APPROPRIATE CARE, INCLUDING
2 COORDINATED HAND-OFFS TO AVAILABLE RESOURCES;

3 (d) ESTABLISH AN EFFICIENT STRUCTURE, CONSIDERING
4 GEOGRAPHY AND IDENTIFIED COMMUNITY NEEDS, TO ENSURE A
5 COORDINATED RESPONSE TO SUSPECTED CASES OF PHYSICAL OR SEXUAL
6 ABUSE OR NEGLECT;

7 (e) ENCOURAGE PARTICIPATION AND ENHANCE THE ROLE OF
8 MEDICAL PROVIDERS IN MULTIDISCIPLINARY TEAMS TO PROVIDE SUPPORT
9 FOR THE CARENETWORK;

10 (f) PROVIDE EDUCATION AND TRAINING, COLLABORATIVE
11 MENTORSHIP, AND SUPPORT FOR DESIGNATED PROVIDERS SERVING
12 CHILDREN IN THEIR COMMUNITIES, INCLUDING, EDUCATION AND TRAINING
13 ABOUT SIGNS THAT CHILDREN MAY BE AT RISK OF MALTREATMENT AND
14 RESOURCES AVAILABLE TO FAMILIES;

15 (g) COLLECT AND ANALYZE DATA TO IDENTIFY AND MONITOR
16 OUTCOMES OF THE CARENETWORK AND TO GUIDE ONGOING PROGRAM
17 ANALYSES, RESULTING IN THE DEVELOPMENT OF BEST PRACTICES THAT
18 ENCOURAGE CONTINUOUS IMPROVEMENT AND FIDELITY OF THE
19 CARENETWORK'S STANDARD OF CARE;

20 (h) DEVELOP A STRUCTURE FOR APPROPRIATE PAYMENTS TO
21 DESIGNATED PROVIDERS; AND

22 (i) REPORT ANNUALLY TO THE ADVISORY COMMITTEE AND THE
23 EXECUTIVE DIRECTORS OF THE DEPARTMENT AND THE DEPARTMENT OF
24 HUMAN SERVICES ON ACTIVITIES OF THE CARENETWORK.

25 **25-20.5-904. CARENetwork - advisory board membership -**
26 **duties - repeal.** (1) (a) THE DEPARTMENT SHALL ESTABLISH THE
27 CARENETWORK ADVISORY COMMITTEE, WHICH IS COMPRISED OF NINE

1 MEMBERS APPOINTED BY THE EXECUTIVE DIRECTOR AND POSSESSING
2 EXPERTISE OR EXPERIENCE IN PROVIDING MEDICAL OR BEHAVIORAL
3 HEALTH CARE TO CHILDREN, WORKING WITHIN THE CHILD WELFARE
4 SYSTEM, AND ADMINISTERING CHILD WELFARE PROGRAMMING AT THE
5 COUNTY LEVEL, AS WELL AS REPRESENTATIVES FROM THE EDUCATION AND
6 LAW ENFORCEMENT COMMUNITIES, AND AN ENTITY THAT ADVOCATES ON
7 BEHALF OF CHILDREN.

8 (b) MEMBERS OF THE ADVISORY COMMITTEE SHALL SERVE
9 THREE-YEAR TERMS; EXCEPT THAT, OF THE MEMBERS INITIALLY
10 APPOINTED TO THE ADVISORY COMMITTEE, THE EXECUTIVE DIRECTOR
11 SHALL APPOINT FIVE FOR THREE-YEAR TERMS AND FOUR FOR TWO-YEAR
12 TERMS. IN THE EVENT OF A VACANCY ON THE ADVISORY COMMITTEE, THE
13 EXECUTIVE DIRECTOR SHALL APPOINT A SUCCESSOR TO FILL THE
14 UNEXPIRED PORTION OF THE TERM OF SUCH MEMBER.

15 (c) THE ADVISORY COMMITTEE SHALL DESIGNATE A MEMBER TO
16 SERVE AS THE CHAIR. THE ADVISORY COMMITTEE SHALL MEET AS
17 NECESSARY AT THE CALL OF THE CHAIR.

18 (d) MEMBERS OF THE ADVISORY COMMITTEE SERVE WITHOUT
19 COMPENSATION OR REIMBURSEMENT OF EXPENSES.

20 (2) THE ADVISORY COMMITTEE HAS THE FOLLOWING DUTIES:

21 (a) ADVISE THE DEPARTMENT ON THE CARENETWORK PROGRAM;
22 (b) MAKE RECOMMENDATIONS TO THE STATE BOARD OF HEALTH
23 REGARDING RULES TO BE PROMULGATED, INCLUDING BUT NOT LIMITED TO:

24 (I) THE DEFINITION OF COVERED SERVICES FOR ELIGIBLE
25 CHILDREN;

26 (II) ESTABLISHMENT OF PAYMENT RATES FOR COVERED SERVICES;
27 (III) DEVELOPMENT OF SPECIFIC REQUIREMENTS FOR DESIGNATED

1 PROVIDERS; AND

2 (IV) DEVELOPMENT OF STANDARDS OF MEDICAL AND BEHAVIORAL
3 HEALTH CARE FOR THE CARENETWORK.

4 (3) THIS SECTION IS REPEALED, EFFECTIVE SEPTEMBER 1, 2029.
5 PRIOR TO SUCH REPEAL, THE DEPARTMENT OF REGULATORY AGENCIES
6 SHALL REVIEW THE ADVISORY COMMITTEE IN ACCORDANCE WITH SECTION
7 2-3-1203.

8 **SECTION 3.** In Colorado Revised Statutes, 2-3-1203, **add** (20)
9 as follows:

10 **2-3-1203. Sunset review of advisory committees - legislative
11 declaration - definition - repeal.** (20) (a) THE FOLLOWING STATUTORY
12 AUTHORIZATIONS FOR THE DESIGNATED ADVISORY COMMITTEES WILL
13 REPEAL ON SEPTEMBER 1, 2029:

14 (I) THE CARENETWORK ADVISORY COMMITTEE CREATED IN
15 SECTION 25-20.5-904.

16 (b) THIS SUBSECTION (20) IS REPEALED, EFFECTIVE SEPTEMBER 1,
17 2031.

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