



## Colorado Evaluation & Action Lab UNIVERSITY OF DENVER

A strategic research partner for  
government agencies and a bridge  
to the research community

# Evidence-Building for Family First: Rigorous Evaluation Annual Report

### REPORT HIGHLIGHTS:

A summary of evidence-building activities for:

- Three “supported” programs/services approved in Colorado’s Plan, with rigorous evaluation underway to achieve a “well-supported” evidence designation;
- Two “promising” programs/services, with rigorous evaluation underway to request inclusion in Colorado’s Plan;
- One program/service that currently “does not meet criteria,” to request a re-review of evidence by the Clearinghouse; and
- Three programs/services not yet rated, with the goal of moving toward readiness for rating by the Clearinghouse

### 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 Wickerham**, MPH  
Staff Researcher  
Colorado Evaluation and Action Lab

**Ellen Witt**, MA  
Senior Policy & Program Manager  
Colorado Evaluation and Action Lab

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

Report Number: 21-10C. Date: April 14, 2023



## Table of Contents

<b>A Pipeline for Evidence-Building for Family First .....</b>	<b>1</b>
<b>Evidence-Building for “Supported” Programs/Services Approved in Colorado’s Prevention Plan .....</b>	<b>4</b>
Child First.....	5
Fostering Healthy Futures for Preteens (FHF-P) .....	7
SafeCare Colorado (SCC) .....	9
<b>Evidence- Building for “Promising” Programs/Services to Request Inclusion in Colorado’s Plan .....</b>	<b>10</b>
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) .....	11
Colorado Kinnectd Kinship Navigator Program (Colorado Kinnectd).....	13
<b>Evidence-Building for Programs/Services to Request Re-Review by the Clearinghouse.....</b>	<b>14</b>
Fostering Healthy Futures for Teens (FHF-T) .....	15
<b>Evidence-Building for Programs/Services to Request Initial Review by the Clearinghouse .....</b>	<b>16</b>
Colorado Community Response .....	17
Fostering Opportunities .....	17
Multisystemic Therapy Telehealth-Enhanced (MST-TE) Pilot .....	18
<b>Culturally Responsive Evidence-Building: rETHICS .....</b>	<b>21</b>
<b>Conclusion .....</b>	<b>21</b>
<b>Appendix A: Previous Reports.....</b>	<b>22</b>

## Acknowledgements

This research was supported by the Colorado Department of Human Services. The opinions expressed are those of the authors and do not represent the views of the State of Colorado or the University of Denver. Policy and budget recommendations do not represent the budget or legislative agendas of state agencies, the Governor’s Office, or other partners. Any requests for funding or statutory changes will be developed in collaboration with the Governor’s Office and communicated to the legislature through the regular budget and legislative processes.

## Suggested Citation

Clemens, E.V., Everson, C.L., Wickerham, E., & Witt, E. (April 2023). *Evidence-building for Family First: Rigorous Evaluation Annual Report* (Report No. 21-10C). Denver, CO: Colorado Evaluation and Action Lab, University of Denver.

## A Pipeline for Evidence-Building for Family First

The Colorado Evaluation and Action Lab (Colorado Lab) provides ongoing strategic guidance to meet the evidence-based aspects of Family First Prevention Services Act (Family First) requirements and ensure strategic investments in evidence-building. Evidence-building is an iterative process, creating a pipeline ([Figure 1](#)) for programs/services to advance toward a rating in the Title IV-E Prevention Services Clearinghouse (Clearinghouse) and approval in Colorado's 5-Year Prevention Services Plan (Colorado's Plan). Advancing programs/services through this pipeline will help to promote high-quality service delivery for children, youth, and families and increase the amount of Family First reimbursement dollars returned to the [Colorado Child Abuse Prevention Trust Fund](#) for reinvestment in prevention of child maltreatment.

Federal reimbursement for the delivery of Family First prevention services can only be drawn down when they are in Colorado's Plan. While federal reimbursement is important for resourcing prevention services in Colorado, the **value of evidence building** extends beyond dollars. Well-coordinated and thoughtfully designed evidence-building activities help local and state decisions-makers learn:

- if an innovative approach works and for whom;
- if an evidence-based program/service prevents the need for out-of-home care in Colorado's communities;
- when a program/service needs to be adapted to be culturally responsive; and
- how to deliver intensive programs/services in rural communities to expand reach and access.

The Colorado Lab serves as the Family First Evidence-Building Hub to coordinate rigorous evaluation efforts on behalf of the Colorado Department of Human Services (CDHS). In this role, the Colorado Lab coordinates the pipeline of evidence building for Family First programs/services positioned to meet the needs of children, youth, and families in Colorado. Together with cross-system prevention partners, we co-create a strategic vision for evidence building, communicated annually in our [strategy report](#) (see [Appendix A](#) for reports). We then partner with local and national researchers to build evidence for select programs/services aligned with that strategy. In doing so, the Colorado Lab helps the state align evidence-building investments, reduce evaluation burden and duplication, effectively translate findings into policy and practice actions, and more efficiently inform Colorado's evidence-based prevention continuum.

This report contains evidence to date and progress updates for programs/services at various points in the evidence-building pipeline. Some evaluations are coordinated and resourced by the Colorado Lab's Family First Evidence-Building Hub. This Hub is resourced through an annual appropriation that was initially included in the Long Bill in state fiscal year 2021 via a CDHS decision item. This report contains more detailed information about the evaluations directly resourced through this Hub. The Family First Evidence-Building Hub also facilitates movement of programs/services through the pipeline that are funded by other sources. Status updates for evaluations funded outside of the Family First Evidence-Building Hub are included in this report to provide a snapshot of evidence-building activities for the full pipeline.

The Colorado Lab also facilitates movement of programs/services through the pipeline in other ways beyond rigorous evaluation, with the goal of maximizing federal drawdown for Family First programs/services. Strategies for moving programs/services through the pipeline include tracking the Clearinghouse evidence designations and supporting CDHS in requesting initial or re-reviews of evidence by the Clearinghouse.

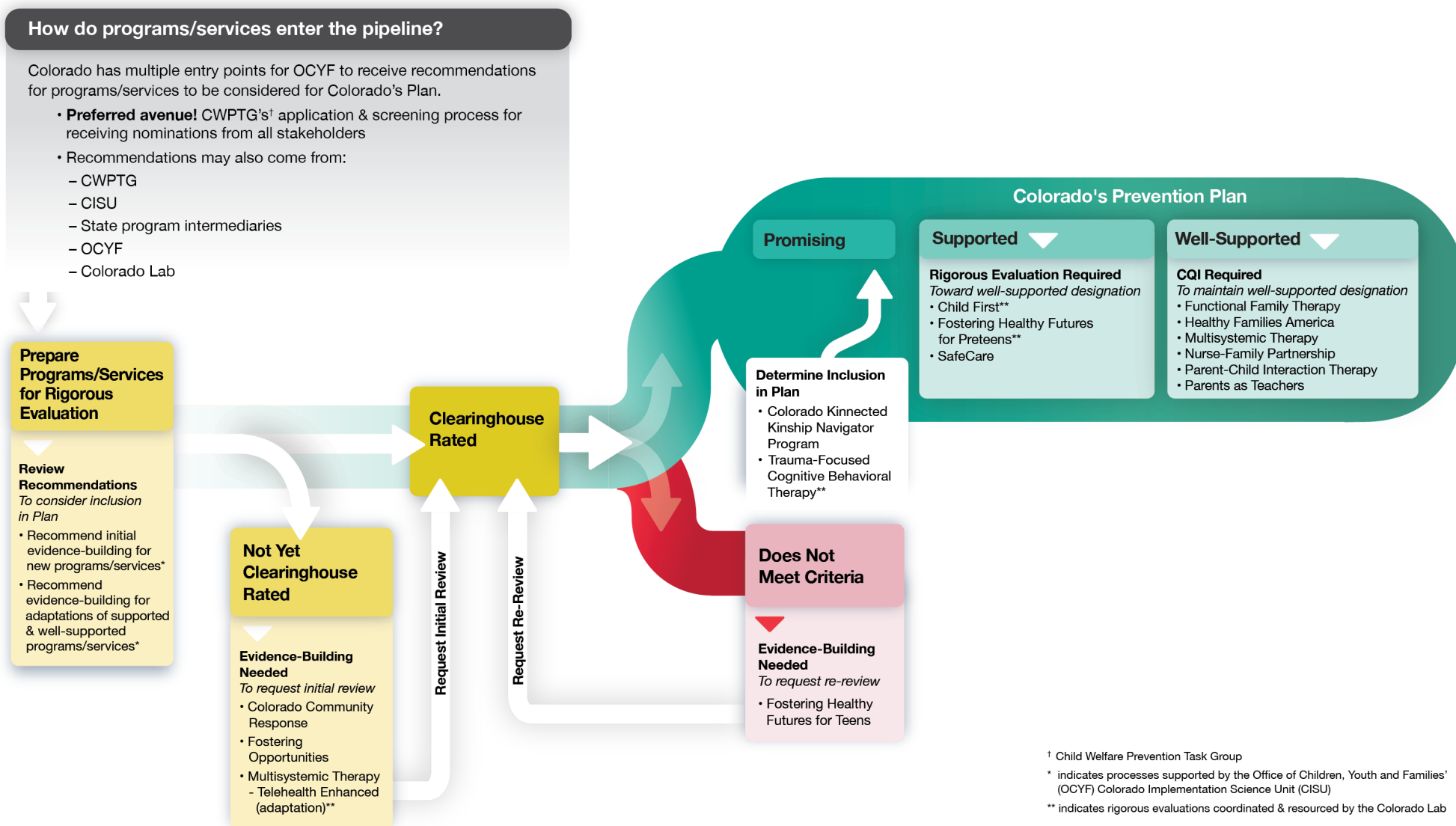
This report is organized by each phase in the pipeline, beginning with the programs/services approved in Colorado's Plan that require rigorous evaluation, and then working our way backwards toward the programs/services that have not yet been rated by the Clearinghouse.

Colorado has multiple entry points for CDHS's [Office of Children, Youth and Families](#) (OCYF) to receive recommendations for programs/ services to be considered for Colorado's Prevention Plan. Common avenues include:

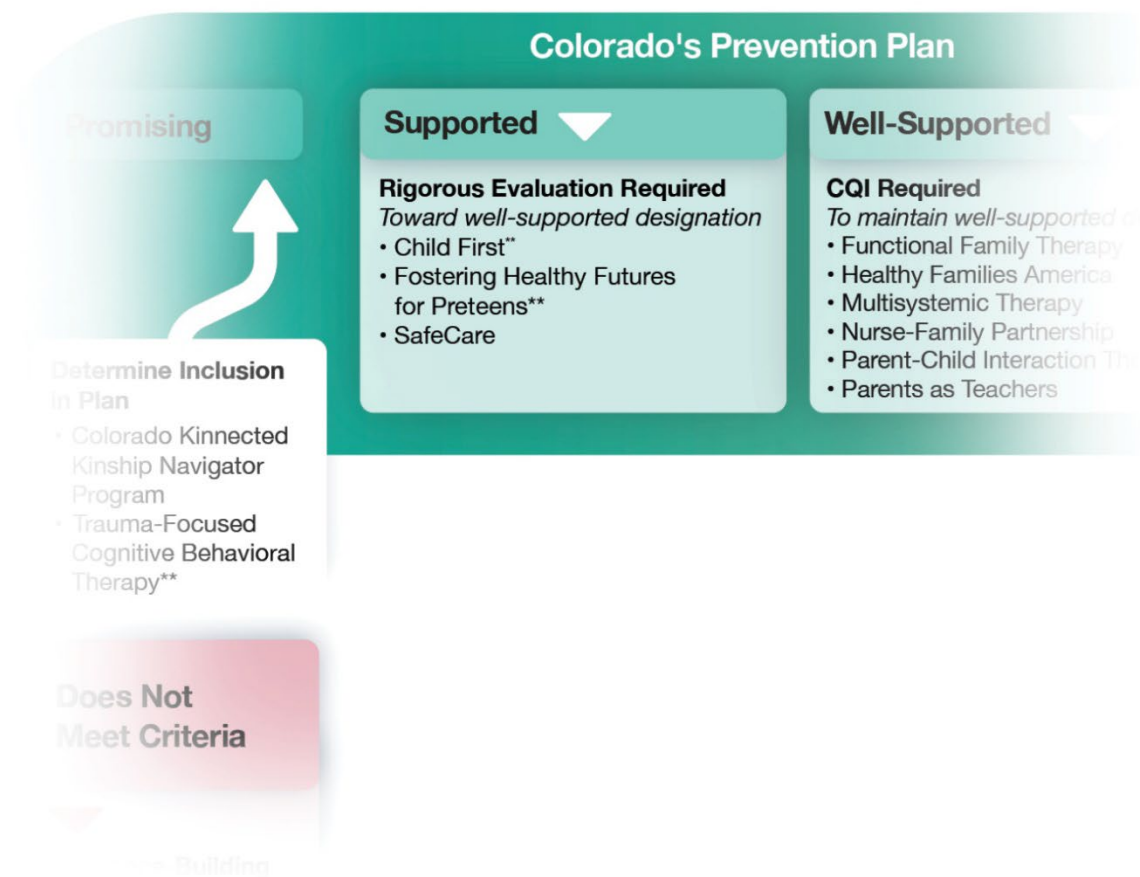
- **Preferred!** The Child Welfare Prevention Task Group (CWPTG) has developed an [application and screening process](#) for receiving nominations (*scroll down to "New Service Application" section*)
- The CWPTG may make recommendations based on learnings and data elevated to the group as part of their [duties as an advisory group](#) to the [Child Welfare Sub Policy Advisory Committee](#) (SubPAC).
- The [Colorado Implementation Science Unit](#) (CISU) may make recommendations based on community-level data and learnings from their work in readying programs for rigorous evaluation, expansion, and adaptations.
- State program intermediaries may make recommendations based on their expert knowledge of where gaps in the prevention services continuum persist.
- OCYF may proactively identify programs/services best positioned to meet the needs of Colorado's children, youth, and families based on [child welfare systems data](#).
- The [Colorado Lab](#) may make recommendations by leveraging insights and findings from ongoing [evidence-building in the Family First service array](#).

For information on the strategy behind how programs/services enter the pipeline, please see our [annual strategy report](#).

Figure 1. Colorado's Family First Evidence-Building Pipeline



# Evidence-Building for “Supported” Programs/Services Approved in Colorado’s Prevention Plan





Programs/services approved in Colorado’s Plan that have a “supported” evidence designation have a federal requirement of ongoing rigorous evaluation. From a pipeline perspective, the goal is to achieve a “well-supported” designation. Once a program earns the “well supported” designation, Colorado can apply for a waiver of rigorous evaluation and implement only federal requirements for continuous quality improvement (CQI). This may mean resources can be freed up to invest in evidence-building for other programs/services. Each evaluation will also have learning goals that are specific to the program and embody the [value of building evidence](#).

**Rigorous evaluations are currently underway for three programs/services that are approved in Colorado’s Plan and have a “supported” evidence designation:**

- **Child First**
- **Fostering Healthy Futures for Preteens (FHF-P)**
- **SafeCare**

Rigorous evaluations for **Child First** and **FHF-P** are coordinated and resourced by the Colorado Lab’s Family First Evidence-Building Hub. As such, more detailed information is reported for these programs/services.

## Child First

Child First is designated as a “supported” practice by the Clearinghouse. MDRC is conducting a multi-state randomized controlled trial (RCT) with the goal of building evidence toward a “well-supported” designation. The study assesses the impact of Child First on child safety (involvement with child welfare system), child well-being (behavioral and emotional functioning), and adult well-being (mental or emotional health, substance use or misuse, economic security, and housing stability).

Evaluation Team	MDRC, Meghan McCormick
Funding Source	Colorado Lab Family First Evidence-Building Hub Contract (CDHS)
Step to Building Evidence	Step 5
Evaluation Timeframe	April 1, 2022 to June 30, 2026
Evaluation Status (as of March 2023)	Implementation year 2
Results Available	None yet

## Progress in SFY23

Over the course of 2022 and early 2023, MDRC accomplished the following evaluation milestones:

- Enrolled six sites into the study, including one large site in Colorado; MDRC is on track to recruit three to four additional sites, including one in Colorado.
- Launched or re-launched random assignment and enrollment; as of January 27th, sites in all three states have collectively enrolled 21 families into the study and collected baseline data.

- Updated all field-based baseline data collection procedures and instructions and finalized a new subcontract with RTI International, the survey firm in charge of sample tracking and follow-up data collection.
- Received Institutional Review Board (IRB) re-approval for the full project and necessary approvals from site IRBs.

With supplementary funds, the MDRC team also:

- Launched an implementation study to describe fidelity to Child First in the period after the pandemic and submitted an [impact study](#) for sample members enrolled prior to the start of the pandemic to the *Journal of Family Psychology* (supported by The Duke Endowment).
- Published a [policy brief](#) on applying predictive analytics and machine learning to home visiting programs in May 2022 and presented at several conferences (supported by the Annie E. Casey Foundation).

### Planned Activities for SFY24 and Beyond

In the next state fiscal year, MDRC expects to:

- Complete study enrollment (goal of 600 families) by June 2024; MDRC is working with existing sites to collectively enroll about 32 families each month and working with new sites to begin enrollment by May 2023.
- Begin tracking activities, critical to generating a high response rate on the follow-up survey, in early summer 2023 (about 6 months after the start of enrollment) and launch the follow-up caregiver survey in early 2024.
- Receive an interim administrative data file on involvement in child welfare by early 2024.

Key Deliverables	Delivery Date
<a href="#">Annual report</a> on random assignment, sample, enrollment timeline, data sharing agreements	January 31, 2023
Annual report on enrollment results, sample, data sharing agreements, 15-month follow-up memo, journal article outline	January 31, 2024
Annual report on data collection, final impact analyses, 15-month follow-up journal submission, analysis plan for 36-month update	January 31, 2025
Annual report on 36-month follow-up data access and analysis memo, journal article, publication update for 15-month article	January 31, 2026
Annual report on final 36-month impact findings and journal submission	January 31, 2027



## Fostering Healthy Futures for Preteens (FHF-P)

FHF-P is designated as a “supported” practice by the Clearinghouse. FHF-P was initially rated as “well-supported” by an independent systematic review (ISR) conducted by the Colorado Lab and included in the Colorado’s initial Prevention Plan submission. The Clearinghouse conducted a verification review and came to a rating of “supported” in applying design standards around non-overlapping samples. The Colorado Lab has supported Dr. Taussig in communicating with the Clearinghouse to understand the differences in ratings between the ISR and the Clearinghouse. Using this guidance, Dr. Heather Taussig at the University of Denver is conducting an ongoing rigorous evaluation of FHF-P with the goal of building evidence toward a “well-supported” designation. The RCT assesses the impact of FHF-P on child well-being (substance use, behavioral and emotional functioning, educational achievement and attainment).

Evaluation Team	University of Denver, Dr. Heather Taussig
Funding Source	Colorado Lab Family First Evidence-Building Hub Contract (CDHS)
Step to Building Evidence	Step 5
Evaluation Timeframe	July 1, 2022 to June 30, 2024
Evaluation Status (as of March 2023)	RCT complete; secondary data analysis
Results Available	Preliminary findings

### Summary of Evidence to Date

Secondary outcome data from an RCT of FHF-P were used to determine whether the program reduced suicide-related thoughts and behaviors (STB) 9 years post-intervention and whether baseline STB moderates FHF-P’s impact. This analytical focus on behavioral and emotional functioning is critical to building evidence on interventions that can improve long-term well-being for youth in foster care, as this population is at high risk for STB over the life course, yet there are no known efficacious interventions to reduce STB among these youth.

The main outcomes measured in this study were any lifetime self-report of STB, indexed by non-suicidal self-injury, suicidal thoughts, plans, and/or attempts. Follow-up interviews were conducted with 85% of participants in the original RCT ( $n = 133$ ) with a racially and ethnically diverse sample composition.

Main findings were as follows:

- There was a 26% reduction in the odds of STB for the FHF-P (intervention) group ( $OR=0.74$ , 95% CI, 0.32, 1.69). This decrease was not statistically significant but is of practical significance. This means that while small sample size may have limited the detection of statistical significance on the STB main effect, the reduction is likely to be viewed by practitioners or clinicians as making a difference in the behavioral and emotional functioning of participants.
- STB at baseline (when youth were first enrolled in the trial) moderated the impact of FHF-P, with control group youth who reported baseline STB having 10 times the odds of young adult STB ( $OR=10.44$ , 95% CI, 2.28, 47.78). These findings suggest that FHF-P buffers the impact of pre-existing STB on young adult STB, showing the value of FHF-P as a preventive intervention to reduce STB among this high-risk population.

## Progress in SFY23

Over the course of 2022 and early 2023, Dr. Heather Taussig and team accomplished the following evaluation milestones:

- Gathered an investigative team with complementary expertise in foster care and suicide research.
- Cleaned and coded data and examined several ways to operationalize suicidal and self-harm construct; identified a reliable and rigorous way to analyze these complex constructs.
- Explored the challenges of moving FHF-P to “well-supported” given Clearinghouse standards around “non-overlapping” samples. Evidence-building for FHF-P is thoughtfully designed to help overcome this known challenge.
- Analyzed the long-term impact of FHF-P on STB.
- Prepared a manuscript of study findings for submission to *JAMA Psychiatry*.
- Began initial cleaning and coding of substance use data (evidence-building focus for SFY24).

## Planned Activities for SFY24 and Beyond

In the next state fiscal year, Dr. Taussig and team expect to:

- Complete cleaning and coding of substance use data from the FHF-P trials.
- Determine the most accurate and meaningful way to operationalize substance use data in the FHF-P samples.
- Determine the most appropriate statistical models to evaluate intervention effects on substance use in the FHF samples.
- Analyze the relationship between FHF-P and substance use outcomes.
- Identify a target journal and prepare a findings manuscript.

Key Deliverables	Delivery Date
<a href="#">Report</a> of preliminary findings from suicidal and self-harming behaviors secondary analysis	March 31, 2023
Brief strategy on building evidence for FHF Teen	December 22, 2023
Report on analytical progress and, if available, preliminary findings of the impact of FHF-P on substance use outcomes	March 29, 2024

## SafeCare Colorado (SCC)

SafeCare Colorado (SCC) is designated as a “supported” practice by the Clearinghouse. The Social Work Research Center at Colorado State University (CSU) is conducting a multi-year quasi-experimental design (QED) study with the goal of building evidence toward a “well-supported” designation. The study is anticipated to assess the impact of SCC on child well-being and adult well-being.

Evaluation Team	CSU Social Work Research Center & RTI International
Funding Source	Colorado Department of Early Childhood
Step to Building Evidence	Step 4
Evaluation Timeframe	July 1, 2025 – June 30, 2027 (if feasible)
Evaluation Status (as of March 2023)	Feasibility study year 2
Results Available	June 2027

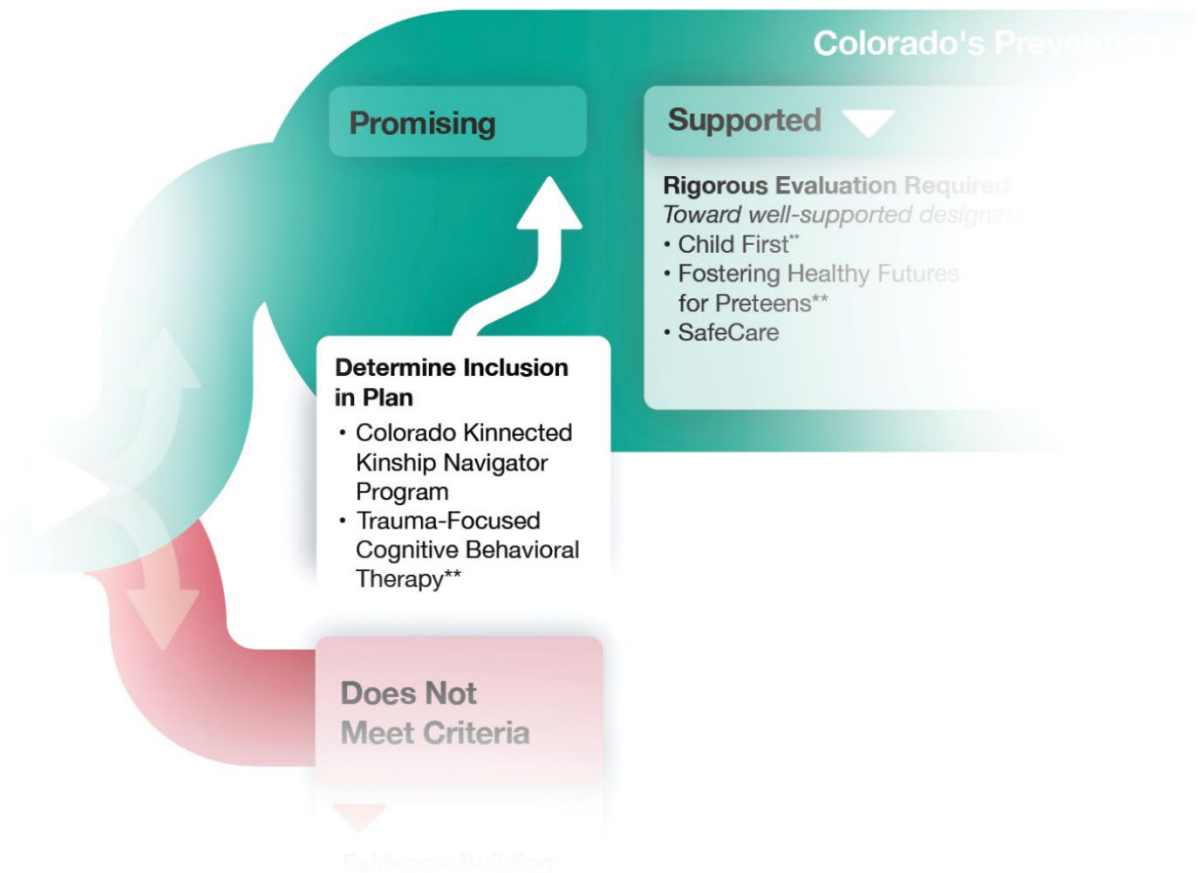
### Status Update

CSU’s Social Work Research Center is conducting a feasibility study to ready for a QED rigorous evaluation. Currently, the focus is on recruiting and enrolling a comparison group, administering baseline assessments to the comparison group, and completing follow-up assessments with a treatment group of families participating in SCC. The feasibility study will continue through SFY24 to allow for administration of 6-month follow-up surveys to both the treatment and comparison groups. If the study is deemed feasible by Spring 2024, the evaluation team will prepare to launch the full-scale, 3-year QED in the first quarter of SFY25. Collaborators at RTI International are analyzing follow-up data from the treatment group and will conduct preliminary analysis of comparison group data that will be available in June 2023. The Colorado Lab will continue to track progress of this evidence-building work and report annual updates to CDHS as part of this report.

Preliminary results from the first year of the feasibility study are available in [this June 2022 brief](#). Overall, findings from the baseline well-being surveys completed by SCC participants suggest the following:

- The majority of children in participating families have typical levels of well-being that could be further strengthened through SCC.
- Participating parents have notable variation in baseline protective factors scores, suggesting that there may be an opportunity for SCC to affect change over time in the protective factors of participating families.
- The well-being feasibility study had a high response rate in the first year with 71.3% of eligible families completing the baseline surveys during their SCC intake sessions.

# Evidence- Building for “Promising” Programs/Services to Request Inclusion in Colorado’s Plan



Programs/services that have a “promising” evidence designation require rigorous evaluation with the goal of requesting approval for inclusion in Colorado’s Plan.

**Rigorous evaluations are currently underway for two programs/services under consideration for approval in Colorado’s Plan that have a “promising” designation:**

- **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)**
- **Colorado Kinected Kinship Navigator Program (Colorado Kinected)**

Rigorous evaluation for **TF-CBT** is coordinated and resourced by the Colorado Lab’s Family First Evidence-Building Hub. As such, more detailed information is reported for this program/service.

## Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

TF-CBT is designated as a “promising” practice by the Clearinghouse. The Center for Policy Research (CPR) was selected as the evaluation team to design and execute a rigorous evaluation of TF-CBT in Colorado, with the goal of building evidence toward a “well-supported” designation<sup>1</sup>. CPR is conducting a school-based, cluster RCT, capitalizing on the in-demand school-based mental health landscape to (a) build evidence for TF-CBT and (b) contribute to field-building around school-based mental health service delivery as a leverage point for Colorado’s prevention continuum. The study assesses the impact of TF-CBT on child well-being (behavioral, emotional, and social functioning).

Evaluation Team	CPR, Lanae Davis and Anne Byrne
Funding Source	Colorado Lab Family First Evidence-Building Hub Contract (CDHS)
Step to Building Evidence	Step 4
Evaluation Timeframe	July 1, 2022 to June 30, 2026
Evaluation Status (as of March 2023)	Implementation year 1
Results Available	None yet

## Progress in SFY23

Over the course of 2022 and early 2023, CPR accomplished the following evaluation milestones:

- Mitigated significant challenges related to launching an RCT in the challenging landscape of school-based mental health by successfully partnering with two primary mental health partners, Denver Public Schools (DPS) Therapeutic Service Providers and Centus Counseling.
- Secured IRB approval and launched the study in January 2023.
- Recruited and trained 21 therapists at 21 intervention sites and five therapists at two comparison sites.
- Enrolled 12 child/youth intervention subjects at six elementary, middle, and high school sites.

<sup>1</sup> The Family First Hub seeks to balance open calls for research teams, like the process through which CPR was selected, with strategic identification of opportunities to engage in cross-site evaluations that are underway or in development, like what was done for Child First.

- Explored low enrollment trends in both the intervention and comparison groups and developed a plan to increase enrollment in the next school year.
- Developed a data collection system for real-time monitoring, which study providers are reporting as easy to use and supportive to service delivery.
- Facilitated twice monthly clinical consultations for intervention therapists via partnership with subject matter expert, Dr. Monica Fitzgerald, as part of ongoing fidelity monitoring.
- Created a shared resource system and supported clinicians with data collection, including technical assistance on obtaining consent and assessment administration.

### Planned Activities for SFY24 and Beyond

In the next state fiscal year, CPR expects to:

- Complete study enrollment (goal of 300 children/youth; 150 each for intervention and comparison groups) by December 2023. The enrollment target for existing intervention is an average of 33 intervention students a month (September-December 2023). CPR is aiming to enroll an additional 10 comparison site therapists to increase children/youth enrollments in the comparison group, targeting an average of 36 comparison enrollments monthly through December 2023.
- Continue regular study monitoring and support for study therapists, including data tracking and fidelity monitoring, maintaining regular contact with participating clinicians and partner liaisons, and twice monthly clinical consultation sessions for intervention therapists (through May 2023).
- Conduct preliminary analysis of post-intervention outcomes by May 2024.
- Collect data on 6-month sustained outcomes for intervention and comparison groups from September 2023 to April 2024
- Conduct preliminary 6-month sustained outcomes analysis by October 2024.
- Based on preliminary results, plan for 12-month sustained outcomes data collection and analysis.

Key Deliverables	Delivery Date
Draft Evaluation Plan	June 30, 2022
<a href="#">Final Evaluation Plan</a>	October 18, 2022
Report on preliminary findings of child well-being measures	March 29, 2024

## Colorado Kinneted Kinship Navigator Program (Colorado Kinneted)

The Human Services Research Institute (HSRI) completed an RCT of Colorado Kinneted, and the CDHS Division of Child Welfare submitted evidence to the Administration for Children and Families (ACF) with a request to prioritize for initial review (see [March 2022 Impact Study Report](#)). Colorado Kinneted received a “promising” rating by the Clearinghouse in December 2022.

Evaluation Team	HSRI & CSU Social Work Research Center
Funding Source	CDHS
Step to Building Evidence	5
Evaluation Timeframe	July 1, 2019 to June 30, 2024
Evaluation Status (as of March 2023)	RCT complete; secondary data analysis
Results Available	Final results

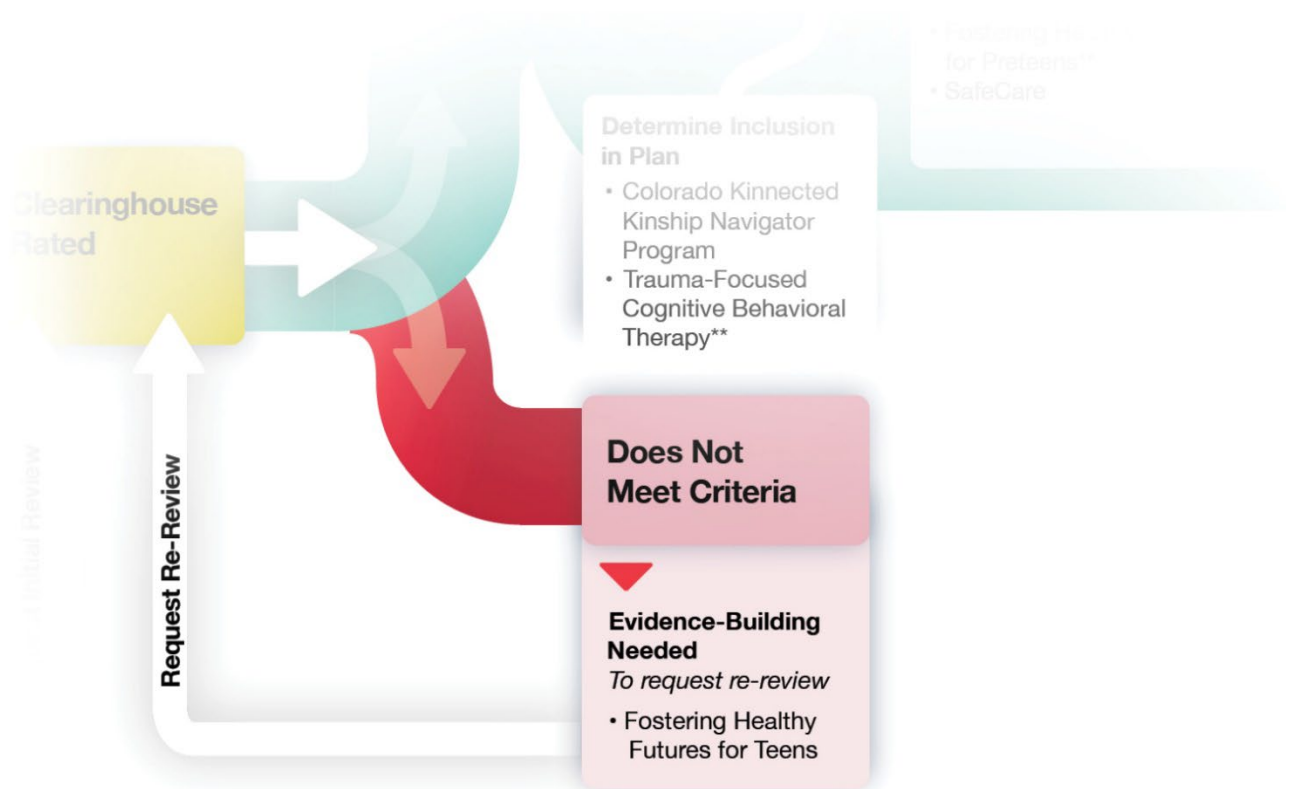
### Status Update

HSRI and CSU’s Social Work Research Center are currently conducting a sustained effect study, analyzing 12-month outcome data for the original RCT study cohort. If results demonstrate sustained positive effects, the evaluation team plans to submit a follow-up report to the Clearinghouse, with the goal of re-review and receipt of a “supported” rating.

Now that the Colorado Kinneted program is in the Clearinghouse, Colorado can begin drawing down Title IV-E funds specific to Kinship programs. In addition, there may be value to formally including the program in Colorado’s Plan via a plan amendment. The [annual strategy report](#) provides a conceptual framework for prioritization of additional services. If Colorado Kinneted is prioritized for inclusion in the Plan, the 12-month outcome data would satisfy the rigorous evaluation requirement for a period of time, increasing feasibility for inclusion.



# Evidence-Building for Programs/Services to Request Re-Review by the Clearinghouse



When a program/service is reviewed by the Clearinghouse and receives a “does not meet criteria” rating, evidence building is needed to help the program/service achieve an evidence-based designation. Once substantial new evidence is available that indicates the program/service may now achieve a “promising” or higher designation, the state can request a re-review of the program’s/service’s evidence base by the Clearinghouse. Once a program/service is rated with an evidence-based designation, it can be considered for inclusion in Colorado’s Plan. Depending on the evidence rating achieved, it may then require ongoing rigorous evaluation as part of the requirements to include it in Colorado’s Plan.

**One program/service requires substantial evidence building and then re-review by the Clearinghouse prior to consideration for inclusion in Colorado’s Plan:**

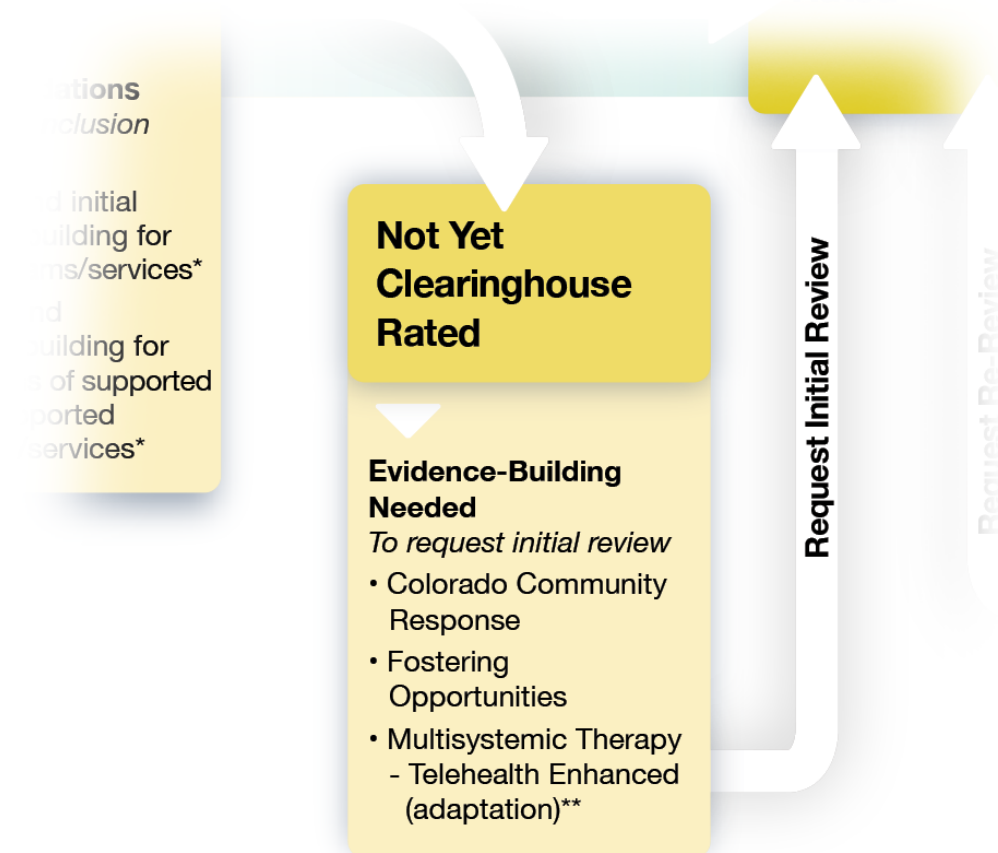
- **Fostering Healthy Futures for Teens**

## **Fostering Healthy Futures for Teens (FHF-T)**

### **Status Update**

FHF-T is designated as “does not meet criteria” by the Clearinghouse. FHF-T was initially rated as “supported” by an independent systematic review (ISR) conducted by the Colorado Lab and, thus, was included in Colorado’s initial Prevention Plan submission. The Clearinghouse conducted a verification review and came to a rating of “does not meet criteria” in applying design standards around non-overlapping samples. As such, FHF-T was removed from Colorado’s Plan, but remains included in the evidence-building strategy (see [annual strategy report](#)). The Colorado Lab has supported Dr. Taussig in communicating with the Clearinghouse to understand the differences in ratings between the ISR and the Clearinghouse, and to thoughtfully design solutions to fill evidence-building gaps. In SFY2024, Dr. Taussig will propose an evidence-building strategy for FHF-T that will facilitate the program in achieving an evidence designation from the Clearinghouse and potential funding by the Family First Evidence-Building Hub.

# Evidence-Building for Programs/Services to Request Initial Review by the Clearinghouse



For programs/services not yet rated by the Clearinghouse, evidence building is needed to help the program/service achieve an evidence-based designation. Once substantial evidence is available that indicates the program/service may achieve a “promising” or higher designation, the state can request an initial review of the program/service evidence base by the Clearinghouse. Once a program/service is rated with an evidence designation, it can be considered for inclusion in Colorado’s Plan. Depending on the evidence designation achieved, it may then require ongoing rigorous evaluation as part of the requirements to include it in the Plan or if rated as “well-supported” then the focus may be only on CQI.

**Three programs/services have ongoing evaluations that are intended to move the programs/services toward readiness for rating by the Clearinghouse:**

- **Colorado Community Response**
- **Fostering Opportunities**
- **Multisystemic Therapy Telehealth-Enhanced (MST-TE) Pilot**

Rigorous evaluation for **MST-TE** is coordinated and resourced by the Colorado Lab’s Family First Evidence-Building Hub. As such, more detailed information is reported for this program/service.

## Colorado Community Response

Evaluation Team	Colorado Lab, Dr. Kristin Klopfenstein
Funding Source	Colorado Department of Early Childhood
Step to Building Evidence	Step 5
Evaluation Timeframe	January 2020 to June 2021, with 18-month follow-up
Evaluation Status (as of March 2023)	Analysis
Results Available	June 2023

### Status Update

A Colorado-based RCT is underway. The evaluation is assessing impacts on Clearinghouse-eligible child safety outcomes. Results are expected by June 2023.

## Fostering Opportunities

Evaluation Team	Colorado Lab, Dr. Elysia Clemens
Funding Source	Laura and John Arnold Foundation
Step to Building Evidence	Step 5
Evaluation Timeframe	July 1, 2018 to Dec 31, 2023
Evaluation Status (as of March 2023)	Preliminary results
Results Available	December 2023

## Status Update

Preliminary results from a Colorado-based RCT were released in October 2022 (see [study report here](#)). Fostering Opportunities demonstrated statistically significant impacts on increasing attendance rates and decreasing the number of suspension incidents for middle and high school students currently or recently in foster care. A descriptive comparison between those students who had access to Fostering Opportunities and those who did not yielded a 26% increase in the percent of students who were on-track to graduate compared to those that did not have access to the intervention. The high school student sample size, however, was not large enough to determine if this was a statistically significant impact or to make a causal determination that attributes the results directly to the effect of the intervention. Final results of the RCT will include an additional year of data collection and larger sample, will be available in December 2023.

## Multisystemic Therapy Telehealth-Enhanced (MST-TE) Pilot

MST is designated as a “well-supported” practice by the Clearinghouse. MST-TE is considered an adaptation by the Clearinghouse and, thus, requires separate evidence-building to have the adaptation rated by the Clearinghouse. The evaluation of the MST-TE pilot is associated with a Transition Fund Act-resourced contract and is being led by The Kempe Center for the Prevention and Treatment of Child Abuse and Neglect at the University of Colorado Anschutz Medical Campus (Kempe Center). The study measures reach and implementation effectiveness and assesses the impact of MST-TE on child well-being and child safety outcomes (arrests/re-arrests during treatment, out-of-home placements, if the youth is in school or working, and improvements in mental health symptoms and reductions in substance use where applicable). This study is intended to lay the foundation for a quasi-experimental design or an RCT that would meet Clearinghouse design standards.

Evaluation Team	Kempe Center, Dr. Suzanne Kerns
Funding Source	Colorado Lab Family First Evidence-Building Hub Contract (CDHS)
Step to Building Evidence	Steps 1, 2, and 3
Evaluation Timeframe	March 1, 2022 to February 28, 2024
Evaluation Status (as of March 2023)	Implementation year 2
Results Available	Preliminary findings

## Summary of Evidence to Date

Preliminary findings are based on supervisor and therapist surveys and learning communities:

- Acceptability of telehealth and use of technology can vary among caregivers; therapists have noted instances where, in families with multiple caregivers, one caregiver may participate in the telehealth sessions while others may not.
- Acceptability of telehealth by referral partners is not a formal part of this evaluation; however, no concerns have emerged in the learning communities.
- Data from supervisor surveys indicate that no substantial changes to the MST model are being made by therapists when using telehealth approaches.
- Components of MST that can be supported in the TE adaptation: developing intermediate and overarching goals with families; identifying sequences of behavior; enabling role play and practicing

new skill development with families; supporting families to identify and use supports; facilitating collaboration with stakeholders; and completing case closure tasks.

- Components of MST that may be more difficult to apply in the TE adaptation: conducting urinalysis screens; managing parent-child interactions; and tracking supervision and monitoring plans.
- In general, supervisor and therapist trends suggest growing levels of confidence in using MST-TE.

### Progress in SFY23

Over the course of 2022 and early 2023, the Kempe Center achieved the following evaluation milestones:

- Enrolled five therapists and their supervisors into the study; each therapist is currently serving at least three families using the MST-TE protocol.
- Administered baseline survey, five brief monthly surveys, and a 6-month in-depth survey to therapists and supervisors. The Kempe Center analyzed results and completed reports from the baseline and monthly surveys.
- Hosted nine monthly learning communities with therapists, supervisors, and MST experts and summarized qualitative information from participants.
- Engaged in continuous quality improvement to refine the model based on data and lessons learned; for example, exploring decision-making workflows to address the emotional aspect or “gut feeling” that is part of a therapist’s determination to have an in-person or telehealth session.

### Planned Activities for SFY24 and Beyond

In the next state fiscal year, the Kempe Center expects to:

- Continue monthly surveys with therapists and semi-annual surveys with supervisors and administrators, including monitoring of clinical fidelity.
- Continue case-level review of therapist-reported clinical outcomes and benchmarking to matched traditional MST cases.
- Complete the study by December 2023, including onboarding, therapy, and evaluation of clinical outcomes for 30 families and implementation outcomes for therapists, supervisors, and agencies.
- Submit a report on final findings.

Key Deliverables	Delivery Date
Interim report on data collection effectiveness, enrollment, concerns	June 30, 2023
Report on final findings, including client enrollment; treatment fidelity; therapist, supervisor & administrator acceptability & feasibility; client outcomes	May 31, 2024
Brief report on how to approach evidence building for telehealth adaptations of Clearinghouse services	May 31, 2024

## Lessons Learned from MST Pay for Success Pilot

MST is a well-supported program and, though not required by Family First, the Colorado Lab recently completed a rigorous, quasi-experimental design study as part of a Pay for Success<sup>2</sup> pilot project. The goal of the MST Expansion Program was to extend six teams of four MST therapists each to regions of the state where the service was previously unavailable.

Evaluation Team	Colorado Lab, Dr. Elysia Clemens
Funding Source	Annie E. Casey Foundation
Step to Building Evidence	Step 4
Evaluation Timeframe	February 2019 to April 2021, with 18-month follow up
Evaluation Status (as of March 2023)	Final results
Results Available	March 1, 2023

The following preliminary findings from this study (see [March 2023 Final Report](#)) are based on supervisor and therapist surveys and learning communities:

- Treatment under the MST Expansion Program was associated with a 15.6% reduction in youth out-of-home placements in a group setting, which resulted in a success payment of \$41,769.
- Despite being implemented with fidelity, treatment through the MST Expansion Program was not associated with a reduction in youth entering secure detention due to new charges.
- The COVID-19 pandemic substantially reduced the number of youth entering secure detention in 2020 and 2021, dramatically reducing the number of youth included in the evaluation. The small sample size increases the likelihood that the findings reported are due to random chance.

As the program was delivered during the COVID-19 pandemic, implementation had to be transitioned to telehealth delivery. The Center for Effective Interventions<sup>3</sup> hypothesized that adaptation to new technologies and time spent by therapists to provide technical support reduced treatment time within a given session and may have distracted from the long-term skill development. These learnings on acceptability of technology are reflected in the MST-TE summary of evidence above.

The program was delivered with fidelity and, while there was a reduction in out-of-home placements, there was not a reduction in youth entering secure detention. As these mixed results illustrate, we should not assume that well-supported practices will always work as expected if delivered with fidelity. [Colorado's Steps to Building Evidence](#) is an iterative process; when programs are scaled to a new geographic area or population, or delivered in new ways, it may make sense to invest in tracking outcomes to ensure that the program is performing as expected and advancing new theories of change to address population needs not being impacted by the program.

---

<sup>2</sup> Pay for Success is an innovative approach to financing evidence-based programs that shifts risk from traditional funders—typically a government entity—to private investors who provide the up-front capital. Key outcomes, or “success measures,” are agreed upon prior to the start of a rigorous independent evaluation. Only if the evaluation shows that the program meets these outcomes does the government funder repay the initial investment.

<sup>3</sup> The Center for Effective Interventions (previously at DU and now at the Kempe Center) provided implementation support for this pilot project.



## Culturally Responsive Evidence-Building: rETHICS

The rETHICS toolkit is used to promote culturally responsive prevention and equitable reach, access, and outcomes in service delivery. The Colorado Child Welfare Training System (CWTS) oversees the strategy for rETHICS use in Colorado, targeting both Colorado caseworkers and the research community.

The Colorado Lab supports CWTS by holding the contract in Colorado to issue licenses to trainers delivering rETHICS in the state. Eight licenses (of 50 total) have been approved to date. The Colorado Lab flags opportunities for delivering rETHICS training as needs emerge during evidence-building activities. For more information about the rETHICS strategy in Colorado, please consult the [annual strategy report](#).

## Conclusion

The Colorado Lab's Family First Evidence-Building Hub coordinates evidence-building to advance programs/ services through a pipeline toward a Clearinghouse rating and eventual inclusion in Colorado's Prevention Plan. This iterative process promotes high-quality prevention service delivery for children, youth, and families and maximizes federal reimbursement for reinvestment in the prevention of child maltreatment.

This report summarizes evidence-building activities for programs/services in the pipeline, including:

- Three "supported" programs/services approved in Colorado's Plan, with rigorous evaluation underway to achieve a "well-supported" evidence designation;
- Two "promising" programs/services, with rigorous evaluation underway to request inclusion in Colorado's Plan;
- One program/service that currently "does not meet criteria," to request a re-review of evidence by the Clearinghouse; and
- Three programs/services not yet rated, with the goal of moving toward readiness for rating by the Clearinghouse.

The Colorado Lab's unique role in coordinating evidence-building across this pipeline has produced several lessons learned to date, including:

- Programs/services benefit from a state program intermediary early in the evidence-building process. The lack of a state program intermediary poses challenges to implementation fidelity.
- Evaluation feasibility increases when providers and sites participating in evaluations receive practical incentives, such as opportunity for training, reflexive supervision, and coaching/consultation with subject matter experts.
- Evidence-building for programs/services poised to advance Colorado's Family First strategy require different levels of investment. Resourcing should be approached on a case-by-case basis, with evaluations involving primary data collection requiring more intensive resourcing.
- The long-term commitment by the State of Colorado to resourcing this Family First Evidence-Building Hub allows for a coordinated and strategic approach to building evidence for prevention services and using that information to strengthen and scale programs.
- The Colorado Lab's pipeline approach helps balance and align evidence-building investments across the continuum and demonstrates the value of multi-year agendas.

## Appendix A: 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.	7/1/2021
<a href="#">Family First Rigorous Evaluation: Quarterly Report 1</a>	Key activities completed between 10/1/2021 to 12/1 2021.	12/17/2021
<a href="#">Family First Rigorous Evaluation: Quarterly Report 2</a>	Key activities completed between 12/1/2021 to 2/28/2022.	03/01/2022
<a href="#">Family First Rigorous Evaluation: Quarterly Report 3</a>	Key activities completed between 3/1/2022 to 5/31/2022.	06/01/2022
<a href="#">Evidence-building for Family First: Rigorous Evaluation Annual Report</a>	Summary of evidence-building activities and progress to date, recommendations for prioritizing evidence-building activities in SFY23 and beyond, and lessons learned and opportunities to inform sustainability, scaling, and expansion of Colorado's service continuum.	06/30/2022
<a href="#">Family First: Annual Evidence-building Strategy Report</a>	Strategy with evidence designations for each program/service, a conceptual approach to prioritizing additional programs/services, federal aspects important to Colorado's prevention continuum, and opportunities to expand the prevention continuum.	11/01/2022