The purpose of The Kempe Metrics Project (KMP) is to gather standardized data for analyzing and reporting the annual activities and outcomes of The Kempe Center and Foundation. The benefits from collecting and disseminating essential Kempe benchmark data include: enhanced planning, outcome reporting, year-over-year comparisons, fulfilling funding request and reporting requirements, increased transparency, possible efficiency gains, and providing information of programmatic successes.

In its second year, we have incorporated additional metrics into the KMP to better document the scale and scope of the important work of the entire Kempe organization. New elements for the fiscal year 2009 (FY09) report include: a listing of publications, selected programs’ outcomes (as available), and awards and recognition. It is projected that, in future years, the KMP will identify and report additional measures of “kids getting better”, measures of advocacy and policy achievement, and/or the leverage effect of donated dollars.

SECTION ONE: THE KEMPE CENTER

ACTIVITIES: The Kempe Center’s traditional primary metrics are number of children served, number of professionals trained, and number of training hours provided. It achieves these activities via its mission of providing and improving direct clinical services, improving clinical service delivery systems and providing training and education programs locally and nationally. In FY09, The Center’s eight programs provided direct services for 701 children in 41 Colorado counties and trained/educated/consulted with 4,609 professionals in 26 Colorado counties, 13 additional states, and at two national and two international conferences. Approximately 220 adult caregivers were served by Kempe with significant counseling or support.
**DIRECT SERVICES FOR CHILDREN**

The Kempe Center provided direct services to **701** children (most ages 7 and younger) in FY09. These services include: mental health therapy, a mentoring curriculum, case consultation, injury assessments, and other services. Most Kempe direct service programs saw an increase in number of children served (Kempe works with approximately 6-7% of the state’s abused children annually) over the prior year as child abuse cases in Colorado have increased over that period. For example, the Child Protection Team treated 404 children – more than a 10% increase from FY08. CPT reviewed hundreds cases of reported abuse and neglect at their weekly multi disciplinary CPT staffing during this 12 month period. This type of team meeting has been occurred since C. Henry Kempe, MD founded the CPT in 1958. CPT reviews the cases with child welfare agencies and provides multidisciplinary expertise to professionals in our community who investigate cases and who are responsible for helping the child and family.

<table>
<thead>
<tr>
<th>Program</th>
<th># Children Served¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Protection Team</td>
<td>404</td>
</tr>
<tr>
<td>Training/Education/Consultation</td>
<td>96</td>
</tr>
<tr>
<td>Early Childhood Trauma</td>
<td>16</td>
</tr>
<tr>
<td>Fostering Healthy Futures</td>
<td>85</td>
</tr>
<tr>
<td>Postpartum Depression</td>
<td>12</td>
</tr>
<tr>
<td>Therapeutic Preschool</td>
<td>27</td>
</tr>
<tr>
<td>Under Sixes Program</td>
<td>61</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>701</strong></td>
</tr>
</tbody>
</table>

¹This includes all children who received meaningful services from Kempe. It does not include other family members.

In addition to children, Kempe served over **220** adult caregivers with significant counseling or support. Most of these adults were caregivers of children being treated by Kempe. The range of ongoing contacts included providing counseling, modeling effective parenting skills, communication strategies, referral of services, etc.

<table>
<thead>
<tr>
<th>Residence of Children Served</th>
<th>Children Served</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
</tr>
<tr>
<td><strong>Metro Denver Area Total</strong></td>
<td>76%</td>
</tr>
<tr>
<td>Denver City/County</td>
<td>28%</td>
</tr>
<tr>
<td>Arapahoe County</td>
<td>17%</td>
</tr>
<tr>
<td>Adams County</td>
<td>15%</td>
</tr>
<tr>
<td>Boulder County</td>
<td>2%</td>
</tr>
<tr>
<td>Broomfield County</td>
<td>1%</td>
</tr>
<tr>
<td>Douglas County</td>
<td>3%</td>
</tr>
<tr>
<td>Jefferson County</td>
<td>10%</td>
</tr>
<tr>
<td><strong>34 Other Colorado Counties</strong></td>
<td>20%</td>
</tr>
<tr>
<td><strong>13 Other States</strong></td>
<td>4%</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

This is a subset of 201 children reported by race/ethnicity of the 701 total children served.

Approximately 52% of those receiving services were boys and 48% were girls. Geographically, 76% of children served were from the seven county Denver metro area and 96% were from Colorado. When compared to FY08’s services, there was a large shift in the geographic population served to Adams County which can be directly attributed to the move of the Kempe Center to The Children’s Hospital campus in Aurora (Adams County).

In addition to children, Kempe served over **220** adult caregivers with significant counseling or support. Most of these adults were caregivers of children being treated by Kempe. The range of ongoing contacts included providing counseling, modeling effective parenting skills, communication strategies, referral of services, etc.
TRAININGS & CONSULTATIONS

Kempe was involved with training and educating 4,609 individuals in FY09 with over 26,613 “people training hours” provided. These were direct contact presentations at workshops, university classes, job sites, community locations, and national and international conferences.

Kempe’s collaborations with 636 professionals included consultations with other providers, meeting with caseworkers, testifying in court, serving on panels, task forces and panels, and other related work on behalf of children and their caregivers. Most of these collaborations occurred with social workers, lawyers, and mental health therapists.

Kempe’s programs also provided thousands of hours of valuable career training to students. For example, Kempe trained 16 Fostering Healthy Future (FHF) program mentors who were Master of Social Work candidates from the University of Denver, one clinical psychology PhD working in FHF as the Kempe Center Berger Fellow, two Harris Fellow clinical psychology students working in our Preschool, and a physician supported by Berger funds who provided essential support to the Child Protection Team. A recent survey of the FHF program mentors from the past five years indicated that the training they received was “life changing” and was the best internship training they had received.

<table>
<thead>
<tr>
<th>Training/Presentations</th>
<th># Staff Hours¹</th>
<th># Attendees²</th>
<th># &quot;People Training Hours&quot;³</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Protection Team</td>
<td>99</td>
<td>914</td>
<td>6,498</td>
</tr>
<tr>
<td>Early Childhood Trauma Center</td>
<td>22</td>
<td>362</td>
<td>946</td>
</tr>
<tr>
<td>Fostering Healthy Futures</td>
<td>71</td>
<td>194</td>
<td>1,237</td>
</tr>
<tr>
<td>Perpetration Prevention</td>
<td>184</td>
<td>571</td>
<td>9,087</td>
</tr>
<tr>
<td>Postpartum Depression</td>
<td>50</td>
<td>909</td>
<td>2,273</td>
</tr>
<tr>
<td>Therapeutic Preschool</td>
<td>64</td>
<td>622</td>
<td>1,330</td>
</tr>
<tr>
<td>Training/Education/Consultation</td>
<td>192</td>
<td>902</td>
<td>4,932</td>
</tr>
<tr>
<td>Under Sixes Program</td>
<td>9</td>
<td>135</td>
<td>310</td>
</tr>
<tr>
<td>Totals</td>
<td>691</td>
<td>4,609</td>
<td>26,613</td>
</tr>
</tbody>
</table>

¹Total hours of training time committed by program staff
²Total attendees by program
³Total “people” hours of training by program (i.e., 20 people x a 2 hour training session = 40 “people training hours”)

OTHER SERVICES

Kempe responded to over 750 calls and emails in FY09 to help and refer parents, neighbors, teachers and professionals with their urgent needs and questions regarding child abuse and neglect. The 73% increase in calls and emails over last year can be attributed to difficult economic circumstances and to Kempe’s outreach and awareness efforts.

<table>
<thead>
<tr>
<th>Total Calls and Emails</th>
<th>FY08</th>
<th>FY09</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>33</td>
<td>60</td>
</tr>
<tr>
<td>August</td>
<td>47</td>
<td>61</td>
</tr>
<tr>
<td>September</td>
<td>15</td>
<td>63</td>
</tr>
<tr>
<td>October</td>
<td>34</td>
<td>99</td>
</tr>
<tr>
<td>November</td>
<td>29</td>
<td>73</td>
</tr>
<tr>
<td>December</td>
<td>27</td>
<td>58</td>
</tr>
<tr>
<td>January</td>
<td>54</td>
<td>68</td>
</tr>
<tr>
<td>February</td>
<td>30</td>
<td>55</td>
</tr>
<tr>
<td>March</td>
<td>28</td>
<td>49</td>
</tr>
<tr>
<td>April</td>
<td>54</td>
<td>69</td>
</tr>
<tr>
<td>May</td>
<td>51</td>
<td>58</td>
</tr>
<tr>
<td>June</td>
<td>45</td>
<td>58</td>
</tr>
<tr>
<td>Total Calls and Emails</td>
<td>447</td>
<td>771</td>
</tr>
</tbody>
</table>
**CENTER OUTCOMES:** At Kempe, we measure the outcomes related to our activities where we can. The significant Kempe Center outcomes in FY09 include:

1. **Knowledge Dissemination.** Though qualitative in nature, the Kempe Center continues to significantly contribute to improving clinical best practices, training programs, adopting evidence-based treatments, and expanding medical knowledge in the field of child abuse. Its impact in the medical, academic, and professional communities is significant as demonstrated, in part, by the number and quality of publications as shown below.

<table>
<thead>
<tr>
<th>Program</th>
<th>Author(s)</th>
<th>Publication Name</th>
<th>Title of Article/Chapter</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sirotnak, A.P. &amp; Chiesa, A.</td>
<td>Current Pediatric Diagnosis and Treatment</td>
<td>Child Abuse and Neglect</td>
</tr>
<tr>
<td></td>
<td>Chiesa, A. &amp; Dunhaime, A.</td>
<td>Pediatric Clinics of North America</td>
<td>Abusive Head Trauma</td>
</tr>
<tr>
<td></td>
<td>Culhane, S. E., &amp; Taussig, H. N.</td>
<td>Social Work Research</td>
<td>The structure of problem behavior in a sample of maltreated youth</td>
</tr>
<tr>
<td></td>
<td>DePrince, A.P., Combs, M.D., &amp; Shanahan, M.</td>
<td>Psychology of Women Quarterly</td>
<td>Automatic relationship-harm associations and interpersonal trauma involving close others.</td>
</tr>
<tr>
<td></td>
<td>Shipman &amp; Taussig, H.N.</td>
<td>Pediatric Clinics of North America</td>
<td>Treatment of child abuse and neglect: The promise of evidence-based practice</td>
</tr>
<tr>
<td>Trauma</td>
<td>Shipman, K. &amp; Taussig, H.N.</td>
<td>Pediatric Clinics of North America</td>
<td>Treatment of child abuse and neglect: The promise of evidence-based practice</td>
</tr>
<tr>
<td>PPD</td>
<td>Sheeder, J., Kabie, K., Stafford, B</td>
<td>Pediatrics</td>
<td>Screening for Postpartum Depression at Well Child Visits: Is Once Enough During the First 6 Months of Life?</td>
</tr>
<tr>
<td></td>
<td>Talmi, A., Stafford, B., Bucholz M</td>
<td>Zero to Three</td>
<td>Perinatal mental health where the babies are, in pediatric primary care</td>
</tr>
<tr>
<td></td>
<td>Kline, K, Stafford, B</td>
<td>Essential Elements in the Caregiving Crucible</td>
<td>Chapter: Parenting and Gender</td>
</tr>
<tr>
<td>TEC</td>
<td>Ben Mathews and Donald C. Bross</td>
<td>Child Abuse &amp; Neglect</td>
<td>Mandated reporting is still a policy with reason: empirical evidence and philosophical grounds</td>
</tr>
<tr>
<td></td>
<td>Donald C. Bross and Richard D. Krugman</td>
<td>Pediatric Clinics of North America</td>
<td>Child maltreatment law and policy as a foundation for child advocacy</td>
</tr>
<tr>
<td></td>
<td>Edward P. Richards and Donald C. Bross</td>
<td>Sexually Transmitted Diseases</td>
<td>Legal and Political Aspects of STD Control: Public Duties and Private Rights</td>
</tr>
<tr>
<td></td>
<td>Donald C. Bross</td>
<td>Standing at the Forefront: Effective Advocacy in Today’s World</td>
<td>Involuntary Therapy: A Good Idea?</td>
</tr>
</tbody>
</table>
(2) Mentoring Program Results. Kempe’s Fostering Healthy Futures (FHF) program is a research-based program that uses comprehensive assessments, mentoring, and therapeutic skills groups to help pre-adolescent children in foster and kinship care learn healthy life skills. Youth who enter the program are randomized to one of two groups – an Assessment-Only or Intervention group according to a research protocol known as a randomized controlled trial. While research is still ongoing, preliminary results suggest that FHF is a promising intervention. Over the past year, for example, we found that math grades of those enrolled in the group receiving mentoring and therapeutic skills training (Intervention) showed improvement relative to those who received only the comprehensive assessment (Assessment-Only.) As illustrated in the graph, the Intervention Group showed statistically significant improvement in math grades (over the course of the program) while the Assessment-Only Group did not.

(3) Increased General Functional Levels. In our therapeutic preschool, a primary goal is to increase the functional level of each child from admission to discharge as measured by Children’s Global Assessment Scale (a measure of children’s global functioning level that is scored from 1 to 100). For children who were enrolled at least one month and then successfully discharged from the preschool, we found statistically significant improvements in CGAS scores averaging 19 points, with a range from a 5- to 50-point increase.

<table>
<thead>
<tr>
<th>CGAS scores</th>
<th>Mean</th>
<th>Median</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake</td>
<td>34</td>
<td>35</td>
<td>10 – 41</td>
</tr>
<tr>
<td>Discharge</td>
<td>53</td>
<td>53</td>
<td>40 – 70</td>
</tr>
</tbody>
</table>

(4) Consultation / Assessment Outcomes. Through qualitative measures and prior published research, we know that Kempe’s participation in difficult child abuse cases, either via the Child Protection Team or the START program, leads to better protection of children, reduced liability, and lower future abused related injuries or deaths. These Kempe programs are preventative in nature, serving to mitigate the risk of children exposed to unsafe living conditions. These programs also help children and families get treatment, legal assistance and other resources to help them recover from abuse-related trauma. These services are also valued by child protection services, law enforcement agencies and prosecutor’s offices for giving them expertise otherwise unavailable and reducing the chances that errors will be made in the investigation and management of cases.
SECTION TWO: THE KEMPE FOUNDATION

ACTIVITIES: The Kempe Foundation focuses on its mission of resource generation, awareness, and policy advocacy work for abused children. The primary effort in FY09 was on fundraising with awareness and policy work secondary.

RESOURCES

In FY09, Kempe raised over $3.5 million for operating and capital needs. This was our 3rd best annual fundraising effort in our history. In addition, “In-Kind” donations saved Kempe $65,981 in expenditures while gifts were received for a value of $36,039 for enrichment materials, supplies and activities in support of Kempe’s children and caregivers. Our volunteers’ commitment provided over 2,600 hours of service of tremendous value to Kempe’s efforts last year (equivalent of $56,195).

Our major fundraising outcomes are captured via our visual Dashboard reporting key fundraising and efficiency components.
PUBLIC AWARENESS

Kempe’s public awareness efforts spanned the continuum of media. Our strategy was to build Kempe name brand awareness and make the public more aware of the issue of child abuse and neglect. Fundraising was a secondary goal. Please see below for table of primary activities.

<table>
<thead>
<tr>
<th>Campaign</th>
<th>Media</th>
<th>Strategy</th>
<th>Impressions</th>
</tr>
</thead>
<tbody>
<tr>
<td>US Bank Superhero Print</td>
<td>Magazines, Banks, Print</td>
<td>Kempe Brand; Issue Awareness</td>
<td>950,000</td>
</tr>
<tr>
<td>9 News Campaign</td>
<td>TV and website</td>
<td>Fundraising</td>
<td>585,248</td>
</tr>
<tr>
<td>Colorado Public Radio</td>
<td>Radio</td>
<td>Brand</td>
<td>400,000</td>
</tr>
<tr>
<td>Denver Cultural Network</td>
<td>Indoor &amp; Outdoor Screens</td>
<td>Brand</td>
<td>100,000</td>
</tr>
<tr>
<td>Shaken Baby Syndrome Prevention</td>
<td>Radio &amp; TV</td>
<td>Issue: Prevention</td>
<td>300,000</td>
</tr>
<tr>
<td>Get Your Blue On</td>
<td>TV, Print</td>
<td>Child Abuse Prevention Month</td>
<td>270,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Totals</td>
<td>2,605,248</td>
</tr>
</tbody>
</table>

* Estimates

<table>
<thead>
<tr>
<th>Major Media Coverage</th>
<th>Media</th>
<th>Strategy</th>
<th># of Stories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kempe Website</td>
<td>All Forms</td>
<td>Issue Awareness</td>
<td>18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th># Visits</th>
<th># Members</th>
<th>Giving</th>
<th># Gifts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kempe Website</td>
<td>n/a</td>
<td>$32,000</td>
<td>125</td>
</tr>
<tr>
<td>Facebook</td>
<td>n/a</td>
<td>$4,000</td>
<td>20</td>
</tr>
<tr>
<td>Twitter</td>
<td>n/a</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>Blog</td>
<td>221</td>
<td>$-</td>
<td>0</td>
</tr>
<tr>
<td>Newsletter/eNewsletter</td>
<td>n/a</td>
<td>-</td>
<td>0</td>
</tr>
</tbody>
</table>

Media Impressions are total number of people who could view an ad; it is not the number of people who actually see/hear the ad.

Other public awareness efforts include:

- Outreach at community and workplace giving fairs reached approximately **1,060 individuals**
- The number of April’s “Get Your Blue On” events’ **attendees was approximately 1,800.**
- **5,000 blue ribbon** car magnets were distributed in Colorado
A key part of the Foundation’s mission is to advocate on behalf of abuse and neglected children by working with state and local leaders to develop public policy that serves in the best interest of this already vulnerable population. This is hard to measure quantitatively. Nonetheless, there were certainly qualitative successes along the way that included:

- Kempe Foundation Board member and Advocacy Committee Chair, John Faught, worked countless hours and played an instrumental role by participating on the “Child Welfare Action Committee” to help shape recommendations for the state’s Child Welfare System. The Foundation communications staff helped with research and other support. Kathryn Wells, MD, a prominent Denver area physician who trained as a fellow with the Kempe Child Protection Team, was essential in this effort as well.

- Kempe President and CEO, Jesse Wolff also gave presentations to the Democratic Senate and House Caucuses. In these presentations he was able to highlight the toll that the failing economy has on families and how that may lead to more cases of child abuse and neglect.

- This year we monitored 12 child abuse-related bills. On these bills and others, Kempe experts were regularly consulted by legislators as they drafted and moved their legislation through the process. Highlights include: SB-164 – The Child Welfare Training Academy: This bill creates the child welfare training academy (academy) in the department of human services. Requires the department of human services to promulgate rules for the administration of the academy and create the training structure.

Other efforts include:

- Kempe President and CEO, Jesse Wolff published two opinion columns in the Denver Business Journal and was appointed to the Colorado Children’s Trust Fund Board of Directors by Governor Ritter.

- We continued to spearhead April/Child Abuse Prevention Month advocacy efforts through our “Get Your Blue On” Campaign for Child Abuse Prevention, securing proclamations from the Governor and both Aurora and Denver Mayor’s offices, displaying giant blue ribbons on the State Capitol, City and County building, along with many others, and asking legislators to show their support for child abuse prevention by wearing Kempe blue ribbons and car magnets throughout the month of April. We also had a month long Child Abuse Prevention Month display table at the State Capitol.

**FOUNDATION OUTCOMES:** The significant Kempe Foundation outcomes in FY09 include:
1) **Measurable Awareness Increase.** In the fall of 2008, we were able to conduct a market survey to add to the previous surveys we had done to measure name awareness for Kempe. It was completed during a period there was little awareness activity (Sep 2008). The outcome is that that people are more aware of Kempe (and think favorably of name) than they were seven years ago, particularly in metro Denver. They also associate the Kempe name with the issue of abuse more than they did.

<table>
<thead>
<tr>
<th>Metro Denver (N = 300)</th>
<th>Mar-01</th>
<th>Feb-02</th>
<th>Aug-02</th>
<th>Dec-02</th>
<th>Apr-04</th>
<th>Jun-04</th>
<th>Sep-08</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaided, % that associate the name &quot;Kempe&quot; with issue of Cl</td>
<td>1%</td>
<td>3%</td>
<td>4%</td>
<td>5%</td>
<td>8%</td>
<td>4%</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Aided, percent of people who have &quot;heard of&quot; Kempe</td>
<td>n/a</td>
<td>n/a</td>
<td>22%</td>
<td>16%</td>
<td>27%</td>
<td>38%</td>
<td>37%</td>
<td>28%</td>
</tr>
<tr>
<td>Aided, percent who view &quot;Kempe&quot; name favorably</td>
<td>n/a</td>
<td>n/a</td>
<td>16%</td>
<td>12%</td>
<td>14%</td>
<td>17%</td>
<td>19%</td>
<td>16%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State of Colorado (N=500)</th>
<th>Mar-01</th>
<th>Feb-02</th>
<th>Aug-02</th>
<th>Dec-02</th>
<th>Apr-04</th>
<th>Jun-04</th>
<th>Sep-08</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaided, % that associate the name &quot;Kempe&quot; with issue of Cl</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>4%</td>
<td>5%</td>
<td>2%</td>
<td>4%</td>
</tr>
<tr>
<td>Aided, percent of people who have &quot;heard of&quot; Kempe</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>25%</td>
<td>33%</td>
<td>31%</td>
<td>30%</td>
</tr>
<tr>
<td>Aided, percent who view &quot;Kempe&quot; name favorably</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>11%</td>
<td>12%</td>
<td>15%</td>
<td>13%</td>
</tr>
</tbody>
</table>

**Note:** 100% is the optimal value for all of these measures.

2) **Large Capital Investment.** In FY09, The Kempe Foundation completed its $12.7 million Capital Campaign and relocation of all Center and Foundation programs to The Gary Pavilion at The Children’s Hospital on the Anschutz Medical Campus. The move enables Kempe’s renowned staff to join their colleagues from the University of Colorado Denver- School of Medicine’s, The Children’s Hospital, and Department of Pediatrics to begin building a world class center to integrate child abuse focused clinical care, treatment research, training, public outreach and advocacy. Though qualitative in nature, the shared resources, increased collaboration, and proximity to medical programs and colleagues were a critical strategic component of the move. These things are happening rapidly as we begin to connect with campus.