

March 31, 2025

Chair Gossage and Members of the Joint Committee on Child Welfare System Oversight:

I am pleased to provide you with an update on the Child Abuse Review and Evaluation (CARE) Network, established by the Kansas Legislature in 2023 through HB2034. This legislation not only made permanent the 2022 legislative proviso but also set the Network on a course to reach its full potential in serving the children of Kansas. We are grateful for your continued support and the collaborative efforts between KDHE and DCF.

The primary objective of the CARE Network is to ensure that comprehensive medical evaluations are accessible across all regions of Kansas for cases of child abuse. Under the DCF framework, a written CARE referral is initiated for every reported case involving suspected physical abuse or neglect of children aged five and under. A Board-certified Child Abuse Pediatrician at a Medical Resource Center (MRC) then reviews the case. Following this, the MRC provides a recommendation to DCF regarding the need for a medical evaluation. If a CARE evaluation is recommended, DCF connects the family with a CARE Provider to schedule the exam. By expanding the number of qualified providers across the state, we aim to ensure that children in all Kansas communities have access to high-quality medical care.

The Statewide Referral System

KDHE contracts with the KU Center for Public Partnerships & Research to tailor the IRIS database and referral system for this program. This system is instrumental in facilitating the secure and efficient exchange of information between DCF and the MRC. Furthermore, this system allows for comprehensive data tracking and program evaluation.

From April 1, 2023, to February 28, 2025, DCF transmitted a total of 5,137 referrals to the MRC. Among these referrals, 391 were directed for a general medical examination, and 584 children were referred for a CARE examination. Notably, the average response time between the submission of a referral to the MRC and DCF's receipt of their recommendation was 15 hours and 45 minutes. Please refer to Table 1 for a detailed breakdown of the outcomes associated with these referrals.



KANSAS CHAPTER
American Academy of Pediatrics
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Table 1	
Referral Outcomes¹ (April 1, 2023 – February 28, 2025)	
Referral Status	Count
Completed	5,109
Case review by a CARE provider needed	158
Child should be seen in the Emergency Department	2
Medical exam by CARE provider already completed	258
Medical examination by a CARE provider needed	584
Medical examination by general practitioner needed	391
No medical/forensic evaluation required based on information provided	3,701
Other	14
Rejected	28
Additional information or clarification needed.	7
CPS did not respond to a request for additional information within time allotted.	7
Other	14
Total	5,137

The CARE Network serves all of Kansas, and Table 2 demonstrates the referrals sent to the MRC by DCF Region. The five counties receiving the most referrals were Sedgwick, Shawnee, Johnson, Wyandotte, and Reno.

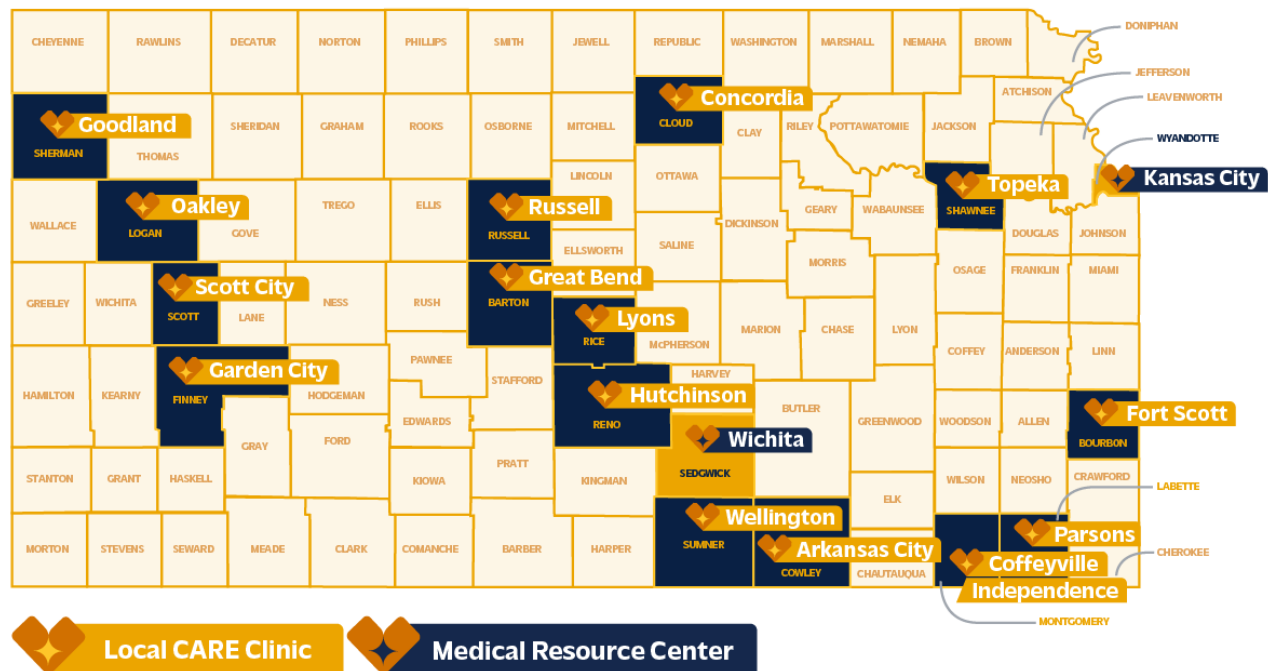
Table 2		
DCF Region	Number of Referrals	Percentage (%) of Total Referrals
Kansas City Region	651	13%
Northeast Region	691	13%
Northwest Region	589	11%
Southeast Region	832	16%
Southwest Region	883	17%
Wichita Region	1,491	29%
TOTAL	5,137	

The CARE Network

The CARE Network consists of a team of trained CARE Providers; Board-certified Child Abuse Pediatricians working at an MRC; or a medical provider affiliated with a child advocacy center equipped to conduct CARE evaluations. A CARE Provider is an individual holding a valid license to practice medicine and surgery, an advanced practice registered nurse, or a licensed physician assistant who has completed CARE training, engaged in continuing education, and received mentorship.

Currently, the Network includes **34 active physicians and other medical providers across Kansas**. Trained CARE Providers are in 18 communities across 17 Kansas counties, as depicted in the following map.

Kansas CARE Provider Locations



Training and Mentoring

The Kansas Chapter, American Academy of Pediatrics (KAAP), in close partnership with the MRCs, coordinates specialized training, continuous education, and mentorship to CARE Providers. An intensive two-day training program, overseen by Board-certified Child Abuse Pediatricians affiliated with the MRCs, is conducted annually. To date, we have successfully **trained 74 providers**, located in **27 Kansas counties**. Notably, most CARE Providers who underwent training were physicians (MDs and DOs), comprising 50% of participants, while advanced practice registered nurses (APRNs) made up 38%, and physician assistants (PAs) constituted 12% of the trained individuals. Table 3 presents data on trainees categorized by training sessions and provider types. The next new provider training is scheduled for September 23-24, 2025, in Wichita.

Table 3 Training	Physicians Trained	PA-Cs Trained	APRNs Trained	Total Providers Trained
September 29-30, 2022, Salina, KS	11	1	12	24
September 21-22, 2023 in Wichita	19	2	7	28
September 17-18, 2024 in Wichita	7	6	9	22
TOTAL	37	9	28	74

KAAP coordinates ongoing training on child maltreatment through an annual ECHO web-based series and in-person update sessions. The ECHO training consists of a monthly webinar aimed at further educating CARE Providers in forensic medical examinations. The 2025 ECHO series kicked off in January and will continue through June, with an average attendance of 36 providers per session. On April 22, 2025, KAAP will host the second in-person update training in Wichita to enhance CARE Providers' skills in handling cases of abuse and neglect. Currently, 19 providers are registered for this training. Attendance at the first update training, in May 2024, included 15 providers. CARE Providers also benefit from peer review and mentoring services provided by Board-certified Child Abuse Pediatricians affiliated with the MRCs, as well as a new provider onboarding session designed to familiarize not only CARE Providers but also their front office staff, billing personnel, and other medical team members with the program.

In closing, I'd like to underscore the significance of a coordinated, comprehensive medical response in safeguarding Kansas children from abuse and neglect. Kansas has assembled a dedicated and robust team, starting with the Kansas Legislature. The passage of HB2034 furnished both the authority and the necessary funding to establish the CARE Provider Network program.

Thank you for your support of this program, which will help safeguard the well-being of Kansas children for years to come. I stand for questions at the appropriate time.

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