



Colorado Evaluation & Action Lab
UNIVERSITY OF DENVER

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

Family First: Annual Evidence-Building Strategy Report

STRATEGIC RECOMMENDATIONS:

1. Use a conceptual framework to prioritize additional programs/services for evidence-building and future inclusion in Colorado's Plan.
2. Issue a call for letters of interest to build evidence for programs/services prioritized to expand the Family First Service Array.
3. Support efforts to secure funding and provide consultation for relevant evidence-building activities resourced outside of the Hub.
4. Include additional programs/services in Colorado's Plan when they add value to the Family First Service Array based on the conceptual framework.
5. Maximize federal drawdown for programs/services in Colorado's Plan through key systemic levers.
6. Expand populations eligible for drawdown.
7. Leverage partnerships to create alignment in the Prevention Services Continuum.
8. Build capacity to use the Statewide Fidelity Monitoring Dashboard to support high-quality delivery of program/services.

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 | www.ColoradoLab.org

Report Number: 21-10D. Date: November 1, 2023.

Table of Contents

| | |
|--|-----------|
| Introduction..... | 1 |
| A Pipeline for Family First Evidence-Building..... | 1 |
| What the Evidence Designations Mean | 1 |
| Summary of Evidence Designations | 4 |
| Building Evidence for Adaptations..... | 5 |
| Requesting Re-Review of Evidence..... | 6 |
| Prioritizing Additional Programs and Services | 8 |
| Recommendation 1: Use a conceptual framework to prioritize additional programs/services for evidence-building and future inclusion in Colorado’s Plan..... | 8 |
| Recommendation 2: Issue a call for letters of interest to build evidence for programs/services prioritized to expand the Family First Service Array..... | 9 |
| Recommendation 3: Support efforts to secure funding and provide consultation for relevant evidence-building activities resourced outside of the Hub..... | 11 |
| Recommendation 4: Include additional programs/services in Colorado’s Plan when they add value to the Family First Service Array based on the conceptual framework..... | 14 |
| Advancing Colorado’s Prevention Strategy | 16 |
| Recommendation 5: Maximize federal drawdown for programs/services in Colorado’s Plan through key systemic levers. | 16 |
| Recommendation 6: Expand populations eligible for drawdown. | 18 |
| Recommendation 7: Leverage partnerships to create alignment in the Prevention Services Continuum..... | 19 |
| Recommendation 8: Build capacity to use the Statewide Fidelity Monitoring Dashboard to support high-quality delivery of programs/services..... | 21 |
| Conclusion | 22 |
| Appendix A: Previous Reports | 23 |

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. (November 2023). *Family First: Annual evidence-building strategy report* (Report No. 21-10D). Denver, CO: Colorado Evaluation and Action Lab at the University of Denver.

Introduction

This strategy report includes:

- A summary of evidence designations for each program/service approved in Colorado’s 5-Year Prevention Services Plan (Colorado’s Plan) or for programs/services currently prioritized for evidence-building.
- A conceptual framework and recommendations for prioritizing additional programs/services for evidence-building and possible inclusion in Colorado’s Plan.
- A summary of important federal requirements, including fidelity monitoring, and opportunities to maximize federal drawdown and advance Colorado’s prevention strategy.

The Colorado Evaluation and Action Lab (Colorado Lab) serves as the Family First Evidence-Building Hub on behalf of the Colorado Department of Human Services (CDHS). In this role, the Colorado Lab provides ongoing strategic guidance to meet the evidence-based aspects of the Family First Prevention Services Act (Family First), coordinates rigorous evaluation efforts, and ensures strategic investments in evidence-building. The Hub model reduces evaluation and administrative burden and duplication, effectively translates findings into actionable policy and practice recommendations, and more efficiently informs Colorado’s evidence-based Prevention Services Continuum.

Family First provides an opportunity to think differently about prevention within child welfare, providing oversight (e.g., Title IV-E Prevention Services Clearinghouse [Clearinghouse]) and resources (e.g., use of Title IV-E funds to prevent out-of-home placement) for building a service array targeted at families at risk for child welfare or deeper involvement. The value of Colorado’s Family First strategy is not limited to only programs/services in Colorado’s 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 evidence-based practices can be made widely accessible to all Colorado families.

“Array” Versus “Continuum”

Family First Service Array: Select programs/services included in Colorado’s 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 (BHA), the Colorado Department of Public Health and Environment (CDPHE), and the Colorado Department of Education (CDE)—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.

Please see [Appendix A](#) for previous reports on evidence-building coordinated by the Colorado Lab.

A Pipeline for Family First Evidence-Building

Evidence-building is an iterative process, creating a pipeline ([Figure 1](#)) for programs/services to advance toward a Title IV-E Prevention Services Clearinghouse evidence designation and eventual approval in Colorado's Plan. Advancing programs/services through this pipeline will help to promote high-quality service delivery and increase the amount of Family First reimbursement dollars returned to the [Colorado Child Abuse Prevention Trust Fund](#) (Trust Fund) for reinvestment in child maltreatment prevention. As the Family First Evidence-Building Hub, the Colorado Lab coordinates rigorous evaluation efforts in this pipeline for programs/services positioned to meet the needs of children, youth, and families. The Colorado Lab also facilitates movement of programs/services through the pipeline by tracking Clearinghouse designations and supporting CDHS in requesting initial or re-review of evidence. For information on the evidence to date for programs/services in the pipeline, please see our [SFY23 Rigorous Evaluation Annual Report](#).

What the Evidence Designations Mean

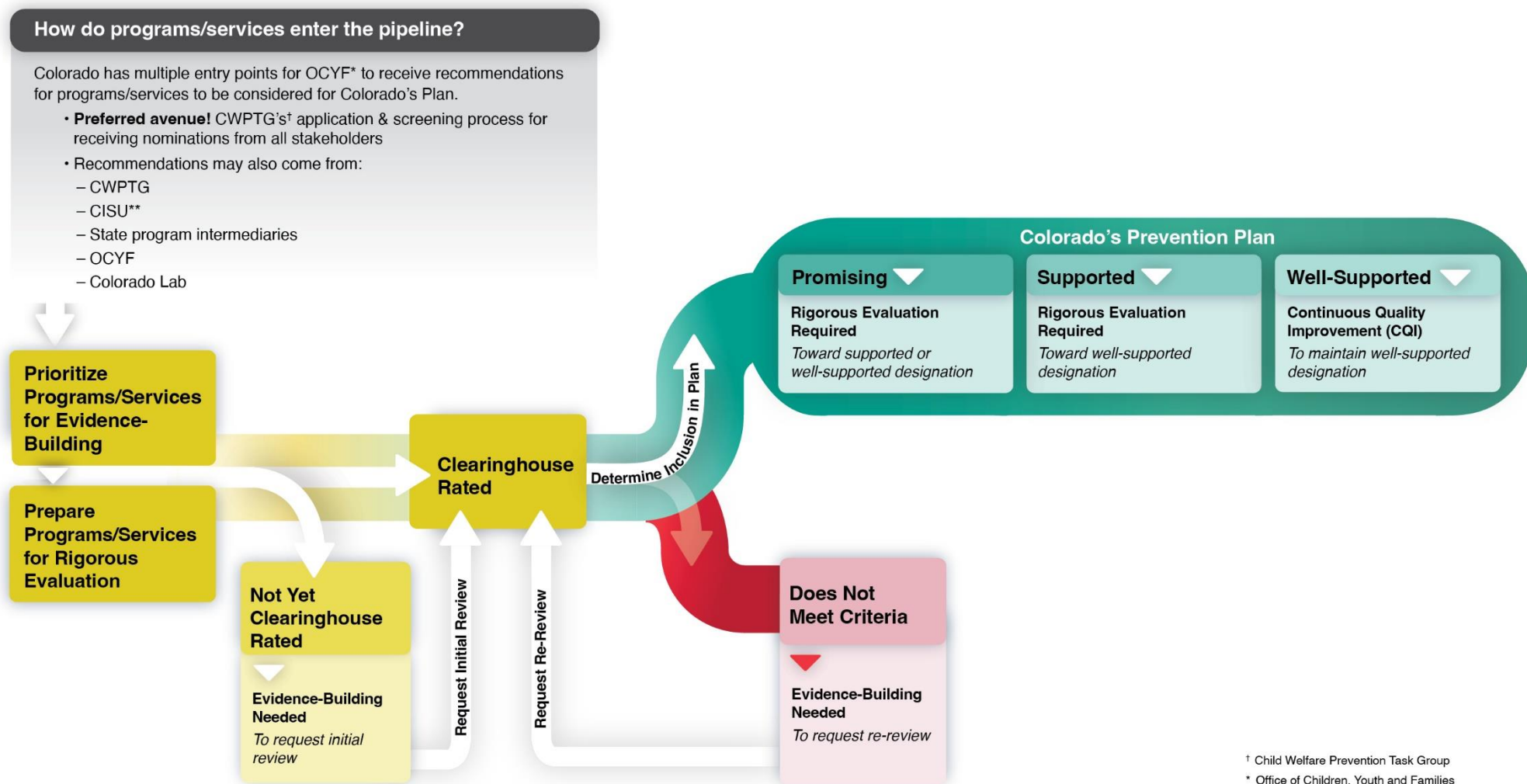
The Clearinghouse has rigorous standards used by independent reviewers to determine if a program or service has causal evidence showing a positive effect on outcomes for children, youth, and families who had access to the program/service, compared to those who did not have access. Clearinghouse evidence designations of *promising*, *supported*, or *well-supported* reflect a combination of the number of research studies that demonstrate favorable outcomes and the length of time those outcomes were sustained. This rating process does NOT mean that a well-supported or supported program/service necessarily works better or worse than a promising program/service. This process DOES mean that a given program/service has a more robust research evidence base.

- Well-supported programs have at least two favorable outcomes from at least two different well-designed studies, and at least one outcome was sustained for at least one year.
- Supported programs have at least one favorable outcome from a well-designed study, and at least one outcome was sustained for at least six months.
- Promising programs have at least one favorable outcome from a well-designed study, without need for showing a sustained effect.
- “Does not meet criteria” is a designation that means no studies met design and execution standards for inclusion; this designation does not mean a program/service “isn’t working.”

This is why the Colorado Lab looks at MORE than the evidence designation to make recommendations about prioritizing programs/services for evidence-building and expanding the Family First Service Array. The Colorado Lab also looks at the favorable effects, how they align with needs, and how much of a difference the program/service makes in target outcomes for children, youth, and families. This more holistic look also supports inclusion and prioritization of evidence-building for programs/services that best meet the needs for Black, Indigenous, and People of Color (BIPOC) communities, given limited research to date and the known disproportionality of BIPOC communities in child welfare.

The evidence designation has implications for the resources required to include a program/service in Colorado's Plan. Well-supported programs/services are only subject to ongoing continuous quality improvement (CQI). Promising or supported programs/services require ongoing rigorous evaluation to build evidence toward a well-supported designation. In addition, programs/services that have not yet been rated, and those that have been reviewed but received a rating of “does not meet criteria,” may be worth prioritizing for evidence-building if there is value to including it in Colorado's Plan in the future and preliminary data suggest that a rigorously designed evaluation may yield favorable results.

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



† Child Welfare Prevention Task Group

* Office of Children, Youth and Families

** Colorado Implementation Science Unit



Colorado Evaluation & Action Lab
UNIVERSITY OF DENVER

Summary of Evidence Designations



Summary of Evidence Designations

Colorado’s Plan includes nine approved programs/services eligible for federal drawdown. The Clearinghouse rated each of these programs/services and assigned a rating of promising, supported, or well-supported. With a “well-supported” designation, a waiver of rigorous evaluation can be requested, and the program/service can undergo a robust CQI process. With a “promising” or “supported” designation, the program/service must be continuously and rigorously evaluated as well as undergo a CQI process until it achieves a well-supported designation. Programs/services rated by the Clearinghouse as “does not meet criteria” cannot be included in Colorado’s Plan.

Relationship between the Clearinghouse and Programs/Services in Colorado’s Plan

The Clearinghouse is a central component of the evidence-based requirements of Family First. The Clearinghouse rigorously reviews the evidence base for programs/services in four targeted areas: 1) mental health, 2) substance abuse, 3) in-home parent skill-based, and 4) kinship navigator.

A program/service must be rated as promising, supported, or well-supported to be included in Colorado’s Plan. Colorado must meet multiple *additional* requirements for a Clearinghouse-approved service to formally be added to Colorado’s Plan and eligible for drawdown.

Table 1 summarizes, for each program/service in Colorado’s Plan and/or undergoing evidence-building:ⁱ 1) evidence designation, 2) date the research base was last reviewed by the Clearinghouse, 3) action required based on evidence designation, and 4) current evidence-building status in Colorado. [This Tableau map](#) shows the reach of each program/service, current as of April 2023.

Table 1. Evidence Designations for Programs/Services in Colorado’s Plan and/or Undergoing Evidence-Building

| Program/Service Name | Evidence Designation | Last Reviewed | Action Required | Colorado Status |
|--|----------------------|---------------|-----------------|---|
| Approved and in Colorado’s Plan | | | | |
| Functional Family Therapy | Well-supported | June 2019 | CQI only | Data in statewide fidelity dashboard |
| Healthy Families America | Well-supported | February 2020 | CQI only | Data in statewide fidelity dashboard |
| Multisystemic Therapy | Well-supported | February 2020 | CQI only | Data in statewide fidelity dashboard |
| Nurse-Family Partnership | Well-supported | June 2019 | CQI only | Onboarding to statewide fidelity dashboard in process |
| Parent-Child Interaction Therapy | Well-supported | February 2020 | CQI only | Onboarding to statewide fidelity dashboard in process |
| Parents as Teachers | Well-supported | June 2019 | CQI only | Data in statewide fidelity dashboard |

ⁱ “Undergoing evidence-building” means the program/service is being resourced by the Family First Hub through an annual appropriation dedicated to rigorous evaluation.

| Program/Service Name | Evidence Designation | Last Reviewed | Action Required | Colorado Status |
|--|------------------------|---------------|--|---|
| Child First | Supported | May 2021 | Rigorous evaluation toward well-supported; CQI | Rigorous evaluation underway (MDRC); Data in statewide fidelity dashboard |
| Fostering Healthy Futures for Preteens | Supported | June 2022 | Rigorous evaluation toward well-supported; CQI | Rigorous evaluation underway (DU*); Data in statewide fidelity dashboard |
| SafeCare | Supported | August 2020 | Rigorous evaluation toward well-supported | Rigorous evaluation underway (CSU*); Data in statewide fidelity dashboard |
| Undergoing Evidence-Building for Inclusion in Colorado's Plan | | | | |
| Trauma-Focused Cognitive Behavioral Therapy | Promising | June 2019 | Identify state intermediary and add to Colorado's Plan | Rigorous evaluation underway (CPR*) |
| Fostering Healthy Futures for Teens | Does not meet criteria | June 2022 | Evidence-building to request re-review | Feasibility assessment for determining rigorous evaluation potentials |
| Multisystemic Therapy – Telehealth Enhanced (<i>adaptation</i>) | Not yet rated | N/A | Evidence-building to request initial review | Rigorous evaluation underway (Kempe Center*) |

*Abbreviations: DU: University of Denver; CSU: Colorado State University; CPR: Center for Policy Research; Kempe Center: Kempe Center for the Prevention and Treatment of Child Abuse and Neglect

Building Evidence for Adaptations

Building new evidence for an adaptation is necessary when there is enough of a change in how a program/service is delivered that one should not assume it would work similarly to the originally researched program/service. The Clearinghouse provides guidance on what constitutes an adaptation. Evidence-building for adaptations is important because:

- Colorado cannot draw down funds on any program/service considered an “adaptation” until it is reviewed by the Clearinghouse, given an evidence designation, and the adaptation is approved in Colorado’s Plan.
- Colorado can only submit an addendum to Colorado’s Plan once an adaptation meets Clearinghouse standards and other requirements for inclusion are met.

The Colorado Lab makes recommendations for evidence-building on adaptations positioned to address gaps in the service array and mitigate implementation barriers to maximize reach. Several resources exist in Colorado to inform evidence-building on adaptations, including a [newsletter series](#) by *Blueprints for Healthy Development* on what it takes to accomplish this work.

What is a Program Adaptation?

When reviewing the research base for programs/services to be included in the Clearinghouse, studies reviewed must represent similar implementation of the program/service (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 to *processes*, such as accelerating program delivery (e.g., from two times/week to three times/week) over a shorter period, are acceptable and not considered adaptations.

Requesting Re-Review of Evidence

Periodically, the Clearinghouse will re-review the research for a given program/service if compelling new evidence is published that could change the evidence designation. The Colorado Lab tracks evidence designations and dates of reviews in order to identify opportunities for Colorado to ask the Clearinghouse to re-review programs/services previously rated as promising, supported, or does not meet criteria as new evidence is released. In addition, the Colorado Lab leverages opportunities to provide the Clearinghouse feedback on the design and execution standards used in their rigorous review process. The most recent opportunity was related to [invited commentary](#) on the draft *Handbook for Standards and Procedures Version 2.0*. The Lab submitted a [comment letter](#) with support for several proposed changes as well as recommendations for further strengthening the review process.

Why are Programs/Services Re-reviewed by the Clearinghouse?

Programs/services previously reviewed by the 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/service ratings. Clearinghouse staff keep track of the dates that programs/services are reviewed and periodically assess the extent of new evidence available. 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/service. Stakeholders may request a re-review of the program/service rating based on the misapplication of criteria, missing information, or other errors.



Colorado Evaluation & Action Lab
UNIVERSITY OF DENVER

Prioritizing Additional Programs and Services



Prioritizing Additional Programs and Services

Summary of Recommendations:

1. Use a conceptual framework to prioritize additional programs/services for evidence-building and future inclusion in Colorado's Plan.
2. Issue a call for letters of interest (LOIs) to build evidence for programs/services prioritized to expand the Family First Service Array.
3. Support efforts to secure funding and provide consultation for relevant evidence-building activities resourced outside of the Hub.
4. Include additional programs/services in Colorado's Plan when they add value to the Family First Service Array based on the conceptual framework.

Recommendation 1: Use a conceptual framework to prioritize additional programs/services for evidence-building and future inclusion in Colorado's Plan.

Conceptually, the decision to include additional programs/services in the next iteration(s) of Colorado's Plan should be informed by the following questions. The questions in this conceptual framework were co-developed by the Colorado Lab and Family First subject matter experts:

1. **Target Population and Outcomes:** For the target population for this program/service, is there an intersection between the expected outcomes of this program/service and Family First goals?
 - a. Does the research base for the program/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 program/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 program/service in Colorado? And what are the rate limiters for reaching Family First candidates?
 - a. Where is this program/service delivered, are there waitlists, and 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 program/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 program/service in Colorado's Plan? Consider:
- The rating and the associated evaluation and CQI requirements.
 - Infrastructure to claim for this program/service.
 - Investments to expand reach to Family First candidates that could substantively change capacity (e.g., population and site expansion, geographic reach).

The Colorado Lab partnered with the Colorado Implementation Science Unit (CISU) to begin applying this conceptual framework to the nine programs/services in Colorado's Plan through meetings with state intermediaries. In addition, the Colorado Lab reviewed all [programs/services in the Clearinghouse](#) and, in collaboration with Office of Children, Youth, and Families (OCYF) partners, identified leading programs/services that already have presence in Colorado and that fill gaps in the current Family First Service Array. Collectively, these activities led to the strategic recommendations identified in this report and, more specifically, the recommended programs/services to prioritize next in the evidence-building pipeline (Recommendation 2).

Recommendation 2: Issue a call for letters of interest to build evidence for programs/services prioritized to expand the Family First Service Array.

Activating the Pipeline for Evidence-Building

The recommendations below are for new evidence-building activities, in addition to the rigorous evaluation work that is already underway. Read more in the [SFY23 Rigorous Evaluation Annual Report](#).

Recommended priorities for the evidence-building pipeline reflect opportunities to expand the Family First Service Array and increase drawdown. Beginning in State Fiscal Year (SFY) 2025, the Family First Evidence-Building Hub will have resourcing to support one to two more evaluations. A call for LOIs is intended to generate information on feasibility and costs of building evidence for the programs/services identified as having strong potential to contribute to the Family First Service Array. The feasibility and cost of evaluating those programs/services, paired with results of applying the full conceptual framework described above, will be used to prioritize investments in evidence-building resourced through Family First Evidence-Building Hub. The Child Welfare Prevention Task Group (CWPTG) will be consulted to help inform the decision-making process. The initial list of evidence-building priorities (below) was generated through a synthesis of data and information from: identified needs of Colorado's children, youth, and families; recommendations from Colorado's initial long-term strategy on service array expansion; and assessment of the updated list of evidence-based services in the Clearinghouse that best match to needs, recommendations, and current capacity of Colorado communities.

A call for LOIs to build evidence will be issued for the following prioritized programs/services:

- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Child-Centered Play Therapy
- Eye Movement Desensitization and Reprocessing (EMDR)

- Trust-Based Relational Intervention (TBRI 101; TBRI Caregiver Training)
- Functional Family Therapy (FFT) - Telehealth Enhanced (*adaptation*)

Screening, Brief Intervention, and Referral to Treatment: Promising

- **Service/Program Area:** Substance use.
- **Prioritization:** Currently, there are no programs/services in Colorado's Family First Service Array specifically approved for the substance use target area. SBIRT stands to fill this gap. It focuses on adult well-being, with benefits extending to whole families; as such, there is no age restriction. Further, it offers the potential for early support because it does not require an official diagnosis, making it a low barrier program/service in terms of reach and access.
- **Evidence Status:** Rated promising by the Clearinghouse; requires ongoing rigorous evaluation.
- **Recommendation:** Include in call for LOIs for evidence-building.
- **Next Steps:** Use information generated from the LOI to rank potential for evidence-building.

Child-Centered Play Therapy: Promising

- **Program/Service Area:** Mental health.
- **Prioritization:** Child-Centered Play Therapy fills the gap in the service array of mental health services for younger children. Colorado has providers with the qualifications needed to deliver this service, and it is effective in improving both adult (family functioning) and child well-being.
- **Evidence Status:** Rated promising by the Clearinghouse; requires ongoing rigorous evaluation.
- **Recommendation:** Include in call for LOI for evidence-building.
- **Next Steps:** Use information generated from the LOI to rank potential for evidence-building.

Eye Movement Desensitization and Reprocessing: Supported

- **Program/Service Area:** Mental health.
- **Prioritization:** EMDR targets both children and adults experiencing traumatic memories and other adverse life experiences, with no age restriction. There is substantial research behind it with multiple positive effects for a wide range of mental health conditions. It is currently available in Colorado and can bolster the mental health array given its broad base of application and reach.
- **Evidence Status:** Rated supported by the Clearinghouse; requires ongoing rigorous evaluation.
- **Recommendation:** Include in call for LOIs for evidence-building.
- **Next Steps:** Use information generated from the LOI to rank potential for evidence-building.

Trust-Based Relational Intervention: Promising

- **Program/Service Area:** Mental health.
- **Prioritization:** Both TBRI 101 and TBRI Caregiver Training are designed for caregivers of children (ages 0 to 17) who have experienced abuse, neglect, or other trauma. It was prioritized in Colorado's long-term strategy to bolster the mental health array and reach a wider range of

child/youth ages. TBRI Caregiver Training is currently being used as a responsive service with families who are providing foster care and/or families with children at high risk for entering foster care.

- **Evidence Status:** Rated promising by the Clearinghouse; requires ongoing rigorous evaluation.
- **Recommendation:** Include in call for LOIs for evidence-building.
- **Next Steps:** Use information generated from the LOI to rank potential for evidence-building.

Functional Family Therapy - Telehealth Enhanced (*Adaptation*): Not Yet Rated

- **Program/Service Area:** Mental health.
- **Prioritization:** Adaptations of existing services in Colorado's Plan are a low-lift, high-impact way to expand reach and access. FFT is currently in Colorado's Plan to help improve family functioning. A telehealth/hybrid version of FFT could help bolster service availability in rural areas of Colorado and expand its reach to the balance of state counties.
- **Evidence Status:** Not yet rated by the Clearinghouse; requires evidence-building from the ground up.
- **Recommendation:** Include in call for LOIs for evidence-building.
- **Next Steps:** Use information generated from the LOI to rank potential for evidence-building.

Readying Programs for Rigorous Evaluation

In addition, two programs/services were identified as high potential for Colorado's Family First Service Array, but need readying for rigorous evaluation before they can enter the evidence-building pipeline. CISU is currently exploring support for these two programs/services.

- **Family Spirit:** Promising; in-home parent skill-based. Family Spirit was identified as part of Colorado's long-term Family First strategy, to expand culturally responsive service options and further meet the needs of tribal communities. Family Spirit is a culturally specific home visiting program designed for young American Indian mothers/pregnant persons and targeting both adult and child well-being. This program is not yet in Colorado and would require implementation support to lift and ready the program for rigorous evaluation.
- **Colorado Treatment Foster Care Program:** Not yet rated; mental health and in-home parent skill-based. Colorado Treatment Foster Care Program was identified by CISU as a strong potential for filling a gap in the mental health and in-home parent skill-based arrays. Recently, Treatment Foster Care Oregon for Adolescents was approved by the Clearinghouse as a promising practice, and, while there are some similarities, Colorado needs more time to further develop its unique approach. Providing fidelity monitoring support and documenting the practice is a key first step in readying for rigorous evaluation, with the goal of having Colorado's version rated by the Clearinghouse.

Recommendation 3: Support efforts to secure funding and provide consultation for relevant evidence-building activities resourced outside of the Hub.

The following programs/services are also prioritized for evidence-building but require funding outside of the Family First Evidence-Building Hub's annual appropriation.

- When this outside funding is through CDHS, the Colorado Lab recommends building in a contractual requirement for the Colorado Lab to review evaluation team analysis plans and final reports, to ensure alignment in Family First evidence-building investments.
- When resourced outside of CDHS, the Colorado Lab will offer consultation to those evaluation teams to help strengthen design and optimize alignment.

Multisystemic Therapy – Telehealth Enhanced (*Adaptation*): Not Yet Rated

- **Program/Service Area:** Mental health.
- **Prioritization:** Consider proposal from the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect (Kempe Center) to begin a randomized controlled trial or quasi-experimental design (QED) as they apply for federal funding to supplement existing Hub funding to execute the full study. The goal of this bridge funding would be to maintain sites' engagement in evidence-building and increase competitiveness of the Kempe Center's application for federal grant funds. It is expected that studies that would ready this program for Clearinghouse rating would cost more than what is available through the Family First Evidence-Building Hub allocation.
- **Evidence Status:** Multisystemic Therapy (MST) Adaptation not yet rated by the Clearinghouse. The Kempe Center is currently engaging in the initial steps to build evidence for this adaptation. Their work to date has focused on program design and improvements, feasibility and acceptability of the telehealth enhanced adaptation, and monitoring fidelity to the MST model. In addition, the Kempe Center and the Colorado Lab are co-authoring a brief on how to approach evidence-building for adaptations to ready them for rating by the Clearinghouse (forthcoming, summer of 2024).
- **Recommendation:** Support the Kempe Center in its efforts to secure federal funding for an evaluation of the effectiveness of MST-Telehealth Enhanced (e.g., letters of support, bridge funding) and provide consultation on design.
- **Next Steps:** Kempe Center applies for federal funding to continue building evidence for this adaptation.

High Fidelity Wraparound: Promising

- **Program/Service Area:** Mental health.
- **Prioritization:** The program was recommended by Colorado's American Indian/Alaska Native Family First workgroup for inclusion in the state's Prevention Services Expansion Strategy. High Fidelity Wraparound (HFW) was recommended in the Colorado Lab's [SFY23 Evidence-Building Strategy Report](#) as a prioritized service for the state's long-term Family First strategy to further meet the family functioning needs of families with younger children as well as bolster service options for families with older youth. HFW is widespread in Colorado and highly used as part of Colorado's Trauma Informed System of Care, administered by the BHA.
- **Evidence Status:** Rated promising by the Clearinghouse; requires ongoing rigorous evaluation.
- **Recommendation:** Support BHA in securing evaluation resources (e.g., letters of support, bridge funding) and provide consultation on design.
- **Next Steps:** Explore with BHA the opportunity to resource an evaluation for HFW to support cross-system investment in evidence-building for this service.

Colorado Kinnected Kinship Navigator Program: Promising

- **Program/Service Area:** Kinship navigator.
- **Prioritization:** The Colorado Kinnected Kinship Navigator Program (Colorado Kinnected) was rated by the Clearinghouse in early 2023 as a promising practice. It is the first service to be added to the Kinship Navigator array for Colorado.
- **Evidence Status:** Rated promising by the Clearinghouse; kinship navigator programs/services are exempt from the rigorous evaluation requirements. The Human Services Research Institute (HSRI) and Colorado State University (CSU) are currently conducting a sustained effects study, funded by CDHS.
- **Recommendations:** While kinship navigator programs are exempt from federal requirements for ongoing rigorous evaluation and fidelity adherence monitoring, there is value to ongoing evidence-building and CQI to ensure the programs that are driving outcomes as expected for children, youth, and families continue and that they are delivered with fidelity.
- **Next steps:** Consult with HSRI/CSU evaluation team to determine evaluation designs most meaningful to Colorado Kinnected, balanced with the ideal of increasing the Clearinghouse rating toward well-supported. Support team in maintaining ongoing evaluation funding.

SafeCare Colorado: Supported

- **Program/Service Area:** In-home parent skill-based.
- **Prioritization:** SafeCare Colorado (SafeCare) is currently in Colorado's Plan and is a core service in the state's home visiting array. SafeCare has an opportunity to expand its reach in the child welfare population, and efforts are underway to achieve this by targeting child welfare-aligned entry points.
- **Evidence Status:** SafeCare is rated supported by the Clearinghouse and thus requires ongoing rigorous evaluation. The CSU Social Work Research Center is conducting the ongoing evaluation of SafeCare, resourced through state funding (CDEC).
- **Recommendation:** Recent guidance by the Administration for Children and Families clarified that the rigorous evaluation requirement for promising/supported services in Colorado's Plan does *not* need to be met through an experimental design or QED. This opens up greater possibility to match evaluation design to decision-making goals of the program, while still meeting federal requirements. The Colorado Lab recommends that the evaluation team for SafeCare explore research designs that are aligned with the learning and decision-making goals of CDEC and that also strengthen SafeCare's inclusion in the Family First service array.
- **Next Step:** Consult with CSU evaluation team to determine evaluation designs most meaningful to the SafeCare Colorado program, balanced with the ideal of increasing the Clearinghouse rating toward well-supported. Support team in maintaining ongoing evaluation funding.

Recommendation 4: Include additional programs/services in Colorado's Plan when they add value to the Family First Service Array based on the conceptual framework.

Trauma-Focused Cognitive Behavioral Therapy: Promising

- **Program/Service Area:** Mental health.
- **Prioritization:** Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) was recommended in the Colorado Lab's [SFY23 Evidence-Building Strategy Report](#) as a prioritized service for the state's short-term Family First strategy, to ensure wide availability of an evidence-based mental health service that targets an expansive age range and has multiple access options.
- **Evidence Status:** Evaluation using a QED is underway by the Center for Policy Research, resourced by the Family First Evidence-Building Hub. The goal is to expand the evidence base for TF-CBT and increase the Clearinghouse rating toward well-supported, while also testing how best to leverage the school-based mental health delivery setting.
- **Recommendations:** Because a rigorous evaluation plan is developed and underway, this service can now be included in Colorado's Plan through an amendment. Recommend including in Colorado's Plan to maximize federal drawdown and use of current evaluation resources to meet federal requirements.
- **Next steps:** Support CDHS in meeting the additional requirements (e.g., fidelity adherence monitoring) to include TF-CBT in Colorado's Plan.



Colorado Evaluation & Action Lab
UNIVERSITY OF DENVER

Advancing Colorado's Prevention Strategy



Advancing Colorado's Prevention Strategy

Summary of recommendations:

5. Maximize federal drawdown for programs/services in Colorado's Plan through key systemic levers.
6. Expand populations eligible for drawdown.
7. Leverage partnerships to create alignment in the Prevention Services Continuum.
8. Build capacity to use the Statewide Fidelity Monitoring Dashboard to support high-quality delivery of programs/services.

Recommendation 5: Maximize federal drawdown for programs/services in Colorado's Plan through key systemic levers.

Maximizing federal drawdown requires both expansion of the service array and attention to systemic levers that can support each program/service in reaching and claiming for eligible Family First populations. Four systemic levers have high potential for moving the needle on drawdown:

- Ensure strategic referral systems are in place to match Family First populations currently eligible for drawdown (i.e. families with open child welfare and juvenile justice cases) with services in the Array.
- Support sites/providers in submitting the information necessary for claiming to be successful.
- Expand services to non-Medicaid eligible populations.
- Encourage county child welfare departments to use the Family First Service Array for all children/youth (regardless of eligibility for drawdown).

Ensure strategic referral systems are in place to match Family First populations currently eligible for drawdown (i.e. families with open child welfare and juvenile justice cases) with services in the Array.

This recommendation comes from information generated through state intermediary discussions, alongside a review of Family First-eligible expenses for drawdown between October 1, 2021 and August 31, 2023. The review illustrated that MST and FFT are driving eligible expenses. Increasing utilization rates of all programs/services in the array is a key component of increasing the pot of eligible expenses for drawdown. Intermediary discussions identified referral and outreach as key areas of need to increase utilization.

- While Colorado's definition of candidacy is broad, currently only families with open child welfare cases and juvenile justice involvement are eligible for drawdown. Implementing this recommendation should be focused on these Family First-eligible populations.
- Resource outreach coordinator(s) through a regional hub model. The goal is to better match families involved in child welfare to evidence-based services in the Family First Service Array. This will help to ensure high-quality services are delivered to Colorado's children, youth, and families, while also improving the opportunity for federal drawdown. Transition Act funds are an appropriate source of funding to help meet this need and work in lockstep with staff at CDHS that are focused on Family First outreach and referral systems.

- Promote caseworkers use of a [decision-making tool](#) to help match families to specific services on the Family First Service Array, considering unique needs and service eligibility requirements.

Support sites/providers in submitting the information necessary for claiming to be successful.

This recommendation comes from information generated through state intermediary discussions, alongside strategic guidance provided by the CDHS Fiscal & Policy Analyst for Family First. State intermediaries expressed confusion around what they needed to document and submit to support claiming efforts. However, the onus is not actually on the sites/providers. Rather, CDHS identifies eligible expenses through Trails using service authorizations. This means that if a child welfare or juvenile justice involved family receives one or more of the programs/services in Colorado's Plan, the county should submit a service authorization to make child welfare the payer. In this way, requirements for claiming for the child/family (e.g., safety and risk assessment) are documented in Trails in relation to the program/service.

- Issue guidance to child welfare county departments to clarify the importance of using service authorizations for Family First programs/services in Colorado's Plan and making child welfare the payer (versus another county funding stream, such as a community mental health pot).
- Work with state intermediaries to identify opportunities to strengthen the pathway between sites/providers and child welfare county departments, so that Family First-eligible families can be appropriately identified in Trails to support claiming. Use Transition Fund Act resources to help build these pathways. For example, how can sites/providers document child welfare involved families and communicate that to local county child welfare departments for claiming? What resources are needed? In some instances, programs/services may need resources to modify their databases to collect and communicate the required information.

Expand services to non-Medicaid eligible populations.

This recommendation comes from information generated through state intermediary discussions. Some services are currently only or primarily being delivered to Medicaid populations (e.g., MST, Child First). Thus, there is currently limited financial benefit to them being included in the Family First Service Array.

- Consider opportunities to resource delivery of services to non-Medicaid, Family First-eligible populations when the program/service eligibility criteria and provider/state intermediary capacity support it.

Encourage county child welfare departments to use Family First Service Array for all children/youth (regardless of eligibility for drawdown).

This recommendation comes from strategic guidance provided by the CDHS Fiscal & Policy Analyst for Family First. Colorado has a roughly \$710,000 maintenance of effort (MOE) requirement that must be met before any reimbursement for Family First-eligible expenses can be claimed. Colorado's MOE requirement can be met with non-eligible prevention expenditures since the state is expending this amount of general funds on prevention services regardless of its ability to claim federal reimbursement. To cover the full MOE requirement and maximize the drawdown of federal Title IV-E reimbursement revenue, Colorado posts non-eligible prevention expenses against the MOE requirement first. Eligible prevention expenditures are then reduced by the amount (if any) of remaining "unmet" MOE.

After the state's MOE requirement has been met, any remaining prevention expenditures are then added to the federal CB496 form and receive 50% reimbursement. Practically speaking, it is CORE dollars that drive Title IV-E expenses, and anytime a child/youth is placed out-of-home, they become ineligible for Family First drawdown, but still count towards covering the MOE requirement for the state. This means that it is beneficial to use the Family First Service Array (regardless of claimability) to both maximize federal drawdown and to ensure that all families involved in child welfare are able to receive evidence-based services.

- Encourage county child welfare departments to utilize the Family First Service Array to meet the needs of children/youth in child welfare, regardless of eligibility for drawdown.
- Promote caseworkers use of a [decision-making tool](#) that helps match eligibility criteria and family needs to specific services on the Family First Service Array.

Recommendation 6: Expand populations eligible for drawdown.

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 a way that meets 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 CWPTG is exploring the systems and processes necessary to expand Colorado's approach to candidacy. The Colorado Lab is positioned to support this Phase II exploration by uplifting best practices used by other states and guidance issued by Colorado and national Family First subject matter experts.

Guidance for Expanding Populations Eligible for Drawdown

Prioritize PA-3 families—those at risk of child welfare involvement—in expanding Colorado's approach to candidacy and claiming.

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 pathways resources from Chapin Hall's Family First Toolkit.

Through conversations with Family First subject matter experts, the PA-3ⁱⁱ population was identified as the greatest opportunity for maximizing drawdown and expanding populations reached. This is because PA-3 families are already identified in Trails and with some modifications (e.g., requiring a safety and risk assessment), CDHS could meet requirements for claiming on these families.

Other states have also grappled with how to operationalize more expansive approaches to candidacy in Family First, including expanding to “community pathways.” Community pathways generally refer to families accessing services outside of traditional child welfare service delivery and case management. An example of this is [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 can be 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 pathways candidates. Importantly, Connecticut recognizes that services in their approved Title IV-E Prevention Plan may not be adequate to meet all needs of identified community pathways candidates. As such, they intend to supplement their Family First Service Array through resources offered by community partners. Colorado can take a similar approach in defining Phase II expansion by 1) narrowing the Phase II population eligible for claiming by using a data-driven, expert-informed approach; 2) investing in both the Family First Service Array and the full Prevention Services Continuum; and 3) matching programs/services to needs of the identified Phase II prioritized population and identifying the spaces/organizations best positioned to identify, service, and 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](#), [key questions and guidance](#) for conceptualizing community pathways within Title IV-E Prevention Plans, and [implementation strategies and lessons learned](#) around community pathways. These resources can be utilized by Colorado to accelerate Phase II explorations and capacity-building.

Recommendation 7: Leverage partnerships to create alignment in the Prevention Services Continuum.

To improve the collaborative process of evidence-building, strengthen implementation of Colorado’s Family First Service Array, and accelerate investments in the full Prevention Services Continuum, existing spaces should be leveraged and intentionally aligned, as described below.

Regional Accountability Entities

[Regional Accountability Entities](#) (RAEs) are critical partners in expanding reach of services as they set the Medicaid reimbursement rates for each service delivered in their area. State intermediaries have indicated that the Medicaid reimbursement rates can make it difficult to serve families, particularly when there are substantial travel time and costs. For some services, the gap between the true cost of delivering a service

ⁱⁱ Currently, expenses associated with PA-3 families are being used to post against the MOE.

and the reimbursement rate has led to providers discontinuing the delivery of services (like FFT), thus creating more of a reach and access gap in some communities.

Child Welfare Prevention Task Group

The [CWPTG](#) 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 CWPTG serves as a policy advisory group of the Child Welfare SubPAC within CDHS. Three subcommittees initially led the work of the Task Group: 1) County/Regional Prevention Implementation Subcommittee, 2) State Prevention Integration Subcommittee, and 3) Data and Evaluation Prevention Subcommittee. CWPTG is undergoing a revamp and will be dissolving subcommittees for the foreseeable future. Moving to a "whole group" approach, four focus areas were identified for SFY24: 1) Expand Family First candidacy; 2) Expand the Family First Service Array; 3) Take a data-informed approach; and 4) Promote county engagement and best practices. It is clear how these focus areas align with and inform strategic guidance provided in this report. Leveraging the expertise of the CWPTG to inform priorities for evidence-building and maximizing Family First reach, access, and drawdown is thus critical to success.

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 was 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 sunset on June 30, 2023, and at closure, produced a [set of recommendations](#). These recommendations were used to inform recommendations identified in this report.

Colorado Child Abuse Prevention Trust Fund

The [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 Trust Fund is responsible for managing and overseeing the process for (re)distribution of funds in the pool obtained through Family First federal drawdown. The Trust Fund is partnering with the Colorado Lab to develop a multi-year prevention investment strategy for Colorado, which includes ways to use Family First reimbursement received. It is critical to align recommendations and priorities in the Family First Strategy with this larger prevention investment plan.

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

The Morgridge Family Foundation resourced establishment of the internal [CISU team](#) within OCYF. This team provides 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. CISU and the Colorado Lab partner closely on the Family First strategy, with CISU focused on implementation support and readying programs for rigorous evaluation, and the Colorado Lab holding the larger Family First

evidence-building strategy and supporting the state in efficiently meeting the evidence-based requirements of Family First.

Colorado Department of Early Childhood

When Colorado's Plan was first created, all programs/services named in Colorado's Plan were under the same state agency—CDHS. House Bill (HB) 22-1295 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 programs/services named in Colorado's Plan to CDEC oversight and coordination. Collaborating with CDEC provides an opportunity to consider cross-system investments and outcomes for Colorado's full Prevention Services Continuum, including the Family First Service Array. Aligning priorities for the in-home parent service array with CDEC's [newly released strategic plan](#) is important for ensuring cross-system alignment and investment.

Colorado's Behavioral Health Administration

The initial development of Colorado's Plan intentionally focused on programs/services in the in-home parenting and mental health arrays. At the time of early visioning and development, the new [BHA](#) was just forming. As such, to allow time for the BHA to come fully online, programs/services in the substance use disorder array were not included 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 Service Array. BHA serves as an important partner in expanding the substance use array of Family First.

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 age 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. The work of the Partnership can be leveraged to inform priorities of the Family First strategy.

Recommendation 8: Build capacity to use the Statewide Fidelity Monitoring Dashboard to support high-quality delivery of programs/services.

One of the federal requirements for programs/services included in Colorado's Plan is that CDHS ensures the program/service is being implemented consistently with the evidence-based model approved by the Clearinghouse. The Colorado Lab recommends building capacity to include prevention services *beyond* those in Colorado's 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.

Statewide Fidelity Monitoring Dashboard

The Statewide Fidelity Monitoring Dashboard was developed by the Colorado Lab. The dashboard visualizes fidelity data by service, geographic region, and organization. State intermediaries for each program/service in Colorado's Plan (i.e., the Family First Service Array) upload data each quarter that describes the degree to which organizations are delivering the programs/services with fidelity. Fidelity to the model is presented on a standardized scale of "met," "approaching," and "not met." Data can be disaggregated by Family First domain, service, geographic region, and organization providing services. The information is displayed in a dashboard that is accessible by CDHS OCYF leadership, state intermediaries, and other approved users. The Colorado Lab recommends:

- Collaborating with OCYF and state intermediaries to make these data accessible and actionable for a broader user base. Specifically, targeting geographic areas and organizations that may benefit from additional support to deliver programs with fidelity. Local child welfare agencies could also use the dashboard to inform their referrals (e.g., what organizations in their area are delivering a given program with fidelity).
- Exploring expansion of the fidelity dashboard to accommodate programs/services that are part of the broader [Colorado Prevention Services Continuum](#). Position CISU to lead this aspect of fidelity monitoring.

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, practical processes, and partnerships necessary to strengthen alignment and coordination across systems.

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 |
|--|--|------------|
| Strategy for the Evidence-Based Aspects of the Family First Services Continuum | 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 |
| Evidence-Building for Family First: Rigorous Evaluation Annual Report | 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 |
| Family First: Annual Evidence-Building Strategy Report | 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 |
| Evidence-Building for Family First: Rigorous Evaluation Annual Report | Reports on rigorous evaluation efforts underway for programs/services currently in Colorado's Family First evidence-building pipeline. | 04/14/2023 |