



# The CARE Program in Kansas

## Interagency Cooperation and Streamlined Referrals

### Contributors:

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*The most important overall success is that children who would benefit from a medical evaluation are being seen in the appropriate medical setting and in a timely fashion...we are saving children and families time and travel from medical evaluations that are not necessary."— Dr. Kerri Weeks, MD, board-certified child abuse pediatrician with the KU School of Medicine in Wichita*

Over the past year, the Kansas Department of Health and Environment (KDHE), the Kansas Department for Children and Families (DCF), and the Kansas Chapter of the American Academy of Pediatrics (KAAP) have worked together to create a method for developing and maintaining a statewide network of coordinated medical responses to cases of child abuse and neglect in Kansas. In support of this work, an established group of medical providers across the state was created to facilitate referrals between DCF child abuse investigators, child abuse medical resource centers (MRC), and Child Abuse Review and Evaluation (CARE) providers for instances of child abuse and neglect.

This project aims to disperse providers with trauma expertise throughout Kansas while providing a clear referral workflow for child abuse investigations. This CARE network ensures that every reported case of suspected child abuse or neglect for children aged five and under will be reviewed by a board-certified child abuse pediatrician who, in turn, provides recommendations to DCF investigators. IRIS was selected as the primary referral mechanism for DCF staff and pediatricians at the MRC to communicate about children experiencing abuse or neglect and to provide a coordinated response to connect children to quality care.

Since June 1, 2023, DCF and MRC staff have used IRIS to streamline organizational communication and promote interagency coordination. Since IRIS allows DCF case workers to communicate directly with medical experts through quick feedback and automatic notifications, they are already experiencing significant workflow enhancements. Erica Hunter, LBSW and Deputy Director of Safety and Thriving Families with DCF, shared that "[IRIS] allows for easy data entry and a secure way to communicate between [DCF staff] and MRC providers."

Jill Arnold, the former Safety & Thriving Families Program Manager for DCF, shared how easy it is to communicate about a referral with the MRC. She states, "[Using IRIS] has helped us establish one place for communication with the MRC [by] having all referral information housed in one location." This increased connectivity has been especially integral to the MRC.

Dr. Kerri Weeks, one of the board-certified child abuse pediatricians providing recommendations to DCF staff through the MRC, is enthusiastic about the workflow efficiencies that using IRIS has created. She states that using IRIS made an almost "overnight shift for the better" in families' care and access to services.

The MRC and DCF staff have fostered a sense of shared collaboration and accountability through their use of IRIS. In the first two months of the CARE IRIS Network launch, when DCF staff began using IRIS as the primary source for referral coordination, the efforts of the CARE network have touched 485 families. Additionally, 519 referrals have been made on behalf of these families, with 16% resulting in a child being referred to a child abuse pediatrician or CARE provider. In looking at the data, it's clear this thriving network is only possible due to the work of these dedicated groups. Through their shared commitment to using IRIS, DCF and MRC staff have successfully engineered an environment that connects children experiencing neglect or abuse to needed medical services.