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# Family First: Annual Evidence-building Strategy Report

## REPORT HIGHLIGHTS:

As the coordinator of Family First rigorous evaluation efforts on behalf of the State of Colorado, the Colorado Lab provides ongoing strategic guidance to meet the evidence-based aspects of Family First requirements and ensure strategic investments in evidence-building for services/programs positioned to meet the needs of Colorado's children, youth, and families.

This report covers:

- Synthesis of evidence designations for each program/service approved in Colorado's Prevention Plan.
- Conceptual approach to expanding the evidence-based service Family First array in Colorado.
- Aspects of federal requirements that are important to the value of the prevention services continuum.
- Leveraging key spaces to advance Colorado's prevention strategy and drive toward equity.

## AUTHORS:

**Elysia V. Clemens**, PhD, LPC  
Deputy Director/COO, Colorado Evaluation and Action Lab

**Courtney L. Everson**, PhD  
Sr. Researcher/Project Director, Colorado Evaluation and Action Lab

**Erin Wu**, MPH  
Staff Researcher, Colorado Evaluation and Action Lab

**For inquiries contact:** Elysia Clemens | [Elysia@coloradolab.org](mailto:Elysia@coloradolab.org) | [www.ColoradoLab.org](http://www.ColoradoLab.org)

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## Introduction

Programs included in Colorado’s 5-Year Prevention Services Plan that are rated as “promising” or “supported” by the Title IV-E Prevention Services Clearinghouse require ongoing rigorous evaluation to build evidence towards a “well-supported” designation.<sup>1</sup> In addition, practices that have no current level of designation (i.e., not yet rated), as well as practices that have been reviewed, but received a rating of “does not meet criteria,” require rigorous evaluation building from the ground up.

The Colorado Evaluation and Action Lab (Colorado Lab) serves as the coordinator of Family First rigorous evaluation efforts on behalf of the State of Colorado, specifically, the Colorado Department of Human Services (CDHS). In this role, the Colorado Lab provides ongoing strategic guidance to meet the evidence-based aspects of Family First requirements and ensure strategic investments in evidence-building for services/programs positioned to meet the needs of Colorado’s children, youth, and families.

### **This report covers:**

- Synthesis of evidence designations for each program/service approved in Colorado’s Prevention Plan.
- Conceptual approach to expanding the evidence-based service Family First array in Colorado.
- Aspects of federal requirements that are important to the value of the prevention services continuum.
- Leveraging key spaces to advance Colorado’s prevention strategy and drive toward equity.

## **Situating the Family First Service Array within Colorado’s Full Prevention Services Continuum**

Family First is an opportunity to think differently about prevention within child welfare, providing an oversight (e.g., Title IV-E Clearinghouse) and resource (e.g., use of Title IV-E funds to prevent out-of-home placement) infrastructure for building out a prevention array targeted at families at risk for child welfare involvement or deeper involvement. The value of Colorado’s Family First strategy is not limited to only programs/services in Colorado’s Title IV-E Prevention Plan; strategies explored, developed, and resourced through Family First can catalyze and strengthen the full Prevention Services Continuum in Colorado. Lessons learned and investments made in Family First can be replicated, scaled, and adapted in the full Prevention Services Continuum, so that best practices can be made widely accessible to all Colorado families.

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<sup>1</sup> Once a program has achieved a “well-supported” designation, the State may apply for a waiver of rigorous evaluation and implement only federal requirements for continuous quality improvement.



**“Array” versus “Continuum”**

**Family First Service Array:** Select programs/services included in Colorado’s Title IV-E Prevention Services Plan and approved by the Title IV-E Clearinghouse as an evidence-based practice.

**Colorado Prevention Services Continuum:** All programs/services in Colorado that contribute to primary, secondary, or tertiary prevention for strengthening families. This includes programs/services that cross state agencies—including the Colorado Department of Early Childhood (CDEC), CDHS’s Division of Child Welfare (DCW), the Behavioral Health Administration, the Colorado Department of Public Health and Environment, and the Colorado Department of Education—as well as those that are county-designed and community-based. These programs/services may be approved by one or more Clearinghouses as evidence-based and/or may be at the early stages of evidence-building.

**Previous Reports**

This report builds off groundwork laid in previous evidence-building efforts by the Colorado Lab, in partnership with CDHS. Select previous reports are linked below.

Report Name	What It Covers	Dated
<a href="#">Strategy for the Evidence-based Aspects of the Family First Services Continuum</a>	Recommendations for evidence-based services matched to the needs of Colorado families, opportunities for fiscal drawdown, and ongoing rigorous evaluation and continuous quality improvement.	07/01/2021
<a href="#">Evidence-building for Family First: Rigorous Evaluation Annual Report</a>	Synthesis of evidence designations for each program or service approved in the Plan; recommendations for prioritizing evidence building activities in SFY23 and beyond; lessons learned and opportunities to inform sustainability, scaling, and expansion of Colorado’s service continuum.	06/30/2022



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# **Synthesis of Evidence Designations for Each Service Approved in Colorado's Prevention Plan**







## Synthesis of Evidence Designations for Each Service Approved in Colorado’s Prevention Plan

Colorado’s Approved Prevention Plan includes nine programs/services for inclusion and federal drawdown. The Title IV-E Clearinghouse rated each of these programs/services and assigned a designation of promising, supported, or well-supported. If a “well-supported” designation, a waiver of rigorous evaluation can be requested and the practice can undergo a robust continuous quality improvement (CQI) process instead. If a “promising” or “supported” designation, the practice must be continuously and rigorously evaluated, with the goal of moving the program to a “well-supported” designation. Programs/services that were rated by the Title IV-E Clearinghouse as “does not currently meet criteria” are not and cannot be included in the Plan.

In alignment with the Colorado Lab’s *Strategy for the Evidence-Based Aspects of Family First* report (“Strategy Report”), [Table 1](#) summarizes, for each program/service in the Plan: (a) evidence designation, (b) date the research base was last reviewed by the Clearinghouse,<sup>ii</sup> and (c) action required based on evidence designation.

The “last reviewed” column is included because, periodically, the Clearinghouse will re-review the research base for a given program/service if substantial new evidence is published and update the evidence designation accordingly. The Colorado Lab tracks evidence designations and dates of last review in order to identify opportunities for Colorado to ask the Clearinghouse to re-review practices at the “promising” or “supported” level as new evidence is released, as well as to identify when a program/service in Colorado’s Plan may be eligible for the state to request a waiver of rigorous evaluation and move to a CQI-only process.

### Why are Programs Re-reviewed by the Clearinghouse?

Programs and services reviewed for the Prevention Services Clearinghouse may be considered for re-review due to missing information or errors in the original review, or due to the emergence of substantial new evidence that has the potential to change program or service ratings. Prevention Services Clearinghouse staff keep track of the dates that programs and services are reviewed and periodically assess the extent of new evidence available. Periodically, content experts may be consulted to determine if new research is available and if the available research has the potential to change the rating of the program or service. Stakeholders may request a re-review of the program or service rating based on the mis-application of criteria, missing information, or other errors.

<sup>ii</sup> Independent Systematic Reviews were allowed by the Family First Transition Act, pursuant to [PI-19-06](#), issued by the Administration for Children and Families.



Table 1. Evidence Designations for Nine Services Named in Colorado’s Prevention Plan. Evidence designations that have changed since last report are **in bold**.

	Program/Service Name	Evidence Designation	Last Reviewed	Action Required
In-home Parent Skill-based Array	Child First	Supported	May 2021	Rigorous evaluation
	Healthy Families America	Well-Supported	February 2020	CQI only
	Nurse-Family Partnership	Well-Supported	June 2019	CQI only
	Parents as Teachers	Well-Supported	June 2019	CQI only
	SafeCare	Supported	August 2020	Rigorous evaluation
	<b>Fostering Healthy Futures for Preteens</b>	<b>Supported</b>	<b>June 2022</b>	<b>Rigorous evaluation</b>
	Functional Family Therapy	Well-Supported	June 2019	CQI only
	Multisystemic Therapy	Well-Supported	February 2020	CQI only
	Parent-Child Interaction Therapy	Well-Supported	February 2020	CQI only

*Note.* A previous version of the report indicated that a 10<sup>th</sup> program/service would be included in the Plan – Fostering Healthy Futures Teen; however, the Title IV-E Clearinghouse rated that program/service as “does not currently meet criteria” so it was removed prior to Colorado’s Plan being approved.

## Evidence Designations for Adaptations of Services in Colorado’s Plan

### What is a Program Adaptation?

When reviewing the research base for programs/services to be included in the Clearinghouse, studies reviewed must all represent similar implementation of the program (i.e., same version) and use the same implementation manual or other documentation. The Clearinghouse defines adaptations as:

- Adaptations to *content* (e.g., adding a new component to an established program/service).
- Adaptations to *modality* (e.g., changing from in-person to online).

Adaptations or modifications to processes, such as accelerating program delivery (e.g., from two times/week to three times/week) over a shorter period, are acceptable.





As of September 2022, evidence designations were also available for adaptations of services approved in Colorado’s Prevention Services Plan. Each of the following services were rated as “does not currently meet criteria,” indicating that the service does not meet criteria to receive a rating because, after review, no studies met the design and execution standards of the Title IV-E Clearinghouse *or* at least one study met design and execution standards, but no eligible outcomes showed statistically favorable results. Thus, Colorado federal drawdown will be limited to the originally rated program/services.

We track these evidence designations on adaptations because should a service approved in Colorado’s Plan have an adaptation that meets Clearinghouse standards, an opportunity to draw down on that adaptation becomes available with minor capacity-building lifts (e.g., addendum to Colorado’s Plan requesting approval, adding adaptation to the fidelity dashboard).

#### Adaptations Rated as “Does Not Currently Meet Criteria”

- Functional Family Therapy – Child Welfare (last review date: September 2022)
- Functional Family Therapy – Therapeutic Case Management (last review date: September 2022)
- Multisystemic Therapy – Substance Abuse (last review date: September 2022)
- Multisystemic Therapy – Prevention (last review date: September 2022)
- SafeCare Augmented (last review date: September 2022)



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## Conceptual Approach to Expanding the Evidence- based Family First Service Array in Colorado





## Prioritizing Additional Services: A Conceptual Framework

Conceptually, the decision to include additional programs/services in next iteration(s) of the Plan should be informed by the following questions:

1. **Target Population and Outcomes:** For the target population for this service, is there an intersection between the expected outcomes of this service and Family First goals?
  - a. Does the research base for the service map to Family First-eligible outcomes and goals for the target population?
  - b. Is there a clear need to move the dial on these same outcomes for the target population?
2. **Fidelity and CQI:** What is the current structure for fidelity monitoring and CQI support? Does this structure lend itself to ensuring that Colorado families would receive this service as it is intended and meeting federal requirements for Family First?
  - a. Is there a state intermediary or network of support that could be activated as a state intermediary?
  - b. What is a reasonable catchment area for a state intermediary?
3. **Reach and Rate Limiters:** What is the reach of this service in Colorado? And what are the rate limiters for reaching Family First candidates?
  - a. Where is this service delivered, are there waitlists, are child welfare and juvenile justice populations being served?
  - b. What are the rate limiters for reaching Family First candidates?
4. **Funding Model(s):** What is the current funding model for the service and are these funding streams eligible for federal reimbursement?
  - a. What does the funding currently cover (e.g., direct service, indirect or operational, specific populations)?
  - b. What are the opportunities to increase drawdown and how does that intersect with phased candidates eligible for drawdown?
5. **Upfront Investments:** What are the costs (dollars and human capital) to include this service in the Plan?
  - a. Considering the rating and the associated evaluation and CQI requirements.
  - b. Infrastructure to claim for this service.
  - c. Investments to expand reach to Family First candidates that could substantively change capacity (e.g., population and site expansion, geographic reach).

The Child Welfare Prevention Task Group is finalizing a Service/Program Screening Triage Form and Rubric that conceptually aligns with the above questions, to yield a determination of whether the program/service has high, mid, or low/no potential for inclusion on Colorado's Prevention Plan. The Colorado Lab can support CDHS in further examining the value of programs/services rated as "high" and "mid" using the methodology proposed in this annual report.

In the interim, the Colorado Lab recommends continuing with the momentum and investments generated from previously established Family First working and task groups (e.g., Implementation Team, Service Continuum Working Group, Transition Funds Act group).



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**Aspects of Federal  
Requirements that are  
Important to the Value of the  
Prevention Service  
Continuum in Colorado**







## Aspects that are Important to the Value of Colorado’s Prevention Service Continuum

The value of ensuring that Colorado families receive high quality prevention services that have been proven to work in our local communities extends beyond those listed in the Title IV-E Prevention Services Plan. This section of the report puts forth best practice expectations for ongoing rigorous evaluation and CQI for programs and services that are part of Colorado’s Prevention Service Continuum, but not included in the Title IV-E Prevention Services Plan and, therefore, not subject to those full federal requirements.

### Summary of Recommendations

- **Build capacity to include Prevention Services in the Statewide Fidelity Monitoring Dashboard so information is available to ensure Colorado families are receiving evidence-based services as they were designed to be delivered.**
- **Engage in strategic planning to prioritize ongoing rigorous evaluation of prevention services programs.**
- **Build evidence for adaptations of services to promote cultural responsiveness and expand reach to balance of state counties.**

### Fidelity to the Model

One of the federal requirements for services included in Title IV-E Prevention Services plan is that CDHS ensures the program/service is being implemented consistent with the evidence-based model approved by the Clearinghouse. The Colorado Lab recommends building the capacity to include prevention services beyond those in the Plan in the Statewide Fidelity Monitoring Dashboard. In doing so, information will be available to CDHS to direct resources toward supporting high-quality service delivery and to inform counties on referring families to providers who are delivering prevention services as they were designed.

#### Recommendation

Build capacity to include prevention services from Colorado’s Full Prevention Services Continuum in the Statewide Fidelity Monitoring Dashboard.

### About the Statewide Fidelity Monitoring Dashboard

The statewide fidelity dashboard is being developed by the Colorado Lab. The dashboard will visualize data by service, geographic region, and organization. These data will be ratings of fidelity to the model, presented on a standardized scale of “met”, “approaching,” and “not met.” The fidelity data for services included in the Plan are being provided via CDHS contracts with state program intermediaries. The role of these state program intermediaries also includes supporting providers and organizations in CQI processes. More information on the dashboard will be available early in calendar year 2023.



## Ongoing Rigorous Evaluation

Another federal requirement for services included in the Title IV-E Prevention Services plan is that CDHS engages in ongoing rigorous evaluation of services until there are at least two studies demonstrating positive effects and results from at least one study indicated those positive effects lasted for at least 12 months beyond the end of treatment (i.e., “well-supported” designation by the Title IV-E Clearinghouse). This best practice of engaging in ongoing rigorous evaluation until there is substantial evidence that a program works is relevant to prevention services broadly.

### Recommendation

The Colorado Lab recommends that CDHS’s Office of Children, Youth and Families (OCYF) develops a strategic research agenda to guide investments in evaluation of prevention services. The process for ongoing rigorous evaluation should align with Colorado’s [steps to building evidence](#). These steps help ensure that the research design is matched to where the program is in terms of its progression from theory informed to becoming a proven practice.

## Building Evidence for Adaptions of Services

The Title IV-E Clearinghouse defines what constitutes an adaptation to an evidence-based service. This is important because it provides guidance on what would constitute enough of a change in how a program/service is delivered to warrant building evidence for the adaptation—rather than assuming that it would work similarly to the originally researched program/service. Additionally, anything considered an “adaptation” by the Clearinghouse cannot be claimed on unless the adapted version is reviewed by the Clearinghouse and given an evidence-based designation, and the adaptation is approved in Colorado’s Prevention Services Plan.

### Recommendation

The Colorado Lab recommends that CDHS OCYF considers—when developing a strategic research agenda—opportunities to build evidence for adaptations of services.

The following guidelines for what constitute an adaptation are paraphrased from the Title IV-E Clearinghouse Handbook for Standards and Procedures:

- Modality of service delivery changes (e.g., hybrid of telehealth instead of in person to expand reach) or provider qualifications are reduced (e.g., paraprofessionals instead of nurses).
- New components are added, components are removed, or substantially changed (e.g., align with identified population needs).
- Content is radically changed to align the service to different cultural groups, with the goal of making the service culturally responsive.





## Culturally Responsive Evidence Building: rETHICS

The Colorado Lab supported CDHS in securing the Research Ethics in Training for Health in Indigenous Communities (rETHICS) toolkit as part of Colorado’s commitment to culturally responsive prevention and equitable reach, access, and outcomes in service delivery. The rETHICS toolkit provides trainers a curriculum and resources to train researchers and community members who are engaged in research conducted with Indigenous communities. The Colorado Child Welfare Training System (CWTS) is overseeing the train-the-trainer model in Colorado and developing strategy for delivering the training throughout Colorado’s caseworker and researcher community.

Practically, the Colorado Lab holds the contract in Colorado to issue licenses to trainers selected by CDHS, with a total of 50 licenses procured. In August 2021, CDHS designated eight licenses to individuals to become a trainer in Colorado. The Colorado Lab approves and issues these licenses for access to the toolkit. 42 licenses remain.

Strategically, the Colorado Lab can identify opportunities for rETHICS to be further disseminated in Colorado by flagging opportunities where evidence-building within Family First (and the larger Prevention Services Continuum) intersects with indigenous communities. The Colorado Lab recently met with Jon Steinmetz (Training and Development Specialist - Family First Prevention Services Act and Kinship Liaison, Learning & Development Team) and Francis Agyakwa (Learning and Development Team Supervisor) to discuss this strategy. From this discussion, three priority areas for delivering the rETHICS training were identified: (1) Researchers/evaluators who identify as part of the Ute Mountain Ute Tribe or Southern Ute Indian Tribe and conduct child/youth/family prevention research; (2) Research being done on prevention services/programs within these two federally recognized tribes, regardless of researcher identity; and (3) Prevention programs/services being delivered to Indigenous families, regardless of location in Colorado. In addition, the rETHICS approved trainers are targeting three intersecting populations for initial training: (1) child welfare caseworkers, (2) county data teams, and (3) researchers/evaluators.

### Promoting rETHICS in Colorado

The Colorado Lab will flag any opportunities that arise during rigorous evaluation coordination that meets CWTS-identified priority areas and populations for delivering rETHICS.

In addition, the Colorado Lab will maintain the 42 remaining licenses. If/when CWTS finds the demand for trainers is exceeding the capacity of the current trainer cohort, they will identify a second cohort of trainers and request the Lab approve these additional licenses.



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**Leveraging Key Spaces to  
Advance Colorado's  
Prevention Strategy and  
Drive toward Equity**





## Opportunities to Expand the Prevention Continuum

There are three interconnected spaces that can be used to strategically advance Colorado's prevention strategy promote equity in service reach, access, and outcomes:

1. Leveraging existing partnerships
2. Driving toward equity and filling gaps
3. Expanding populations for federal draw down

### Leveraging Partnerships

To improve the collaborative process of evidence-building, strengthen implementation of Colorado's Family First array, and accelerate investments in the full Prevention Services Continuum, there are six existing spaces should be leveraged and intentionally aligned. These spaces are the [Child Welfare Prevention Task Group](#), the [Colorado Child Abuse Prevention Trust Fund](#), the [Delivery of Child Welfare Services Task Force](#), the OCYF Colorado Implementation Science Unit funded by an investment from the Morgridge Family Foundation, [CDEC](#), and the Colorado Behavioral Health Administration.

#### Child Welfare Prevention Task Group

The [Child Welfare Prevention Task Group](#) launched in May 2021 to promote Colorado's Family First strategy and to strengthen the State's ongoing commitment to a prevention-oriented child welfare system. The Prevention Task Group serves as a policy advisory group of the Child Welfare SubPAC within CDHS. Three subcommittees lead the work of the Task Group: (1) County/Regional Prevention Implementation Subcommittee, (2) State Prevention Integration Subcommittee, and (3) Data and Evaluation Prevention Subcommittee.

#### Delivery of Child Welfare Services Task Force

The [Delivery of Child Welfare Services Task Force](#) became effective July 1, 2018 with the passage of SB18-254 (Section 8). The Task Force was established within CDHS, in collaboration with counties, and is collectively tasked with analyzing laws and rules related to the delivery of child welfare services to ensure alignment with Colorado's implementation of the Family First Prevention Services Act. The Task Force is responsible for developing a method through which to incentivize counties for the provision of services and placements that are based on the needs of the child or youth; establishing performance and outcome measures and the process by which to evaluate the measures; and providing quarterly updates to the Joint Budget Committee, the Public Health Care and Human Services Committee of the House of Representative and the Health and Human Services Committee of the Senate. Section 8 of SB18-254 that established this task force had an original repeal date of June 30, 2022. HB21-277 extended the task force duties through June 30, 2023.

#### Colorado Child Abuse Prevention Trust Fund

The [Colorado Child Abuse Prevention Trust Fund](#) (Trust Fund) was established in statute in 1989 to prevent the abuse and neglect of Colorado's children. The Trust Fund provides leadership, collaborative support, and advising and makes recommendations regarding child maltreatment prevention planning, implementation, alignment, and investments across Colorado, with a statutorily-defined focus on primary and secondary prevention. The work is governed by a 19-member Colorado Child Abuse Prevention Board made up of cross-system representatives at county and state levels alongside family leadership. The Trust



Fund is responsible for managing and overseeing the process for (re)distribution of funds in the pool obtained through Family First fiscal drawdown.

### **Colorado Implementation Science Unit within the Office of Children Youth and Families**

The Morgridge Family Foundation (MFF) has resourced an internal data team within OCYF, called the Colorado Implementation Science Unit (CISU). This team will provide internal capacity to engage in program implementation and evaluation in order to (1) build and implement a coordinated OCYF research agenda and strategy; (2) provide technical assistance to teams on program design, implementation, and evaluation; (3) advance existing OCYF programs on the evidence continuum; and (4) reduce reliance on ad hoc external evaluations that are presently limited by research institution capacity, funding, and alignment with external research priorities. This unit enacts and institutionalizes OCYF’s strategic priority to strengthen data-driven decision-making.

### **Colorado Department of Early Childhood**

When Colorado’s Prevention Services Plan was first created, all programs/services named in the plan were under the same state agency—CDHS. HB22-1295 established the new [CDEC](#), effective July 1, 2022. At that time, the previous CDHS Office of Early Childhood moved to CDEC, which also transitioned several of the in-home parenting services/programs named in the plan to be under CDEC oversight and coordination. Collaborating with CDEC provides opportunity to consider cross-system investments and outcomes for Colorado’s Full Prevention Services Continuum, including the Family First array.

### **Colorado’s Behavioral Health Administration**

The initial development of Colorado’s Prevention Services Plan intentionally focused on services/programs in the in-home parenting array and the mental health array. At the time of early visioning and development, the new Behavioral Health Administration (BHA) was just beginning in formation. As such, to allow time for the BHA to come fully online, services/programs in the substance use disorder array were not include in Colorado’s Plan. With the passage of HB22-1278, the BHA was officially within CDHS, though acting largely as an independent state agency in practice. This provides an opportunity to consider how to build up the substance use array within Colorado’s Full Prevention Services Continuum, including filling the current gap in the Family First array.

### **Colorado Partnership for Thriving Families**

The Colorado Partnership for Thriving Families is a cross-system collaboration between state and county departments of public health and human services, families, and communities. Using a collective impact approach, the Partnership aims to create conditions where children and the adults in their lives – parents, family members, caregivers, and educators – can thrive. The Partnership is guided by three priority areas: systems alignment, early touch points, and community norms. The North Star goal of the Partnership is to prevent child maltreatment and promote family well-being, with a special focus on prenatal to one. The Partnership is a key space to align Family First efforts across Colorado and take a public health approach to child maltreatment prevention at primary, secondary, and tertiary levels.

Table 2 summarizes the key collaboration opportunities and mechanism with each of these key partners.



Table 2. Collaborate with Key Partners to Advance Colorado’s Family First Strategy

Partner	Collaboration Opportunity	Recommended How
Child Welfare Prevention Task Group	Inform: <ul style="list-style-type: none"> <li>• Evidence-building priorities.</li> <li>• Adding services to Colorado’s Plan and developing infrastructure</li> <li>• Developing Phase II candidacy infrastructure.</li> </ul>	<p>The Colorado Lab, with CDHS partners, will use results from the Service/Program Screening Triage Form and Rubric, as aligned to the <a href="#">conceptual framework outlined in this report</a>.</p> <p>The Colorado Lab holds one of three evaluation/research seats on the CWPTG with Dr. Courtney Everson serving as Co-Chair of the Data and Evaluation Subcommittee, allowing for real-time coordination support.</p>
Delivery of Child Welfare Services Task Force	Track: <ul style="list-style-type: none"> <li>• Recommendations from the Task Force that influence Family First implementation</li> <li>• Decisions by the Task Force with consequence for evidence-building investments</li> </ul>	<p>The Colorado Lab recommends periodic meetings be convened between DCWSTF Co-Chairs Kendra Dunn and Mimi Scheuermann, DCW leadership Joe Homlar (also on the Task Force), Lucinda Wayland-Connelly and Matt Holtman. Priority should be given to these meetings between now and end of SFY23, as the Task Force is set to be repealed on June 30, 2023.</p>
Colorado Child Abuse Prevention Trust Fund	Leverage multiple funding sources to: <ul style="list-style-type: none"> <li>• Re-invest federal Title IV-E Prevention drawdowns in the Family First array to strengthen capacity for successful evidence-building and service implementation.</li> <li>• Re-distribute multiple funding sources to build out the full Prevention Services Continuum, including county-designed and community-based prevention practices not include in the Family First array.</li> </ul>	<p>The Colorado Lab has partnered with the Trust Fund to guide development of a Prevention Investment Strategy for the multiple funding sources the Trust Fund is responsible for making recommendations on.</p>



Partner	Collaboration Opportunity	Recommended How
<p>Colorado Implementation Science Unit within OCYF</p>	<p>Strengthen the evidence-building pipeline of the prevention continuum by:</p> <ul style="list-style-type: none"> <li>• Readying services/programs for rigorous evaluation.</li> <li>• Building capacity to track outputs and outcomes.</li> <li>• Assessing opportunities to scale and evaluate community- and county-designed services.</li> <li>• Identifying opportunities to build evidence for adaptations.</li> <li>• Identifying opportunities to build evidence for Colorado applicability of programs already rated by the Clearinghouse.</li> </ul>	<p>The Colorado Lab is providing coaching support to the new CISU to promote this pipeline strengthening.</p>
<p>Colorado Department of Early Childhood</p>	<p>Promote cross-system investment and feasibility by:</p> <ul style="list-style-type: none"> <li>• Aligning the in-home parenting Family First array with CDEC priorities.</li> <li>• Assuring feasibility of implementation of Family First programs/services under CDEC scope</li> </ul>	<p>The Colorado Lab will convene bi-annual cross-system meetings between CDHS/DCW, CDEC, and BHA representatives.</p>
<p>Colorado’s Behavioral Health Administration</p>	<p>Fill in gaps in substance use disorder services/programs and strengthen mental health services/programs by:</p> <ul style="list-style-type: none"> <li>• Identifying opportunities for BHA to provide upfront funding to substance use and mental health services/programs of value to the Family First array.</li> <li>• Match BHA priorities for children/youth with programs/services identified in Colorado’s Full Prevention Services Continuum.</li> </ul>	
<p>Colorado Partnership for Thriving Families</p>	<ul style="list-style-type: none"> <li>• Accelerate alignment of Family First efforts across Colorado</li> <li>• Advance public health approaches to child maltreatment prevention at primary, secondary, and tertiary levels</li> </ul>	<p>Family First leaders at state and county levels are encouraged to join the Partnership. The Colorado Lab is also the strategic research partner to the Partnership.</p>





## Driving Toward Equity and Filling Gaps

To drive toward equity in Colorado’s prevention efforts and to fill gaps in populations served, outcomes of interest, and geographic areas, evidence-building in four areas should be invested in. These areas are: (1) culturally and linguistically responsive services; (2) service access for rural and underserved areas; (3) services matched to Phase II target populations; and (4) known Family First array gaps in age, acuity, or outcomes (as identified in the Colorado Lab’s *Strategy Report*).

Table 3 provides considerations for program/services positioned to advance equity and fill gaps with an appropriate level of evidence-building investment. The CWPTG, the Trust Fund, and the OCYF Internal Data Team, in partnership with the Colorado Lab, should be activated during these evidence-building investments (see [Leveraging Existing Spaces](#) for details).

Table 3. Evidence-building Opportunities to Advance Equity and Fill Gaps – **Considerations**

Evidence-building Area	Programs/ Services Recommended	Target Population or Gap	Clearinghouse Designation (Evidence Review Date)	Service Array	Exists in Colorado?	What Is Needed
Culturally and linguistically responsive services	Familias Unidas	Latinx adolescents and their families	Well-Supported <i>(October 2021)</i>	In-home Parent Skill-based; Mental Health, Substance Use	No	Evidence-building of program applicability
	Family Spirit	American Indian Mothers (ages 14 to 24)	Promising <i>(May 2021)</i>	In-home Parent Skill-based	No	Family Spirit
	Strong African American Families	African American youth (ages 10 to 14) and caregivers	Well-Supported <i>(September 2022)</i>	Mental Health, Substance Use	No	Evidence-building of program applicability
Service access for rural and underserved areas	Hybrid (Telehealth) Adaptations of Services	---	---	---	---	Collaborating with underserved areas to identify programs and match adaptations to their needs and goals



Evidence-building Area	Programs/ Services Recommended	Target Population or Gap	Clearinghouse Designation (Evidence Review Date)	Service Array	Exists in Colorado?	What Is Needed
Services matched to Phase II candidacy target populations	Incredible Years – School Age	Parent and caregivers of children ages 6 to 12	Promising (August 2020)	Mental Health	Yes	Rigorous evaluation towards a well-supported rating
	Incredible Years – Toddler Basic	Parents and caregivers of children ages 1 to 3	Promising (August 2020)	Mental Health	Yes	
Known service gaps	Brief Strategic Family Therapy  <i>Gap filled:</i> lack of services for older children/youth in in-home parenting, gaps in family functioning track of mental health array for children under 11	Families with children and youth ages 6 to 17	Well-Supported (March 2020)	In-home Parent Skill-based; Mental Health; Substance Use	No	Include in Prevention Plan and Waiver of Evaluation
	Trust-Based Relational Intervention – Caregiver Training  <i>Gap filled:</i> limited services for older children/youth in mental health array, gaps in family functioning track of mental health array for children under 11	Parents and caregivers of children and youth ages infancy to 17	Promising (December 2020)	Mental Health	Yes	Rigorous evaluation towards a well-supported rating

### Expanding Populations Eligible for Draw Down

Colorado’s bold vision and definition of candidacy for Family First has remained intact since the beginning: “A child/youth is a candidate to receive Title IV-E prevention services when they are at serious risk of entering or re-entering foster care and who can remain safely at home or with kin, with the support and provision of mental health, substance use treatment, or in-home parenting services for the child/youth, parent or kin caregiver. Youth in foster care who are pregnant or parenting are also candidates.” However, operationalizing this definition in such a way as to meet the service, tracking, and reporting requirements of Family First required Colorado to limit the initial population eligible for federal drawdown and institute a phased approach. In Phase I (initial implementation), Colorado limits claims to those families with open child welfare or juvenile justice involvement. In future phases (Phase II – expanding implementation), Colorado will claim for non-child welfare and non-juvenile justice involved families. To this end, the Child Welfare Prevention Task Group (with leadership from the County/Regional Prevention Implementation



Subcommittee) is exploring the systems and processes necessary to coordinate care, share data to identify these candidates and determine eligibility, and monitor safety of these candidates while receiving an individualized child-specific prevention plan. This work is being dubbed “Community Pathways” for prevention services. The Colorado Lab is positioned to support this Phase II exploration through strategic guidance on best practices utilized by other states and national guidance.

#### Expanding Population Eligible for Draw Down – Guidance

- Explore and adapt Connecticut’s approach to “Community Pathways Candidates” as outlined in their approved Title IV-E Prevention Plan.
- Accelerate Phase II progress by using community pathway resources from Chapin Hall’s Family First Toolkit.

The Colorado Lab recommends the State explore [Connecticut’s approach](#) to “Community Pathways Candidates” which they define as “families with identified children experiencing behaviors, conditions, or circumstances that are likely to have adverse impacts on a child’s development or functioning, but do not present immediate safety concerns.” They claim that by identifying and servicing these families earlier—and matching services to needs—child welfare involvement can be circumvented entirely and future incidences of maltreatment and out-of-home placement prevented. Connecticut has done a thorough review of available data combined with the expertise of providers to identify those populations *most at risk for maltreatment that could lead to out-of-home placement*. In doing so, they are better able to match the spaces/organizations available to assist in the identification, care coordination, and reporting needs for these community pathway candidates. Importantly, Connecticut recognizes that services in their approved Title IV-Prevention Plan may not be adequate to meet all needs of identified community pathway candidates. As such, they intend to supplement their Family First array through resources offered by community partners.

Colorado can take a similar approach in defining Phase II expansion by (a) narrowing the Phase II population eligible for claiming by using a data-driven, expert-informed approach; (b) investing in both the Family First Array and the full Prevention Services Continuum; and (c) matching programs/services to needs of the identified Phase II prioritized population and identifying the spaces/organizations best positioned to identify/service/track Phase II candidates.

Chapin Hall has also released a Family First Toolkit that provides guidance on reaching candidates in the “community pathways” bucket, including [best practice examples from other states](#) as well as key [questions and guidance](#) for conceptualizing community pathways within Title IV-E Prevention Plans. These resources can be utilized by Colorado to accelerate Phase II explorations and capacity-building.

## Conclusion

This strategy report provides an overarching strategic vision for evidence-building within Family First and intersecting prevention efforts in Colorado. Emphasis is placed on the conceptual approaches and partnerships necessary to strengthen alignment and coordination across systems.