Colorado Partnership for Thriving Families: A Toolkit for Actionable Data & Collective Impact Evaluation

TOOLKIT HIGHLIGHTS:

- The **Systems Change Framework** illustrates five core areas that the Partnership engages to influence systems-level impact, moving from a child welfare system to a child and family well-being system.
- The **Theory of Change** describes three priority areas for sustained change and broad strategies to achieve change that, together, can improve equitable well-being for families with children prenatal to one.
- The **Logic Model** outlines resources and activities that lead to shorter-term outputs and collective impact in three intersecting outcome domains: family-centered services and support, child and family well-being, and equity conditions.
- The **Collective Impact Evaluation Approach** provides a responsive and meaningful way to evaluate the Partnership as a systems change initiative and catalyze actionable data.

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Executive Summary

The Colorado Partnership for Thriving Families ("the Partnership") aims to create conditions where children and the adults in their lives can thrive. The Partnership is a cross-systems collaborative that includes partners from: Colorado Department of Human Services; Colorado Department of Public Health and Environment; Colorado Department of Health Care Policy and Financing; staff of county departments and nonprofit agencies working in child maltreatment prevention, maternal and child health, and early childhood; and parents, caregivers, and families with lived expertise. The Partnership is guided by three inaugural priorities: systems alignment, early touchpoints, and community norms.

The Colorado Evaluation and Action Lab serves as the external evaluation partner for the Partnership and prepared this evaluation planning and implementation toolkit. The toolkit is intended to support the Partnership in achieving a holistic evaluation that is meaningful, contextualized, and responsive to emergent needs and opportunities. The toolkit was developed through an iterative, co-design process that incorporates insights from Partnership stakeholders alongside community, statewide, and national frameworks for early childhood, family strengthening, child maltreatment prevention, maternal-child health, and social and health equity. The toolkit is grounded in a systems change frame and a collective impact approach for evaluation of systems initiatives. The toolkit includes five interrelated components:

1. **Systems Change Frame.** Systems change initiatives aim to address root cause conditions of complex, systemic issues by creating long-term alignment across sectors and stakeholders toward a common vision. The Partnership aims to reduce child maltreatment and create conditions for children, families, and communities to thrive by shifting from a reactive child welfare system to a prevention-oriented child and family well-being system.
2. **Unifying Theory of Change.** The Partnership works toward the shared "North Star" goal of increasing well-being for families with children prenatal to one. The Partnership's theory of change depicts the drivers of change and intermediate outcomes that combine to effectively achieve this goal. The theory of change is situated within the systems change frame that leverages multiple strategies to address the contexts and conditions in which family well-being unfolds.
3. **Logic Model:** The logic model outlines the specific resources, activities, and outputs engaged that lead to collective impact in three intersecting outcome domains: family-centered services and support, child and family well-being, and equity conditions.
4. **Collective Impact Evaluation Primer:** Systems change is both a noun and a verb, and systems initiatives require attention and accountability to complexity, equity, and conditions. As such, the approach chosen is collective impact evaluation, in which complexity-aware methods, adaptive learned, and actionability in design are leveraged.
5. **Implementation and Outcome Indicators:** Implementation indicators assess the extent to which the Partnership is making progress in identified priority areas and strategies for change. Outcome indicators serve as a shared measurement system for identifying population-level impacts in the three outcome domains. Recommended indicators are framed as a "menu of options" that can be selected and applied overtime depending on stakeholder, activity focus, and resources available.

We consider this toolkit a "living roadmap" that will be continuously refined and refreshed as needs and opportunities emerge, conditions evolve, and new insights are received. Ultimately, the toolkit aims to catalyze actionable data that can inform strategic investment, responsive decision-making, and continuous learning toward the shared goal of family well-being and child maltreatment prevention.

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Thank you to our partners who provided subject matter expertise and co-design of this evaluation and data actionability toolkit: Illuminate Colorado, CDHS Office of Early Childhood, Center for Health and Safety Culture at Montana State University, county agencies, community organizations, parents and caregivers, and national partners involved in the *Thriving Families, Safer Children* initiative.

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Note on Gender Inclusive Language

The Colorado Evaluation and Action Lab validates, honors, and uplifts all gender identities and affirms our commitment to the use of gender inclusive language. Throughout this report, we follow the guidance of the Associated Press Stylebook and the Chicago Manual of Style and use the gender inclusive singular "they" when appropriate, as well as use gender inclusive terms when describing physiologic and social processes such as pregnancy, childbirth, and parenting.

Introduction

This evaluation planning and implementation toolkit is grounded in a systems change frame and a collective impact approach for evaluation of systems initiatives.

The toolkit serves to support the Colorado Partnership for Thriving Families in achieving a holistic evaluation that is meaningful, contextualized, and responsive to emergent needs and opportunities.

The Colorado Partnership for Thriving Families (referred to as "the Partnership" or "CPTF") aims to create conditions where children and the adults in their lives—parents, family members, caregivers, providers, and educators—can thrive. The Partnership is a cross-systems collaborative that includes partners from: Colorado Department of Human Services (CDHS); Colorado Department of Public Health and Environment (CDPHE); Colorado Department of Health Care Policy and Financing (HCPF); staff of county departments and nonprofit agencies working in the fields of child maltreatment prevention, maternal and child health, and early childhood; and parents, caregivers, and families with lived expertise.

The Colorado Evaluation and Action Lab at University of Denver (Colorado Lab) serves as the external evaluation partner for the Partnership and prepared this evaluation planning and implementation toolkit on behalf of the Partnership. The toolkit serves as the foundation necessary for the Partnership to engage actionable data that can guide strategic decision-making and smart investments for improving the lives of children, youth, and families in Colorado. The toolkit is grounded in a systems change frame and a collective impact approach for evaluation of systems initiatives. The toolkit includes five interrelated components that, together, catalyze a holistic evaluation that is meaningful, contextualized, and responsive to the unfolding nature of the Partnership alongside emergent needs and opportunities. The five components are: (1) Systems change frame, (2) Theory of change, (3) Logic model, (4) Collective impact evaluation primer, and (5) Implementation and outcome indicators.

The toolkit leverages complexity-aware methods with adaptive learning processes to enable data-informed action by Partnership stakeholders. As such, the toolkit does not follow a traditional evaluation approach where baseline data, intervention and comparison groups, and follow-up data are cleanly identified and employed. Rather, the toolkit remains grounded in a collective impact approach for evaluation of systems initiatives. In doing so, we combine rigorous evaluation approaches with innovative designs to ensure Partnership progress and contributions can be effectively evaluated and to account for the complexity, unpredictability, and context at play in the initiative's theory of change.

Focusing in and Looking Forward

This toolkit was developed in light of the Partnership's inaugural focus on well-being for families with children prenatal to one year of age. The theory of change, logic model, and indicators recommended are tailored to this focus.

With a strategic eye toward the future of the Partnership and an overall scope of prenatal to five, the systems change frame is grounded in a broader view of early childhood and family strengthening, and data sources and measures chosen for indicators will serve to catalyze future efforts as the Partnership expands priorities and evaluation scope to include children up to five years of age.

Partnership History and Guiding Vision

Partnership History. The Partnership began as a collaborative of human services and public health partners working together to implement a cohesive integrated project to significantly reduce child fatalities and child maltreatment for all children 0 to 5 years old by positively and proactively supporting strong and healthy family formation. In the fall of 2019, the Partnership adopted a statewide focus and began to intentionally expand to, and encourage participation of, counties across the state. Since that time, the Partnership has evolved into a movement that includes partners from CDHS, CDPHE, and HCPF; along with staff of county departments and nonprofit agencies working in the field of child maltreatment prevention, maternal and child health, and early childhood**;** as well as parents, caregivers, and families with lived expertise.

> *"As Coloradans, we share the collective responsibility of ensuring the children of our state are able to reach their human potential. Every child has the right to grow up in an environment that is safe and nurturing, and we as a community must strive to give families the tools and opportunities to succeed and grow."*
>
> - **Colorado Partnership for Thriving Families**

Through development of this collaboration, a widespread commitment to redefining safety as the primary prevention of maltreatment, not as the prevention of repeat maltreatment, has transcended individual system priorities. Multisector, cross-systems alignment will lead the transition from initiatives that are largely topic-based and reactive to a continuum of prevention-focused services. The Partnership will enable a dynamic and influential coalition of partners to operationalize the Child Maltreatment Prevention Framework for Action and empower a critical expansion to act as a multisystem collaborative that will coordinate efforts to implement a continuum of community-based, prevention-focused services for children and families.

To identify and refine the priorities and strategies of the Partnership, a series of convenings, presentations, and work sessions have been organized, including:

- Multiple meetings of Denver metro area public health and human service directors.
- Full Partnership meetings and strategic planning sessions.
- Partnership Steering Committee meetings and work sessions.
- Strategic conversations with CDPHE on alignment with the Title V Maternal and Child Health Priority Areas.
- Strategic conversations with CDHS and participation in the development of Colorado's Family First Prevention Services Act (FFPSA) Prevention Plan and implementation of the 2020-2024 Child and Family Services Plan.
- Strategic conversations with the Colorado Human Services Directors Association, the Colorado Association of Local Public Health Officials, the Early Childhood Leadership Commission, the Colorado Children's Trust Fund, and Early Childhood Leadership Councils.
- Participation in the 21st Century Child Well-Being System Convening, led by Casey Family Programs, and coordination with other states including a joint convening with Texas.

Partnership Vision. The Partnership works collaboratively across the state of Colorado to create the conditions for strong families and communities where children are healthy, valued, and thriving.

Partnership Goal. The Partnership aims to significantly reduce child fatalities and child maltreatment for all children 0 to 5 years old by positively and proactively supporting strong and healthy family formation.

Shared Values. The Partnership is motivated by and organized according to the following shared values:

- We act boldly.
- We use evidence and driven innovation.
- We transform the ways we work together by:
  - Sharing power.
  - Working across systems and jurisdictions.
  - Ensuring transparency in our interests and intentions.
  - Assuming good intent and acknowledging our impact.

Partnership Priorities. The Partnership has chosen three inaugural priorities that reflect research on effective approaches to primary prevention and reducing disparities in family and child well-being:

1. **Priority One: Systems Alignment.** Align state and county human services, public health, and health care systems to place family well-being at the center. Focus on funding, data, practice, and policy across systems.
2. **Priority Two: Early Touchpoints.** Strengthen the family well-being system service array to improve outcomes for parent and infants throughout pregnancy and the first year of life.
3. **Priority Three: Community Norms.** Change community norms related to social connectedness to increase access to information on child development and informal supports for parenting with the intent of reducing parental stress and decreasing maltreatment.

Meet the Partners

The Partnership is comprised of local and state agencies, community organizations, providers and educators, families with lived expertise, and national partners dedicated to strengthening families and child maltreatment prevention.

Local and State Partners. Statewide partners include CDHS's Office of Early Childhood (OEC), CDPHE, and HCPF. Local partners include agencies and representatives from county and regional human service, public health, early childhood, and health care sectors; community and non-profit organizations, providers, and educators that serve children and families; and parents, caregivers, and families with young children.

National Partners. In September 2020, the Partnership was chosen as one of four Tier 1 jurisdictions for *Thriving Families, Safer Children*—a national initiative committed to working across public, private, and philanthropic sectors to support jurisdictions in developing child and family-serving systems that focus on equity and well-being. Four main national partners are involved in this work: The Children's Bureau at the Administration for Children and Families, Casey Family Programs, the Annie E. Casey Foundation, and Prevent Child Abuse America. Representatives from these entities, as well as individuals from ChibyDesign

and Ideas 42, comprise a dedicated Colorado-specific Site Support Team (SST) that provide technical assistance, coaching, consultation, and cross-jurisdiction learning to inform the Partnership's work.

Research and Evaluation Partners. The Colorado Lab serves as the external evaluation partner and holds responsibility for the overall vision of the Partnership's evaluation work. The Center for Health and Safety Culture (CHSC) at Montana State University provides subject matter and methodological expertise for the community norms research component of the Partnership's third priority. The national SST provides evaluation thought partnership as needed and ongoing. The Strategic Learning and Evaluation Manager at Illuminate Colorado provides internal evaluation support to the Partnership and is a key liaison for external evaluation partners.

Backbone Support. Illuminate Colorado provides backbone support for the Partnership. As the backbone support team, Illuminate Colorado guides vision and strategy, supports aligned activities, supports establishment of shared measurement practices, cultivates community engagement and ownership, and mobilizes resources.

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Toolkit Development

- Toolkit Development Process
- Contextualizing Partnership and Evaluation Efforts
- Embedding a Data Equity Approach

Toolkit Development

An Iterative Development Process

> **This toolkit was developed through an iterative, co-design process that incorporates insights from Partnership stakeholders alongside community, statewide, and national frameworks for early childhood, family strengthening, child maltreatment prevention, maternal-child health, and social and health equity.**
>
> **We consider this toolkit a "living roadmap" that will be continuously refined and refreshed as needs and opportunities emerge, conditions evolve, and new insights are received.**

In alignment with the Partnership's value of collaboration and evidence-driven innovation, development of this toolkit occurred through iterative dialogue with Partnership stakeholders, participation in Partnership internal and external activities, and analysis of Partnership written materials produced to date. We also leveraged research-based community, statewide, and national frameworks for practice, policy, and evaluation in early childhood, family strengthening, maternal-child health, and child maltreatment prevention. Finally, we draw on the body of evidence and community-driven practices around social and structural determinants of health and equity models for liberation and justice in family-serving systems.

Contextualizing Partnership and Evaluation Efforts

Four major frameworks are leveraged in the Partnership's work and uplifted through the evaluation approach. Measurement tools within each of these frameworks served as a starting point for exploring and prioritizing outcome indicators for the Partnership, as outlined in this evaluation and data actionability toolkit.

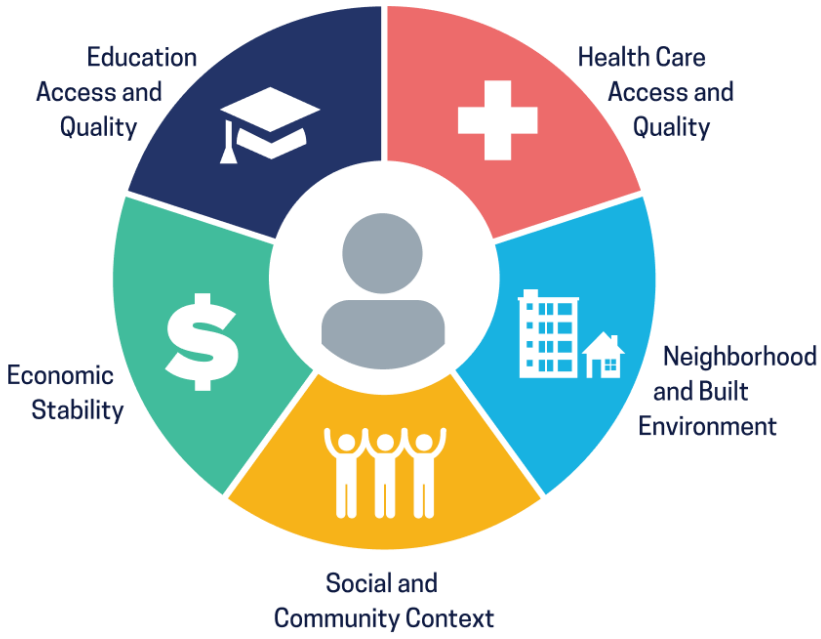
Colorado's Child Maltreatment Prevention Framework for Action. Colorado's Child Maltreatment Prevention Framework for Action was launched in April 2017 as a tool for local communities and state partners to create more focused, better integrated plans to prevent child maltreatment and promote child and family well-being.[1] The framework is anchored by six foundational principles and outlines strategies that, when aligned and implemented together, will maximize impact on four shared overarching outcomes and achieve the collective vision that all children are valued, healthy, and thriving. The framework is owned by no entity in particular, but rather, involves co-ownership, co-responsibility, and co-implementation by all agencies, organizations, and individuals working toward child maltreatment prevention and family strengthening in Colorado, including the Partnership. The framework is accompanied by a Prevention Measurement Guide that can support communities in measuring impact of primary prevention strategies, in alignment with the four shared overarching outcomes.

Strengthening Families™ Protective Factors Framework. The Center for the Study of Social Policy (CSSP) developed the Strengthening Families™ Protective Factors Framework as a research-informed approach to reducing child maltreatment, enhancing family strengths, and promoting healthy child development.[2] The approach rests on a robust body of literature that shows families thrive when five key protective factors are meaningfully present in their lives: (1) Parental resilience; (2) Social connections; (3) Knowledge of parenting and child development; (4) Concrete support in times of need; and (5) Social and emotional competence of children (see Figure 1).

Figure 1: Protective Factors that Strengthen Families[3] (image courtesy of CSSP)

Social and Structural Determinants of Health and Equity. As defined by the U.S. Department of Health and Human Services (HHS), "social determinants of health (SDOH) are the conditions in environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks".[4] There are five major domains of SDOH, as illustrated in Figure 2. SDOH impact not only well-being, but also the equitable achievement of well-being and are the leading contribution to health and social disparities. Healthy People 2030, an initiative of HHS, sets data-driven objectives to improve health and well-being for the nation over the next 10 years. Each domain includes key indicators of health and well-being to measure collective progress toward these data-driven objectives and the SDOH framework underscores objectives and indicators. An explicit focus within Healthy People 2030 is on pregnancy and childbirth, early childhood development, social cohesion, poverty and other concrete supports, health service access and primary care, and discrimination—all areas that directly intersect with the Partnership's priorities.

Figure 2: Social Determinants of Health: Five Domains (image courtesy of HHS)



SDOH are increasingly accompanied by the concept of structural determinants of equity. While the SDOH framework was intended to draw attention to health disparities and underlying conditions, over time this focus has been lost in meaning and in practice by systems of care. In response, a growing number of providers, policy leaders, community activists, and scholars are calling for a renewed attention to the structural determinants of equity. Structural determinants of equity focus on root causes and systemic oppression, including racism, poverty, and gender oppression.[5] Importantly, a structural determinants of equity approach requires critical examination of systems themselves, including the (inequitable) distribution of power and resources.

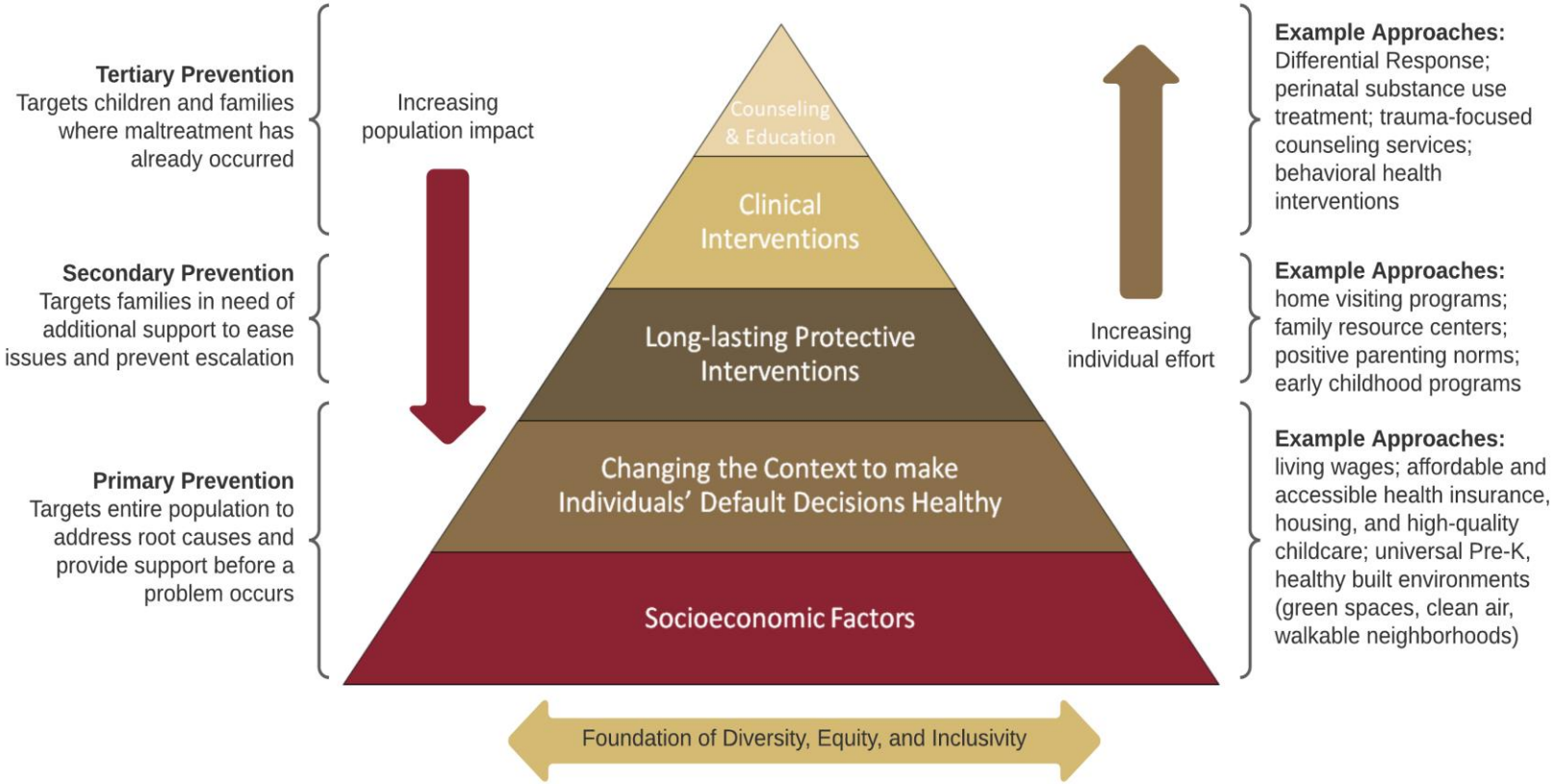
A Public Health Framework for Child Maltreatment Prevention and Family Strengthening. Friedan proposed the Health Impact Pyramid in 2010 as a way to understand different public health interventions and to create a framework for health improvement on individual and population levels.[6] Since its initial introduction, the pyramid has been adapted by various sectors working to move "upstream" in their work to not only reduce disease, illness and violence, but to increase holistic well-being and prevent "downstream" deleterious effects. The pyramid can be applied to issues of child abuse and neglect and when combined with the prevention continuum, provides a public health framework for child maltreatment prevention and family strengthening (see Figure 3).[7, 8]

The first tier of the pyramid aims to address root causes, such as poverty and lack of access to education/lower educational attainment. The second tier works on the environmental and social-cultural environment in which well-being (or ill-being) unfolds to create conditions that promote healthy decisions and make accessible healthy actions. These first two tiers map to the *primary prevention level* of the prevention continuum, where practices and policies target the entire population and aim to prevent issues before a problem occurs. In the third tier of the pyramid, the focus is on approaches that help individuals and communities build protective factors and leverage existing strengths. This third tier maps to the *secondary prevention level* of the continuum, which targets families in need of additional support to ease issues that if left unaddressed, can lead to abuse or neglect. The final two tiers of the pyramid focus on individual-level clinical interventions and counseling/education to address more intensive issues that are already present in an individual's or family's life. These top two tiers map to the *tertiary prevention level* of the continuum and target children and families who have already experienced maltreatment, aiming to minimize long-term effects and recurrences.

The pyramid sits on a foundation of diversity, equity, and inclusivity, where practices and policies must intentionally work to dismantle systemic oppression and promote inclusive access, cultural and linguistic responsiveness, and equitable outcomes for all families. As you move up the pyramid, the approaches become more individual-based and intensive, while approaches at the lower level focus on broad population-level reach and impact. All levels of the pyramid are needed to address the unique and varied needs and strengths of families and communities, and to create "upstream" approaches for holistic well-being with "downstream" implications for preventing initial and deeper involvement in child welfare. This public health approach to maltreatment prevention requires child welfare to work alongside other health and human services sectors, including public health, early childhood, health care, and public assistance, as well as community-based organizations and spaces (e.g., faith communities) where families and children live, grow, and interact. It is this collaboration across sectors and systems that is at the heart of the Partnership's work and ethos.

Collectively, these four frameworks create an upstream approach to child maltreatment prevention with downstream implications. By centering child and family well-being from the start, healthy development for children is optimized, parents/caregivers are able to live the best versions of themselves, intergenerational cycles of abuse and neglect are broken, economic and social opportunities are more equitably achieved, and systems realize decreased costs and improved service functioning. It is within these four frameworks that Partnership priorities unfold and this evaluation and data actionability toolkit reflects these frameworks and accompanying measurement tools, in commitment to assessing shared impact on child maltreatment prevention and family strengthening.

Figure 3: Health Impact Pyramid overlaid with the Prevention Continuum: A Public Health Framework for Child Maltreatment Prevention and Family Strengthening (adapted from Friedan, 2010)[9]



Embedding a Data Equity Approach

> *"The numbers never 'speak for themselves'…"*
>
> - **Covarrubias & Vélez, 2013**[10]

Throughout all CPTF evaluation work, the Colorado Lab is unequivocally committed to centering equity. Our approach to data equity reflects the full research cycle, from project visioning to data collection and analysis to interpretation and mobilization of findings.[11, 12] We acknowledge the role research has historically played as a system of power and continuously invest in approaches that dismantle power-over practices. Such approaches include:

- Centering race, class, gender, and intersectional equity in evaluation design and implementation.
- Engaging anti-racist and anti-oppressive practices as evaluation partners in the Partnership.
- Leveraging the Equitable Evaluation Framework™ to guide evaluation activities.[13]
- Fostering authentic partnerships for family and community engagement in the evaluation.
- Using liberating structures in eliciting, integrating, and valuing diverse expertise and experiences during evaluation co-design and implementation.

In doing so, we aim to situate data as a social justice tool for advancing equitable and inclusive family thriving. Principles and practices of data equity are applied throughout this evaluation and data actionability toolkit and details provided in each section.

What is Data Equity?

Data equity is a holistic framework that uses an equity lens to consider:

- What issues are prioritized for research and by whom?
- How are data collected, analyzed, interpreted, and applied?
- Who benefits from the research and who is harmed?

In this evaluation, we apply data equity practices to move data from a tool of oppression to a tool for advancing community liberation, inclusive access in services and supports, and equitable outcomes for all Colorado children and families.

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Toolkit Content

- Systems Change Frame
- Unifying Theory of Change
- Logic Model
- Collective Impact Evaluation Primer
- Implementation and Outcome Indicators

Toolkit Content

The toolkit content includes: (1) Systems change frame, (2) Theory of change, (3) Logic model, (4) Collective impact evaluation primer, and (5) Implementation and outcome indicators.[14, 15, 16]

Systems Change Frame

> **Systems change initiatives aim to address root cause conditions of complex, systemic issues by creating long-term alignment across sectors and stakeholders toward a common vision.**
>
> **Systems development work involves catalyzing changes in policy, practice, funding, and data.**
>
> **The Partnership aims to reduce child maltreatment and create conditions for children, families, and communities to thrive by shifting from a reactive child welfare system to a prevention-oriented child and family well-being system.**
>
> **Applying a systems change frame allows for a more meaningful evaluation that reflects the complexity and contexts that underscore Partnership efforts.**

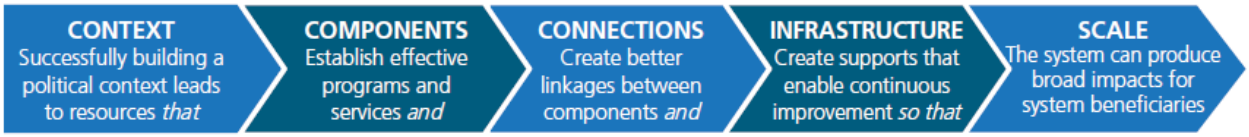
As a strategic research partner committed to actionability in design and in application, the Colorado Lab has taken an active collaboration role with Partnership stakeholders since the start. From participating in full Partnership meetings, to attendance at learning webinars, to "thinking partnerships" with Illuminate Colorado as backbone support, to engagement with the Leadership Team, family and caregiver representatives, and research colleagues at the Center for Health and Safety Culture, the Colorado Lab has aimed to create space for co-design of the CPTF evaluation. In doing so, we identified the Partnership as possessing the qualities of a systems change initiative and propose leveraging a systems change frame to catalyze an actionable evaluation design grounded in collective impact of the Partnership's work for child and family well-being.

Systems Initiatives 101. Systems initiatives can be best understood by unpacking what areas of the system the initiative is trying to improve or influence. First developed by Julia Coffman in 2007,[17] and refined and adapted continuously since by multiple organizations, a systems initiative is made up of five interrelated core areas:

- **Context:** Changing the political environment that surrounds and effects system development and ultimate success.
- **Components:** Establishing high-quality, high-performing programs and services for the system's intended beneficiaries.
- **Connections:** Identifying and leveraging integration, linkages, and alignment between varying system parts
- **Infrastructure:** Developing the supports (e.g., governance, financing, etc.) that the system needs to operate effectively, responsively, and with quality.
- **Scale:** Ensuring a comprehensive system that is widely available, accessible, and inclusive.

Together, strategies done within each of the core areas can bring about long-term change with sustained impact (Figure 4). While the process for long-term change may look linear, in reality, it is much more circular and fluid. Additionally, an initiative may engage strategies in one or more of the areas at any given time.

Figure 4: Core Areas of Systems Initiatives and How they Interact to Achieve Impact (image courtesy of Coffamn)[18]



In working to bring about fundamental systems change for child and family well-being, the Partnership has strategic touchpoints with each of these core areas to varying degrees. Figure 5 depicts a systems change frame for the Partnership, with descriptions of overarching strategies that make up each of the core areas. The systems change frame was developed from the underlying assumptions, values, and ways of operating that the Partnership has expressed over time and that accompany and underscore the theory of change and logic model.

While we are using a systems change frame to ground evaluation efforts and leverage innovative approaches to assessing the collective impact of the Partnership's work, this framework may also prove useful to Partnership strategic envisioning writ-large. The CPTF Leadership Team is encouraged to explore this opportunity further as the Partnership looks to leverage the five interconnected core areas of systems initiatives to bring about long term, sustained change for children and families.

Figure 5: The Colorado Partnership for Thriving Families: Systems Change Frame[i]

Context

Towards a Prevention-oriented Child and Family Well-Being System

- Center root cause inequities and social determinants of health in practice, policy, and public understanding of child maltreatment prevention.
- Acknowledge and redress the history of child welfare as an unjust family regulation system, especially for BIPOC communities, LGBTQ families, and those experiencing poverty.
- Embed family strengthening within broader early childhood and public health policy and practice, beginning in pregnancy and carrying through the life course.
- Create momentum for primary prevention and family well-being on practice, policy, and public levels.
- Increase visibility of the Partnership as a leading entity for family thriving.

Components

Building a Comprehensive Service Continuum

- Build a continuum of services that are community-based, family-centered, and prevention-focused.
- Take a life course approach to family formation, supporting families from pregnancy through the first year of life and into early childhood, to create the foundations for long-term healthy development.
- Invest in culturally and linguistically responsive practices.
- Strengthen existing evidence-based services and programs.
- Apply an equity and anti-oppression lens to practice, service delivery, and workforce development.
- Integrate family voice and leadership during service continuum capacity building, implementation, and continuous quality improvement.

Connections

Strengthening Cross-system Coordination and Collaboration

- Align state and county human service, public health, and health care systems, alongside community spaces and organizations, in funding, policy, data, and practice for family well-being.
- Create universal early touchpoints for families to connect with services proactively.
- Coordinate referrals and service delivery to improve resource efficiency and outcomes.
- Facilitate Colorado-based cross-system, cross-jurisdiction training, learning, and collaborations, with individuals at all levels, to generate new insights, supports, and resource access.
- Leverage national & cross-state partnerships to increase visibility and bolster family well-being efforts.

Infrastructure

Investing in Family-centered, Equity-grounded Systems Development

- Create a shared measurement system that multi-sector, cross-system stakeholders can use to track progress toward and achievement of collective impacts.
- Provide technical assistance to counties and communities to support on-the-ground systems development work.
- Diversify and expand funding sources for prevention and family strengthening.
- Integrate family voice & leadership into systems development work and ongoing oversight structures.
- Ground development of a family well-being system in racial, economic, and social equity and justice.

Scale

Scaling Shared Strategies and Collective Impact

- Expand the availability of family services and supports that are evidence-based, culturally responsive, and linguistically accessible.
- Secure sustainable funding for a community-based, family-centered, prevention-focused service continuum that meets the needs of families across the life course.
- Secure new funding for continuous growth and innovative practices.
- Establish shared frameworks for ongoing monitoring of service quality and systems coordination.
- Create shared ownership of child maltreatment prevention and family well-being across systems and communities.

[i] The term "family regulation system" was put forth by the Movement for Family Power and Dr. Dorothy Roberts to call attention to the harm that has historically and currently is committed by child protective services against marginalized families, particularly Black, Indigenous, and People of Color (BIPOC).

Unifying Theory of Change

> **The Partnership works toward the shared "North Star" goal of increasing well-being for families with children prenatal to one year of age.**
>
> **The Partnership's Unifying Theory of Change depicts the "drivers of change" that are activated within each priority area and the intermediate outcomes that result from change efforts and combine to effectively influence the "North Star" goal.**

The theory of change provides a 60,000-foot view of the Partnership's intentions and broad approach to driving systems-level change, as represented visually in Figure 6. The theory of change is a high-level view of the essential drivers of change and intermediate outcomes that will lead to the ultimate goal, or the "North Star" change, that the Partnership is striving to achieve.

"North Star" Goal: The Partnership is guided by the "North Star" goal of increasing well-being for families with children prenatal to one year of age. This is represented in the theory of change visual by the dark red star.

Intermediate Outcomes: The tan rectangular boxes represent the shorter-term outcomes that are expected to occur as a result of the Partnership's work, while the olive-green triangles represent the medium-term outcomes.

Drivers of Change: The arrows in the theory of change visual represent the drivers of change, or why intermediate outcomes are expected to lead to change in family well-being (i.e., North Star).

Priority Areas: Intermediate outcomes and the drivers of change are directly connected with the three inaugural priority areas of the Partnership, represented by the dark red circles.

Understanding the Theory of Change. The theory of change is anchored by *Priority 1*—systems alignment—which focuses on enhancing cross-system service coordination. Systems alignment begins with strengthening partnerships (**driver of change**) among state and local governmental agencies and non-governmental organizations that serve families and can advance "upstream" prevention efforts. As a result of strengthened partnerships, alignment in policy, practice, funding, and data systems at local and state levels is fostered **(short-term outcome**). In addition, strengthened partnerships across human service, public health, early childhood, and health care systems can improve smooth coordination of service delivery for families (**short-term outcome**), recognizing that any one sector or organization cannot fully meet the holistic needs and hopes of a family. In turn, systems alignment can improve operational efficiency and allow fiscal return on investment to be realized through cost savings and cost off-sets, while also improving the timeliness of referrals and service connections for families (**drivers of change**). Together, these change efforts lead to the **medium-term outcome** of more families receiving timely supports and services that meet their needs and leverage their unique personal, cultural, and community strengths.

This medium-term outcome is also achieved through *Priority 2*—early touchpoints—which focuses on expanding the availability of family services and supports. Expanding availability starts with each county exploring their unique strengths, needs, and community characteristics and then leveraging strengths, filling in gaps, and creating a comprehensive service continuum that is tailored to their locale (**drivers of change**). In doing so, counties can increase both the quantity and quality of family services and supports

(**short-term outcome**), with quality understood as services/supports that are culturally and linguistically responsive, community driven, and evidence-based. As availability and access of these services increases (**driver of change**), the **medium-term outcome** of timely and meaningful family services and supports is bolstered.

Running parallel to these first two priorities is *Priority 3*—community norms—which focuses on positively shifting community norms on support-seeking and support-offering behaviors and increasing social connections and social cohesion of families. Actions to change community norms should be informed by a robust understanding of perceived and actual norms in Colorado communities (**driver of change**). Data-informed action is being accomplished by community norms research led by the Center for Health and Safety Culture on behalf of the Partnership, with support from the Colorado Lab. Findings of this community norms research will be used to inform Partnership activities that increase supportive behaviors among families and community members (**short-term outcome**). Supportive behaviors fall into four types: emotional (i.e., trust, care, empathy), concrete or instrumental (i.e., tangible services, goods, and assistance), informational (i.e., advice, ideas, information), and appraisal (i.e., feedback that helps the individual self-evaluate and find internal strengths, resiliency, and self-efficacy). Findings from the community norms research can also be used to inform activities that help families improve their connections to informal supports and strengthen social cohesion (**short-term outcome**). Informal supports may include neighbors, friends, other family members, faith groups, community groups, schools/teachers, and others that live, work, and grow alongside families in a community. As community norms around social connectedness and supportive behaviors begin to change, more families and community members reach out, look for, and help create opportunities for connection, cohesion, and support (**driver of change**). As a result, families are able to establish strong social connections and live in communities where receiving and offering support is embraced and commonplace (**medium-term outcome**). As ease in supportive behaviors and social connections increases, the opportunity for families to be referred to and engage formal services also increases (**driver of change**), which can further strengthen the **medium-term outcome** of timely and meaningful family services and support.

Together, these intermediate outcomes will increase the five protective factors for child maltreatment (**driver of change**) and lead to the ultimate "**North Star" goal** of child and family well-being, with a focus on pregnancy through the first year of life.

Theory of Change within Systems Change Frame. The theory of change is situated within the systems change frame that leverages multiple strategies to address the contexts and conditions in which family well-being unfolds. Figure 7 illustrates the connections between the theory of change and systems change frame. Priority 1 on systems alignment is situated within the strategy of influencing context (i.e., moving to a child and family well-being system) and connections (i.e., strengthening collaboration, coordination, and alignment). Priority 2 on early touchpoints furthers this connections strategy and is the driving force behind the components strategy (i.e., building comprehensive service arrays). Priority 3 on community norms complements early touchpoints and further strengthens the components strategy. Context, connections, and components combine to influence strategies within infrastructure, which then lead to scalability and sustainability of the collective impact.

Figure 6. The Colorado Partnership for Thriving Families: Unifying Theory of Change

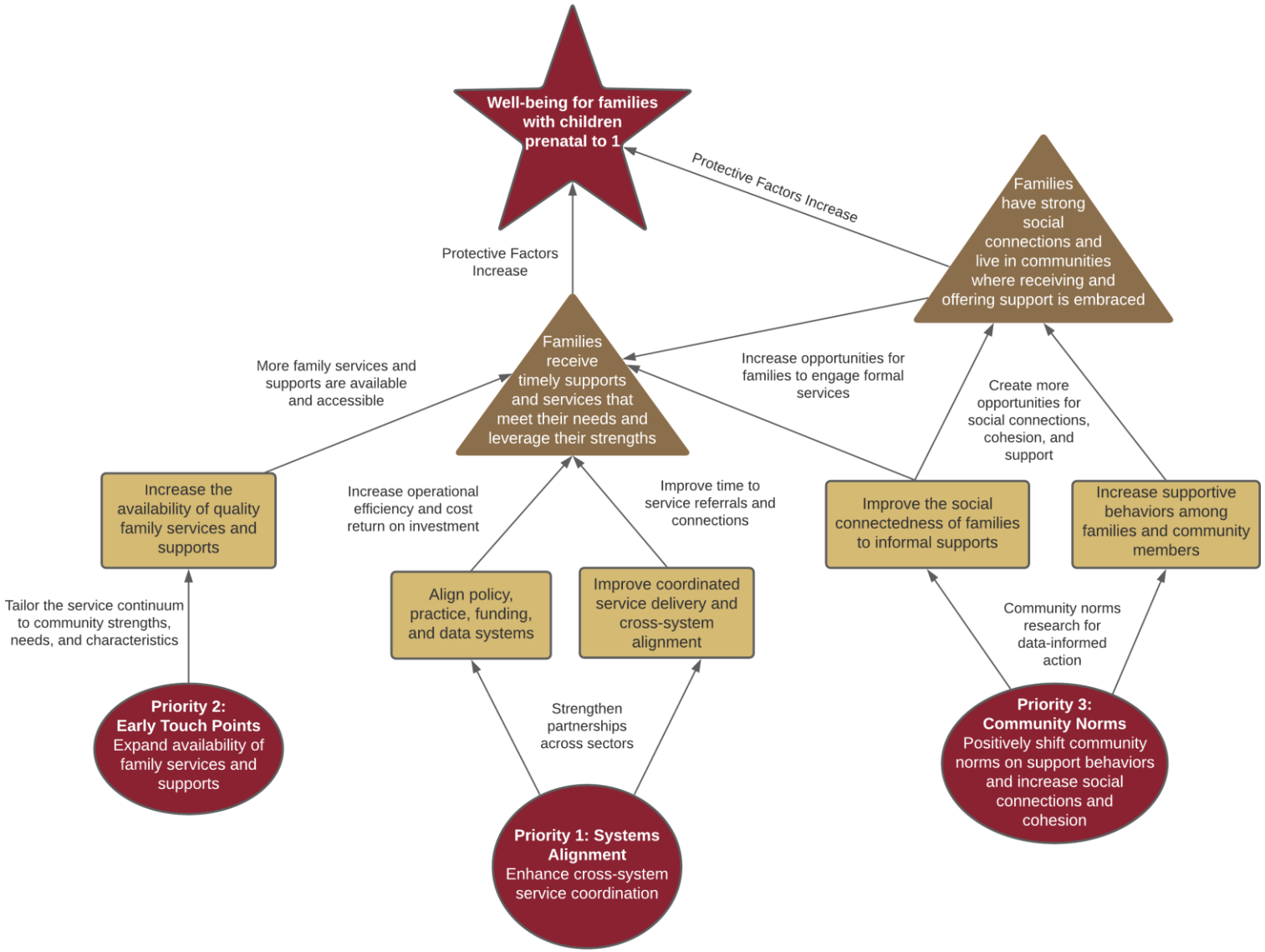
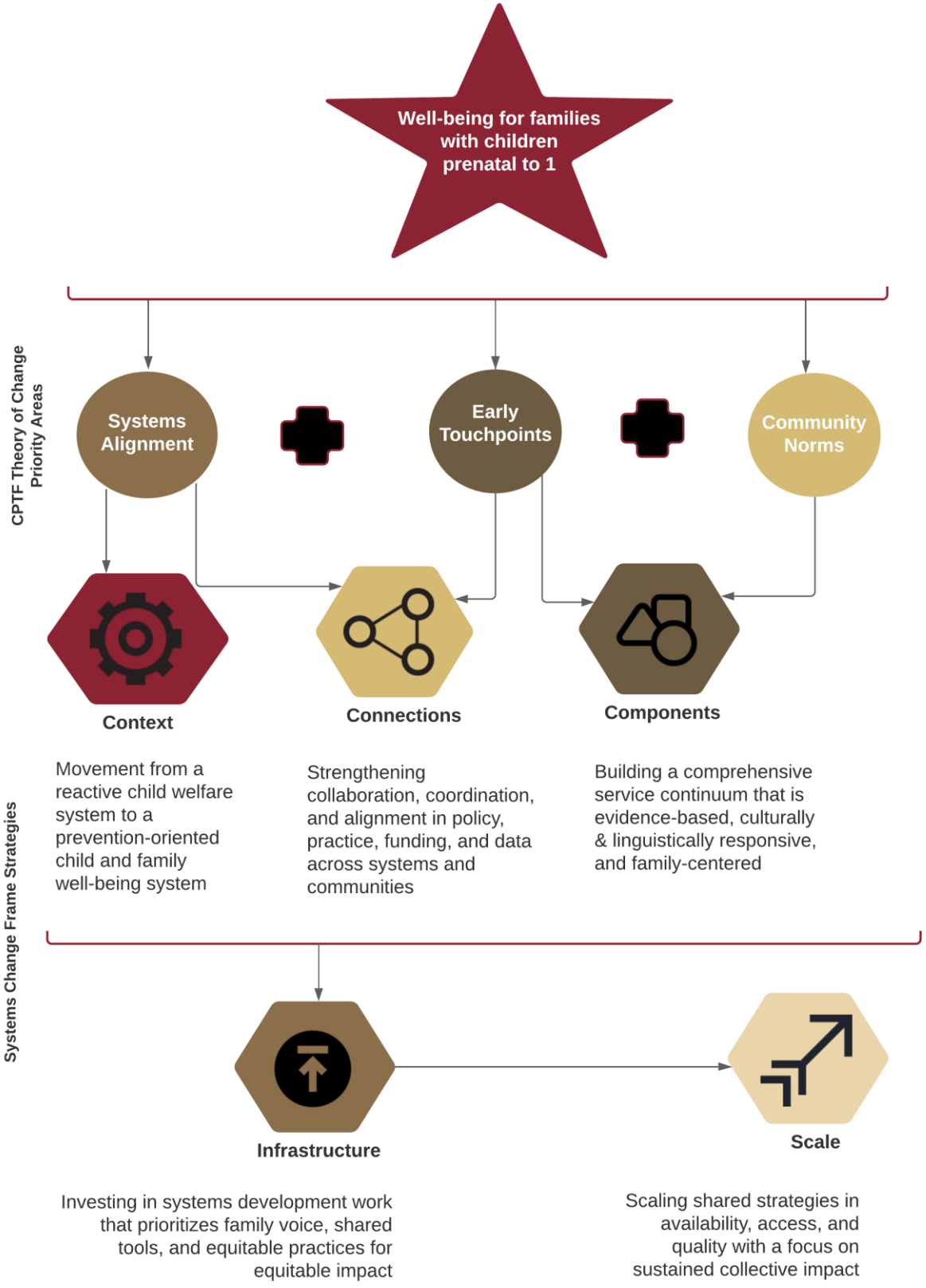


Figure 7: The Colorado Partnership for Thriving Families: Theory of Change within Systems Change Frame



Logic Model

The Logic Model provides a more concrete understanding of Partnership efforts by outlining the specific resources, activities, and outputs engaged that lead to collective impact in three intersecting outcome domains: family-centered services and support, child and family well-being, and equity conditions.

The logic model (see Figure 8) provides a 30,000-foot view of how the Partnership will execute their stated intentions. It identifies the Partnership's resources (i.e., money, partners, dedicated staff, etc.), activities (i.e., specific actions undertaken by the Partnership), and shorter-term outputs (i.e., the immediate products, effects, and changes that result from the activity) that lead to collective impact in three intersecting outcome domains: family-centered services and support, child and family well-being, and equity conditions. These outcome domains align with the drivers of change, intermediate outcomes, and the "North Star" goal identified in the Partnership's theory of change. Additionally, the activities and outputs of the logic model directly inform the array of implementation indicators recommended for the Partnership to track progress of the priority areas and strategies for change. Similarly, the outcome domains directly inform the array of outcome indicators recommended for the Partnership to assess individual, community, and system impacts of the collective efforts overtime.

Figure 8. The Colorado Partnership for Thriving Families: Logic Model

Colorado Partnership for Thriving Families (The Partnership or CPTF)

The Partnership works collaboratively across the state of Colorado to create the conditions for strong families and communities where children are healthy, valued, and thriving.

Priority Areas

Priority Area 1. Enhance cross-system service coordination and strengthen family, community, and governmental partnerships.

Priority Area 2. Expand the availability of family services and supports that are culturally and linguistically responsive, community driven, and evidence-based.

Priority Area 3. Positively shift community norms on support-seeking and support-offering behaviors and increase social connections and social cohesion.

Inputs/Resources

Partnership selected to be part of the national initiative, *Thriving Families, Safer Children.*

National support partners include: Annie E. Casey Foundation, Casey Family Programs, U.S. Children's Bureau, and Prevent Child Abuse America.

Technical assistance from ChiByDesign (design-thinking expert) and Ideas 42 (behavioral science firm).

Social norms research expertise from Montana State University Center for Health and Safety Culture.

Responsive evaluation expertise from Colorado Evaluation and Action Lab.

Backbone support provided by Illuminate Colorado.

Participation and leadership by families, community organizations, county, and state agencies, and governmental partners.

Activities/Strategies

Continuously cultivate an inclusive, equitable, and diverse Partnership, in membership, processes, structures, and focus.

Advocate for opportunities to align policy, practice, funding, and data efforts across systems and communities at local and state levels.

Promote equity-centered systems change work.

Center family voice and leadership in Partnership activities.

Foster connection among Partnership members.

Facilitate Communities of Practice aligned with each priority area.

Support* county- and community-level engagement at the participate, magnify, and demonstrate levels.

Leverage community norms research on support-seeking and support-offering behaviors, and social connections and cohesion.

Outputs

Increased Partnership membership, in numbers, diversity, and participation.

Structures, processes, and priorities that promote inclusivity and equity established by Partnership members.

Increased Partnership capacity to drive equity-centered changes in and alignment of policy, practice, funding, and data efforts.

Effective pathways for family voice and leadership established by Partnership members.

Increased collaboration among diverse Partnership members.

Knowledge, resources, and strategies on child maltreatment prevention, equity practices, and family strengthening shared and invested in by Partnership members, to drive practice and policy.

New county-level Child Maltreatment Plans developed and existing plans further implemented and strengthened.

Community norms campaign developed, launched, & interacted with.

Demonstration projects implemented, evaluated and findings shared broadly.

Outcomes

Family-Centered Services & Support

Evidence of (Partnership-level)

Increased understanding by community, county, and state partners of root causes and system created inequities in child welfare.

Improved implementation of strategies that promote equity.

Greater alignment of policy, practice, funding, and data systems at local and state levels.

(All levels)

Improved cross-system alignment and coordinated service delivery.

(County- and Community- level)

Increased availability of family services and supports that are evidence-based, culturally and linguistically responsive, and reflect community needs and strengths.

Improved access by families to these enhanced services and supports.

Child & Family Well-being

Evidence of

Decreased child maltreatment.

Decreased family and community violence.

Increased healthy child development.

Improved caregiver physical, behavioral, and mental health.

Improved parent-child relationships, skills, and knowledge.

Increased family economic security and other concrete supports.

Improved social connections and cohesion.

Improved community norms around support-seeking and offering behaviors.

Equity Conditions

Changes in

Decreased disparities and disproportionality in child welfare observed for BIPOC families, LGBTQ caregivers, rural communities, and those experiencing poverty.

System changes in policies, procedures, and norms that improve equitable treatment of and engagement by diverse families.

System and community partners value family leadership and family voice is prioritized in service delivery.

Family and cultural strengths are centered in practice, policy, and data efforts.

Beneficiaries of Partnership Focus: Colorado families with children prenatal to one year of age.

Assumptions: Improving the well-being of children and families requires collaborative efforts at family, community, and system levels. Systems change requires attention to the underlying conditions and root causes that maintain and perpetuate inequities and prevent families from receiving the support they deserve and need to thrive. Family voice and expertise must drive systems change. Equity must be centered at every step of systems change initiatives. CPTF is a systems change initiative.

**Support includes many things, including learning spaces, tools, coaching, technical assistance, and more.*

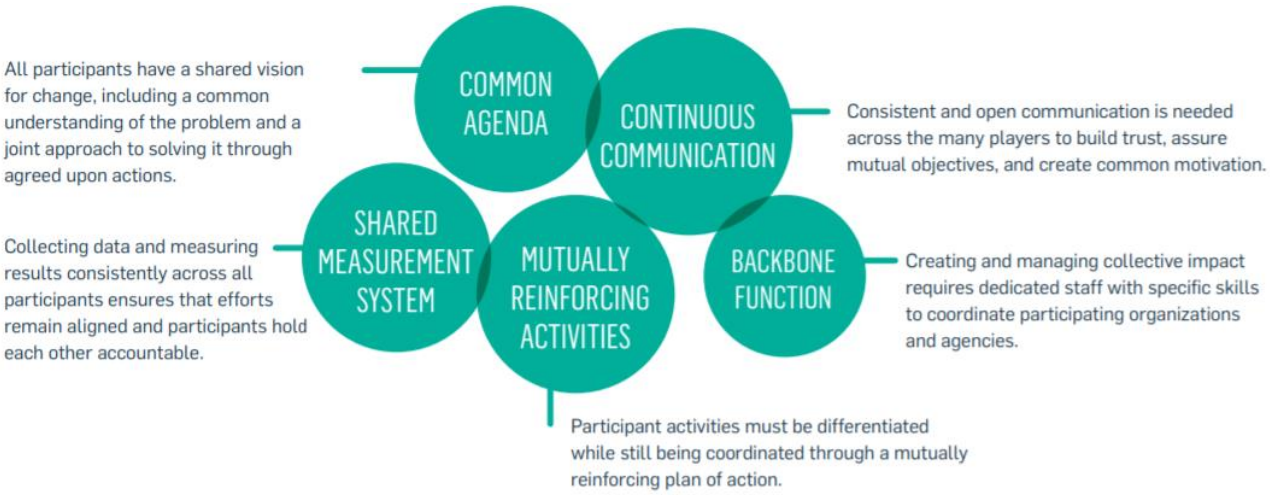
Collective Impact Evaluation: A Primer

Systems change is both a noun and a verb, and systems initiatives require attention and accountability to complexity, equity, and conditions. As such, conventional evaluation approaches that use treatment and comparison groups for assessment of intervention efficacy will not suffice. In fact, evaluation approaches that attempt to compartmentalize systems change work and isolate "causal" effects of the systems initiative can end up silencing variation and inequities, obscuring or falsely attributing strategies, and risk missing the holistic outcomes that matter to families and the interactions that led to collective impact. The science behind evaluating systems initiatives is still evolving and design options for evaluating systems change is rapidly expanding. In this toolkit, we combine rigorous evaluation approaches with innovative designs and lean into a leading approach called collective impact evaluation for systems initiatives.[20, 21]

> *"Systems initiatives are complex and notoriously 'hard to measure.' They involve multiple programs and players and feature outcomes at multiple levels (individual, family, community, and state)…"*
>
> - **Julie Coffman**[19]

As a systems change initiative, the Partnership operates in a collective impact structure, where cross-system, cross-community stakeholders commit to the shared "North Star" goal of well-being for families with children prenatal to one year of age. Five core conditions define collective impact, as illustrated in Figure 9.

Figure 9: Collective Impact Conditions (courtesy of FSG)[22]



Within the Partnership, the common agenda is grounded in the shared vision, goal, values, and set of priorities, while the joint approach to achieving the common agenda is supported by the systems change frame. The theory of change and logic model work together to ensure the Partnership can engage mutually reinforcing activities, where details of change strategies are tailored to each local community while staying grounded in a larger collective roadmap for influencing intermediate outcomes and the ultimate "North Star" goal. Continuous communication is vital to collective impact and is done through a variety of open and ongoing spaces across Partnership stakeholders, including: full Partnership meetings, Leadership Team meetings, Co-Chair meetings, Site Support Team activities, Communities of Practice,

learning and action activities, the Family/Caregiver Space, informal relationship building, formal collaboration activities at local and state levels, and written communication through the Partnership listserv and website. Importantly, continuous communication works to advance the common agenda as well as execution of the mutually reinforcing activities. The shared measurement system is critical to the Partnership's focus on actionable data and evidence-driven change and is accomplished by the Colorado Lab's role as the evaluation partner. The shared measurement system begins with identification of implementation and outcome indicators, as described in the next section. Finally, strengthening each of these conditions is the role of backbone support, provided for the Partnership by Illuminate Colorado.

Implementation and Outcome Indicators for Measuring Collective Impact

In launching a shared measurement system, we recommend a nested approach to measuring progress and assessing change through a set of shared implementation and outcome indicators available to Partnership stakeholders. Recommended indicators can be understood as a **"menu of options"** that can be selected and applied overtime depending on stakeholder, activity focus, and resources available.

> *"More than simply a new way of collaborating, collective impact is a structured approach to problem solving."*
>
> **- FSG, Collective Impact Forum**

The Partnership operates in a collective impact structure, where cross-system, cross-community stakeholders commit to the shared "North Star" goal of well-being for families with children prenatal to one, as documented in the Theory of Change.

Evaluating collective impact requires a nested approach to measuring progress and assessing change:

- ***Implementation indicators*** **allow for process and context monitoring to understand the extent to which the Partnership is making progress on identified priority areas and strategies for change.**
- ***Outcome indicators*** **serve as a shared measurement system for identifying population-level impacts in family services and community supports, child and family well-being, and equity conditions from the collective effort.**

Implementation and outcome indicators proposed will enable timely, accessible data to inform strategic investment, responsive decision-making, and continuous learning toward the shared goal of family well-being and child maltreatment prevention.

In developing implementation and outcome indicators for the Partnership, we drew on complexity-aware methods and adaptive learning processes[ii] to ensure actionable data and a firm grounding in leading practices for systems change evaluation.[23, 24] Complexity-aware methods are monitoring approaches that account for the unpredictable, uncertain, and evolving nature of complex initiatives, programs, or

[ii] Specific methods leveraged in this evaluation and data actionability toolkit to achieve complexity awareness with adaptive learning include: stakeholder feedback, sentinel indicators, outcomes harvesting, process monitoring of impacts, mixed methods data, ecological frames, interim indicators of progress, context monitoring, emergent learning tables, agile design techniques, and iterative evaluation planning. Click here to learn more.

situations. Adaptive learning is the intentional use of processes to produce, obtain, analyze, and share data and other information, from a broad variety of sources, in a continual way to inform decision-making and make timely, effective improvements to programs or initiatives.

Understanding Indicators as a Continuum and Part of a Whole

Building evidence for the Partnership's impact is a cycle and is not linear. Indicators fall on a continuum of measuring progress, engaging continuous learning, refining the initiative, and assessing change.

As a systems change initiative, CPTF is fluid and responsive to ever-changing landscapes and conditions. While the Partnership works cross-system and cross-community, it is not the only entity working to achieve change in the "North Star" goal and identified outcomes. As such, there is no expectation of establishing causal effect of Partnership work. Rather, indicators enable measurable change in shared areas that the Partnership aims to influence as part of a larger whole.

Recommended Implementation Indicators

Implementation indicators can be used by the Partnership to monitor activities and outputs outlined in the logic model. Each recommended implementation indicator is accompanied by a proposed data measure, a party responsible for collecting the data, and the broad sample parameters to which the measurement might apply.

- In the initial years of the Partnership's work, it is crucial that early process and context indicators are identified and acted upon through continuous learning. In doing so, CPTF will be able to track progress of the priority areas and strategies for change, as articulated in the Partnership's theory of change and associated logic model. Implementation indicators reflect logic model activities and outputs and, together, work to inform the Partnership's infrastructure, early and ongoing.

Development of Implementation Indicators. Implementation indicators were developed through an iterative process that included Partnership co-creation of the theory of change and logic model; review of leading recommendations for evaluating family strengthening, maternal-child health, early childhood, and child maltreatment prevention efforts; and application of a continuous learning lens for collective impact in systems change initiatives. Specifically:

- **Partnership insights:** Partnership members across stakeholder groups—including family/caregiver representatives, public health professionals, child welfare and family strengthening leaders, and early childhood practitioners—co-created the theory of change and logic model that are the foundation for monitoring progress. We used the theory of change and logic model (i.e., activities and outputs) as the starting place for developing implementation indicators to help ensure recommendations stayed grounded in Partnership intentions, needs, and hopes. Partnership feedback was also gathered ongoing at meetings and informally through dialogue; insights gleaned in these spaces were applied throughout development

- **Leading recommendations:** The Partnership is grounded in several community, state, and national frameworks for making intentional and sustained change in child and family well-being, including Colorado's Child Maltreatment Prevention Framework for Action; the Strengthening Families™ Protective Factors Framework from CSSP; Social and Structural Determinants of Health and Equity; and the Health Impact Pyramid for child maltreatment prevention and family strengthening (see

Framework section for additional details). As such, we reviewed leading recommendations on indicators and measures from the entities that developed or contributed to the creation of these frameworks, as well as tools from national partners in the *Thriving Families, Safer Children* initiative.

- **Continuous Learning Lens:** Implementation indicators and their associated measures were prioritized for recommendation based on their ability to do double duty, serving as both a mechanism for monitoring progress *and* as a tool for continuous learning and strategic planning. The tools chosen are intended to catalyze action while documenting process and context and, as a byproduct of their use, will also serve to document what is happening in different spaces, which is key for the Partnership's priority on systems alignment. This documentation can then be elevated as part of adaptive learning, including use of emergent learning tables and data walks as effective strategic share mechanisms. As such, both timely use of the measures as well as responsive application of results are important.

Creating a Low Burden, High Return Design: Spotlight on *Implementation* Indicators

Ensuring a low burden, high return design means providing multiple indicators that match evolving implementation efforts and can be used with ease when and as needed.

Indicators and measures should be considered a **"menu of options"** that the Partnership can pick and choose from over time, depending on the phase of their work, their focus, and their needs.

Tools recommended are short, accessible, and meaningful to both evaluation and practice activities.

In commitment to a low burden, high return design, a small set of measures were selected and a "numbers and narrative" approach taken. These measures include:

- Internal administrative programmatic data (e.g., attendance at Partnership activities).
- Partnership interim and annual surveys (new instruments, to be developed).
- CSSP Race Equity Impact Assessment Tool and related Annie E. Casey Foundation Race Equity and Inclusion Action Guide.
- Rating tools and processes from the CSSP Early Childhood System Performance Assessment Toolkit, including the Policy Change Rating Tool, Advancing Equity Rating Tool, Leadership Engagement Rating Tool, Using Data Rating Tool, Parent Engagement and Leadership Assessment Tool, Working Together Survey, System Navigation Survey, and the Family Assessment Survey.
- Collaboration Assessment Tool (validated instrument).
- Narrative measures (e.g., listening sessions, emergent learning tables, data walks, photovoice)

Spotlight on the Center for the Study of Social Policy (CSSP)

CSSP is a non-profit policy organization that operates nationally to inform community action, public system reform, and policy change that improves the lives of children and families with an expressed focus on equity.

CSSP is a leader in family strengthening and positive youth development. They are known for their engagement of parent/caregivers, youth, and community voice to drive change and for their grounding in racial, economic, and social justice.

CSSP developed the Strengthening Families™ Protective Factors Framework as well as the Youth Thrive Framework, which are used nationally in child maltreatment prevention efforts.

In commitment to data-informed action that is forward-thinking, family-led, and community-engaged, we drew heavily on CSSP tools and research to inform development of this toolkit.

How to Use Implementation Indicators and Measures. Table 1 presents the recommended indicators and measures that can be variably used to monitor progress in select implementation areas. In Table 1, indicators are nested within broader implementation categories (e.g., Partnership composition). These categories serve as an easy way to map implementation indicators back to logic model activities and outputs. To help catalyze further evaluation planning and implementation, we also identify responsible parties that could facilitate data collection, as well as the sample(s) that the measures could be applied to. Responsible parties only represent likely candidates and firm decisions on data collection pathways and duties will be decided upon as the evaluation unfolds, in shared decision-making with Partnership leadership, CDHS/OEC, and Illuminate Colorado. The sample parameters are similarly given as best estimates to ensure feasibility and relevance in measure use. Because participation in the Partnership is fluid and different stakeholders will participate at different levels of intensity and consistency, it was important for us to define samples as a nested structure, in alignment with the "cascading levels of collaboration" used in collective impact structures and in the Partnership's approach to participation:

- **Partnership members** (aka, the "everyone" level): Any individual and/or agency representative that interacts with CPTF by participating in at least one CPTF-hosted activity (for instance, a webinar or full Partnership meeting).

- **Potential members**: Individuals, sectors, and organizations/agencies that should be (ideally) included in the Partnership to ensure true systems change work can be achieved, in commitment to sharing power and taking co-ownership and co-accountability for child maltreatment prevention and family well-being.

- **Leadership Team and Co-Chairs:** The Leadership Team helps provide strategic guidance and tangible execution of the Partnership's work. Co-Chairs are drawn from the larger Leadership Team and provide an additional level of guidance and execution.

- **Family/Caregiver Space:** The Family/Caregiver Space is an affinity and advisory group dedicated exclusively to parents/caregivers, where lived experience and expertise is honored, amplified, and mobilized for Partnership work. Note that an individual with lived expertise may be engage in the Partnership via this space or may engage in the Partnership in other ways outside of this space.

This is why the Family/Caregiver Space and family voice/individuals with lived expertise (as defined below) are differentiated.[iii]

- **Family voice/Individuals with lived expertise:** Individuals who hold lived experiences with child welfare, family strengthening, and early childhood, and/or lived expertise as parents/caregivers/kin supporting and raising young children. Allowing a broad definition of family voice and lived expertise reflects a focus on primary, secondary, and tertiary prevention, and promotes inclusive access as individuals can self-define and self-disclose their role and the lens that they bring.

- **Partnership**: (aka, the whole "entity" as a collective). This means the Partnership as a living entity working to create collective impact. At this level, not every person's direct experience or input would be elicited. Rather, measures would be applied via the Leadership Team who act as the strategic oversight group for the Partnership.

- **Demonstration sites**: Counties/regions participating in one or more of the Partnership's priority areas at this level commit to meaningfully partnering with local families to implement a transformation project that builds family well-being with a racial equity lens in their community, and commit to ensuring projects are locally driven, staffed and funded, as well locally evaluated.

- **Magnify sites:** Counties/regions participating in one or more of the Partnership's priority areas at this level commit to engaging in shared learning around best practices related to the priority area(s), exploring opportunities to implement Partnership endorsed tools and/or project ideas related to the priority area(s), and exploring opportunities to better partner with local families.
- **Backbone and Research/evaluation support:** Backbone support is currently provided by Illuminate Colorado; research and evaluation support is currently provided by the Colorado Lab and the Center for Health and Safety Culture.

Implementation indicators and measures should not be applied all at once, at one point in time. Rather, they should be chosen and used as they are relevant to the phase, focus, and needs of the Partnership, in commitment to a low burden, high return design. The Colorado Lab will provide granular guidance and ongoing technical assistance to the Partnership as indicator selection, execution, and application is initially launched and evolves over time

[iii] Families who share their invaluable expertise and experiences should be fairly compensated as part of Partnership work, in commitment to equity and access in process and outcome.

Table 1: Menu of Implementation Indicators for Assessing Partnership Activities and Outputs

Menu of Implementation Indicators	Data Collection Recommendations		
I. Partnership Composition			
	Measure	**Responsible Party**	**Sample**
Partnership membership: • No. of magnify sites • No. of demonstration sites • No. of agencies and organizations who participated in at least one CPTF-hosted activity • No. of individuals (caregivers/parents, kin) with lived expertise and experience who participated in at least one CPTF-hosted activity Partnership diversity and characteristics: • Membership demographics (e.g., race and ethnicity, LGBTQ, parenting status, socioeconomic status) and characteristics (e.g., lived experience; sectors such as public health, child welfare, early childhood; and positions such as Director, provider, administrator) across Partnership stakeholders, including: ○ Partnership members (participated in one or more CPTF-hosted activities) ○ Potential members ○ Magnify sites ○ Demonstration sites ○ Leadership team ○ Backbone and research/evaluation support ○ Family/caregiver space ○ National support partners ○ Family voice/individuals with lived expertise	Internal administrative programmatic data Partnership interim and annual surveys (new instruments)	Illuminate Colorado[iv]	Partnership members Potential members Family voice/individuals with lived expertise Leadership team/co-chairs Family/caregiver space Backbone and research/evaluation support Demonstration sites Magnify sites

[iv] Illuminate Colorado serves as backbone support for the Partnership. As backbone support, they may choose to collect these data via internal evaluation teams or can seek out support from the external evaluation partners at the Colorado Evaluation and Action Lab.

Menu of Implementation Indicators	Data Collection Recommendations		
Partnership participation and value: • Number and characteristics of participants in CPTF-hosted activities, by activity • Number and characteristics of participants in Leadership Team and Co-chair meetings • Number and characteristics of participants in the Family/Caregiver Space • Number and characteristics of individuals providing backbone and research/evaluation support • Barriers, facilitators, and value to participation in the Partnership (on-the-whole, in specific spaces)			
II. Capacity-Building to Establish Inclusive Structures, Processes, and Priorities and to Drive Equity-Centered Changes in and Alignment of Policy, Practice, Funding, and Data			
	Measure	**Responsible Party**	**Sample**
Equity-centered change capacity: • Ongoing use of the CSSP *Race Equity Impact Assessment Tool* and the related Annie E. Casey Foundation *Race Equity and Inclusion Action Guide* to guide strategies and measure progress overtime (policy/practice level) • Ongoing use of the CSSP *Advancing Equity Rating Tool* and accompanying process to guide strategies and measure progress overtime (systems level) Policy alignment capacity: • Ongoing use of the CSSP *Policy Change Rating Tool* and accompanying process to identify, advocate, and achieve policy changes that improve conditions for young children and their families Practice alignment capacity: • Ongoing use of the CSSP *Leadership Engagement Rating Tool* and accompanying process to identify level of leadership across sectors supporting children and families, and strengthen engagement overtime	CSSP *Race Equity Impact Assessment Tool* CSSP *Advancing Equity Rating Tool* CSSP *Policy Change Rating Tool* CSSP *Leadership Engagement Rating Tool* CSSP *Using Data Rating Tool*	Illuminate Colorado Demonstration sites Magnify sites	Partnership (via Leadership Team) Demonstration sites Magnify sites

Menu of Implementation Indicators	Data Collection Recommendations		
Data alignment capacity: • Ongoing use of the CSSP *Using Data Rating Tool* and accompanying process to identify levels at which system stakeholders use data to improve service coordination and quality improvement			
III. Pathways for Family Voice and Leadership			
	Measure	**Responsible Party**	**Sample**
• Ongoing use of the CSSP *Parent Engagement and Leadership Assessment Tool* ("Abridged" for demonstration and magnify sites, "Comprehensive" for Partnership) and accompanying process to identify extent of parental engagement and leadership across systems partners and within the Partnership • Reach of and experiences within the CPTF Family/Caregiver Space ○ No. of participants and their characteristics ○ Qualitative methods to elicit lived experiences[v]	CSSP *Parent Engagement and Leadership Assessment Tool* Internal administrative programmatic data Narrative findings	Illuminate Colorado Demonstration sites Magnify sites	Partnership (via Leadership Team) Demonstration sites Magnify sites CPTF Family/Caregiver Space Family voice/individuals with lived expertise
IV. Increased Collaboration Among Diverse Partnership Members			
	Measure	**Responsible Party**	**Sample**
• Among the Partnership: Effective collaboration as measured in seven domains (context, members, process, communication, function, resources, leadership, perceptions of coalition success) via the Collaboration Assessment Tool (CAT) • Within Demonstration and Magnify sites: ○ CSSP *Working Together Survey* and accompanying process to identify level at which the sectors work together when multiple service providers are involved with the same family ○ CSSP *System Navigation Survey* and accompanying process to identify level at	Collaboration Assessment Tool (Marek et al., 2014) CSSP *Working Together Survey* CSSP *System Navigation Survey*	Illuminate Colorado Demonstration sites Magnify sites	Partnership (via Leadership Team, Parent/Caregiver Space, Backbone and Research/Evaluation support) Demonstration sites Magnify sites

[v] Exact methods will be determined in shared power with the Family/Caregiver Space and as a reflection of the specific questions asked and communities reached. Methods may include the Community Café model from the Children's Trust Fund, appreciative inquiry, liberating structures, listening sessions/focus groups, photovoice, surveys, and/or data walks.

Menu of Implementation Indicators	Data Collection Recommendations		
which the program connects families with needed services and supports			
V. Shared and Leveraged Knowledge, Resources, and Strategies on Child Maltreatment Prevention, Equity Practices, and Family Strengthening			
	Measure	**Responsible Party**	**Sample**
Learning and professional development: • No. and characteristics of Communities of Practice, as aligned with each priority area • No. and characteristics of formal CPTF-hosted and Partner member-hosted activities focused on: ○ Equity ○ Policy ○ Practice ○ Funding ○ Data Actionable investments: • Quarterly to annual Emergent Learning Table(s) to identify, elevate, and collectively share success stories and areas for growth, in context and overtime • No. and characteristics of county-level Child Maltreatment Plans (new, strengthened)	Internal administrative programmatic data Emergent Learning Table(s) narrative findings	Illuminate Colorado Demonstration sites Magnify sites	Partnership members Demonstration sites Magnify sites Family/Caregiver Space Backbone, research and evaluation support
VI. Community Norms			
	Measure	**Responsible Party**	**Sample**
Community norms survey • Developed for statewide use • Administered on county levels (via demonstration sites) Community norms campaign • Statewide launch • No. and characteristics of reach Cultural responsiveness and linguistic accessibility • Listening sessions held with varying identity, affinity, and geographically clustered communities to assess cultural responsiveness • Survey translated into multiple languages	Internal administrative programmatic data	Illuminate Colorado Center for Health and Safety Culture Colorado Lab Marketing firm (TBD) Demonstration sites	Demonstration sites Statewide

Menu of Implementation Indicators	Data Collection Recommendations		
VII. Demonstration Projects			
	Measure	**Responsible Party**	**Sample**
No. and characteristics of demonstration projects Pre- and post- administration of the CSSP *Family Assessment Survey* and accompanying process to identify level at which service providers understand the full range of family strengths and needs Demonstration project specific indicators (determined by each project and leveraging existing assessment and fidelity measures of the models lifted)	Internal administrative programmatic data CSSP *Family Assessment Survey* Model and project specific measures	Illuminate Colorado Demonstration sites Colorado Lab	Demonstration sites

Recommended Outcome Indicators

Outcome indicators can be used by the Partnership as a shared measurement system to asses outcomes defined in the logic model and the collective impact overtime as centered in the theory of change. Each recommended outcome indicator is accompanied by a data source, the data partner for the data source, and the public interface (i.e., public view) that can be used to easily access timely indicator data.

- In assessing the collective impact of the Partnership's work, it is important that a shared measurement system be created. A shared measurement system can help efforts stay aligned toward the same "North Star" goal and develop mutual accountability to the work. By using accessible and timely outcome indicators, the Partnership can make responsive decisions and data-informed strategic investments as collective impact unfolds, over time and space. Outcome indicators reflect the three outcome domains of the logic model and, together, serve to assess changes in family services and community supports, child and family well-being, and equity conditions that the Partnership aims to influence.

Development of Outcome Indicators. Similar to implementation indicators, outcome indicators were developed through an iterative process that included Partnership co-creation of the theory of change and logic model; review of leading recommendations for evaluating family strengthening, maternal-child health, early childhood, and child maltreatment prevention efforts; and application of a data equity and accessibility lens. Specifically:

- **Partnership insights:** Partnership members across stakeholder groups—including parent/caregiver representatives, public health professionals, child welfare and family strengthening leaders, and early childhood practitioners—co-created the theory of change and logic model that are the foundation for assessing impact. We used the theory of change and logic model (i.e., outcome domains) as the starting place for developing outcome indicators to help ensure recommendations stayed grounded in Partnership intentions, needs, and hopes. Partnership feedback was also gathered at meetings and informally through dialogue; insights gleaned from these spaces were applied throughout development.
- **Leading recommendations:** The Partnership is grounded in several community, state, and national frameworks for making intentional and sustained change in family well-being, including Colorado's Child Maltreatment Prevention Framework for Action; the CSSP Strengthening Families Protective Factors Framework; Social and Structural Determinants of Health and Equity; and the Health Impact Pyramid for child maltreatment prevention and family strengthening (see Framework section for additional details). As such, we reviewed leading recommendations on indicators and data sources from the entities that created or contributed to the creation of these frameworks, as well as tools from key human service partners (CDPHE, CDHS/OEC, CDHS Division of Child Welfare) engaged in the Partnership.
- **Data Equity and Accessibility Lens:** Outcome indicators and their associated data sources were prioritized for recommendation based on four primary criteria: (1) publicly available with user-friendly views; (2) focused on pregnancy, maternal postpartum, neonatal, and early infancy; (3) data could be disaggregated by race and ethnicity, either through the public view or through original analyses; and (4) both risk and protective factors could be reflected through strategic indicator pairing. These four criteria were critical to uplifting our commitment to centering equity in research and evaluation efforts.

*Criteria One: Publicly accessible***.** A core component of data equity is creating shared access to data. Publicly available views with user-friendly visualizations can help to decolonize research by removing power over practices of "data for the expert few" and invite in its place inclusive participation in evaluation efforts. Additionally, accessible data create transparency in and co-accountability to the work by all partners. Finally, data without application is unethical at best to harmful at worst, as families and communities cannot benefit from insights generated by data if those data are not applied in practice and policy decision-making. Accessible public views ensure Partnership stakeholders can have immediate, timely data access to inform their work, given the Partnership's fluid nature and expansive membership.

Criteria Two: Data center on prenatal to early infancy. Too often, experiences and outcomes of the youngest children (and their families/caregivers) are lumped into the bucket of "under age 5." This lumping can effectively silence the unique health, developmental, and caregiving needs that take place during pregnancy and in the first year of life. As such, locating data sources that were tailored to the prenatal to age one focus of the Partnership was important for selecting meaningful indicators that reflect the (too often hidden) needs and strengths of families and babies in the childbearing year. Indicators were prioritized to allow this tailoring. For some data sources, the indicator reported publicly goes through 2 years of age or childhood data are not separated out in the public view; in these circumstances, original data source access and stratified analysis by the evaluation team will be used to overcome this limitation and exact a one year of age cutoff.

Criteria Three: Data can be disaggregated. When only averages of outcome indicators are examined, variation in experience and outcomes for diverse families can remain hidden, strengths overlooked, and needs underserviced. Put another way, outcomes *for whom?* To further advance the Partnership's focus on equity, access, and inclusivity, disaggregation of data (or breaking down data by different characteristics) must occur. Disaggregation by race and ethnicity, socioeconomic status, family structure, and more can help catalyze deeper understanding and response to the social and structural determinants of health and equity that underlie child and family well-being. Several of the public interfaces recommended have a drilldown feature that allows indicators to be looked at through the lens of select social and structural characteristics of the family. When the public view does not allow this, original data source access and stratified analysis by the evaluation team will be used to overcome this limitation and ensure actionable insights for equitable change.

*Criteria Four: Balancing risk and protective factors***.** In reflecting the Partnership's commitment to moving from a child welfare system to a child and family well-being system, it was also imperative that indicators prioritized could be strategically paired to reflect a balance of risk and protective factors important to families, rather than only focusing on traditional system outcomes (such as child welfare referrals or case openings). This balance also helps to ensure that outcome data on risk factors—which can disproportionately affect Black, Indigenous and People of Color (BIPOC), LGBTQ identified caregivers, families experiencing poverty, immigrant families, and others who are targets of oppression—are not used to mask cultural and family strengths, or to reinforce "less than" stereotypes. Ensuring protective factors are represented in the menu of outcome indicators is also important given the Strengthening Families™ Protective Factors Framework used by the Partnership.

> *"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.*
>
> **- World Health Organization (WHO), premable to the WHO constitution**

Finally, this focus on protective factors in practice and in data creates shifts in thinking from health as the absence of disease to the presence of well-being.

Creating a Low Burden, High Return Design: Spotlight on *Outcome* Indicators

Ensuring a low burden, high return design means providing multiple indicators that can be accessed timely to assess and inform Partnership efforts at community, county, regional, and statewide levels.

Indicators and data sources should be considered a **"menu of options"** that the Partnership can pick and choose from overtime, depending on the phase of their work, their focus, and their needs.

Prioritizing outcome indicators with a paired public interface and a full original dataset enables a fuller opportunity for data-informed action by the Partnership. Partnership stakeholders are empowered to use accessible data in day-to-day decision-making, while the evaluation team can provide a more comprehensive look at complex interactions for longer-term strategic investments, as well as fill in limitations of pubic data views when needed. This pairing also allows improved analyses and benchmarking at community, county, regional, statewide, and national levels.

While indicators were prioritized based on a focus of prenatal to one, a strategic eye toward future Partnership expansion to include families with children up to five was also applied during data source selection, as several sources (e.g., National Survey of Children's Health) have additional indicators that can be used in future phases of the Partnership's work, allowing continuity in the evaluation approach.

In commitment to a low burden, high return design, a small set of data sources were selected with population-level indicators leveraged whenever possible, as part of best practice in evaluating collective impact efforts and in creating a shared measurement system that can cross systems and communities. These data sources include:

- Trails, Colorado's Comprehensive Child Welfare Information System (per 45 CFR 1355.51) and the CDHS Community Performance Center
- National Survey of Children's Health (NSCH) (Colorado profile available)
- Vital Records (state and national profiles available) via the Colorado Health Information Dataset (CoHID)
- Pregnancy Risk Assessment Monitoring System (PRAMS) (state and national profiles available)
- State of Babies Yearbook (powered by Child Trends)
- Colorado Child Fatality Prevention System (CFPS) Reviews
- Colorado-specific measures from key human service, public health, and research partners within the Partnership (Health eMoms, Parent Asset Survey, Community Norms Survey)

Rounding out these data sources are two data tools that inform equity conditions and contexts: the Kids Count Data Center from the Annie E. Casey Foundation, and the Community Opportunity Map from Casey Family Programs.

How to Use Outcome Indicators and Data Sources. Table 2 presents the recommended indicators and data sources that can be used to asses impact in the outcome domain of child and family well-being, while Table 3 presents the recommended indicators and data sources for the outcome domain of family-centered services and supports. In both tables, indicators are nested within broader outcome constructs (e.g., child maltreatment, healthy child development). These constructs serve as an easy way to map outcome indicators back to the outcome domains identified in the logic model. We identify data partners to help jumpstart the evaluation team's work in data access for obtaining full datasets for analysis.

As with implementation indicators, outcome indicators and datasets should not be accessed all at once, at one point in time. Rather, they should be used as they are relevant to the phase, focus, and needs of the Partnership, in commitment to a low burden, high return design. The Colorado Lab will provide granular guidance and ongoing technical assistance to the Partnership as indicator selection, execution, and application is initially launched and evolves over time.

Table 2: Menu of Outcome Indicators for Assessing Partnership Impact – Child and Family Well-Being Domain

Menu of Outcome Indicators	Data Sources and Partners		
I. Child Maltreatment			
	Public Interface	**Data Source**	**Data Partner**
Child welfare: • Referrals • Assessments • Case openings • Out-of-home placement • Placement type • Placement disruption • Maltreatment type • Reunifications Infant mortality: • Sudden unexpected infant deaths (SUID) • Deaths for children under 1 attributed to child maltreatment by CFPS	CDHS Community Performance Center[vi] CFPS Data Dashboard	Trails CFPS Reviews	CDHS Division of Child Welfare CDPHE
II. Family and Community Violence			
	Public Interface	**Data Source**	**Data Partner**
Intimate partner violence: • Pregnant persons experiencing abuse by spouse/partner in 12 months prior to pregnancy • Pregnant persons experiencing abuse by spouse/partner during pregnancy Community violence: • Infants/toddlers (ages 0-2) who live in an unsafe neighborhood	State of Babies Yearbook (Colorado Profile)	NSCH	Data Resource Center for Child & Adolescent Health

[vi] While the CDHS Community Performance Center is the public interface for aggregate reporting of child welfare data in Colorado, as part of the CDHS Data Matters initiative, the system currently does not disaggregate data for children under 1. This is a future reporting enhancement to be considered and in the interim, the evaluation team can disaggregate data by age via direct data requests and stratified anlaysis.

Menu of Outcome Indicators	Data Sources and Partners		
III. Healthy Child Development			
	Public Interface	**Data Source**	**Data Partner**
Neonatal/Infant health: • Preterm birth (<37 weeks) • Low Birth Weight (<2500 grams) • Infants never breastfed, ever breastfed, breastfed for 9 or more weeks • Sudden unexpected infant death (SUID) Early learning and development: • Parents who report singing or telling stories to their infants/toddlers (ages 0-2) every day • Infants/toddlers (ages 9-35 months) who receive a developmental screening • Infants in high-quality child care	CoHID Colorado PRAMS CFPS Data Dashboard State of Babies Yearbook (Colorado Profile) Colorado Shines Brighter Needs Assessment	Vital Records PRAMS Survey CFPS Reviews NSCH Colorado Shines Brighter	CDPHE Data Resource Center for Child & Adolescent Health CDHS/OEC
IV. Caregiver Physical, Behavioral, and Mental Health			
	Public Interface	**Data Source**	**Data Partner**
Physical health: • Pre-pregnancy and gestational diabetes • Pre-pregnancy and gestational hypertension • Maternal weight gain adequacy Mental health: • Maternal stressors experienced in 12 months before birth • Postpartum depression diagnosis • Caregivers with infants/toddlers (ages 0-2) reporting less than optimal mental health Behavioral Health: • Smoking 3 months before, and during pregnancy • Alcohol 3 months before, and during pregnancy	CoHID Colorado PRAMS State of Babies Yearbook (Colorado Profile)	Vital Records PRAMS Survey NSCH	CDPHE Data Resource Center for Child & Adolescent Health

Menu of Outcome Indicators	Data Sources and Partners		
V. Parent-Child Relationships, Skills, & Knowledge			
	Public Interface	**Data Source**	**Data Partner**
Parent-child relationships: • Aggravated by parenting in past month • How well parent handles daily demands of raising children • Family demonstrates qualities of resilience during difficult times Parenting knowledge and skills: • Age-appropriate sleep (nighty hours) for child's age • Safe infant sleep practice/position • Participated in parenting classes • Participated in a home visiting session	NSCH Interactive Data Query Colorado PRAMS State of Babies Yearbook (Colorado Profile)	NSCH PRAMS Survey	Data Resource Center for Child & Adolescent Health CDPHE
VI. Family Economic Security and Other Concrete Supports			
	Public Interface	**Data Source**	**Data Partner**
Economic security: • Pregnant persons living below 185% of federal poverty level (FPL) • Families with infants/toddlers (ages 0-3) living below 100% FPL that receive Temporary Assistance for Needy Families (TANF) benefits • Current work situation (postpartum persons) • Food insecurity (worried food would run out, food bought didn't last) (postpartum persons) • Maternal health insurance status (postpartum persons) • Payment source for labor/delivery • Housing instability (families with infants/toddlers ages 0-2, with three or more moves since birth) • Food insecurity in past 12 months (postpartum families) Other concrete supports: • Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) participation during pregnancy • Current WIC services for infant (postpartum families) • Family-friendly practices at places of employment	CoHID Colorado PRAMS State of Babies Yearbook (Colorado Profile) Health eMoms	Vital Records PRAMS Survey NSCH Health eMoms Survey	CDPHE Data Resource Center for Child & Adolescent Health

Menu of Outcome Indicators	Data Sources and Partners		
• Unable to get child care for a week or more during past 12 months • Main reason unable to get child care when it was needed			
VII. Social Connections and Social Cohesion			
	Public Interface	**Data Source**	**Data Partner**
Social connections: • Has someone to turn to for emotional support (postpartum persons) • Has someone to turn to for day-to-day emotional support with parenting or raising children • Family/child lives in neighborhood with key amenities (e.g., sidewalks, playgrounds) • Family/child lives in supportive neighborhood *Social cohesion: • Friends are part of everyday life in caregiver's community • People can depend on each other in caregiver's community • People can get help in caregiver's community if in trouble	NSCH Interactive Data Query Health eMoms *No public interface at this time for indicators from the Parent Asset Survey; recommendation is to consider creation of a public interface for aggregated survey data	NSCH Health eMoms Survey Parent Asset Survey	Data Resource Center for Child & Adolescent Health CDPHE CDHS/OEC
VIII. Community Norms on Support-Seeking and Support-Offering Behaviors			
	Public Interface	**Data Source**	**Data Partner**
*Parent Asset Survey items: • Advice on raising children • Lend tangible resources like money, clothes, food, etc. • Run an errand for another • Look after another's child when something unexpected happens • Look after another's child on a regular basis **Community Norms Survey items: • Degree of connectedness (social connections and cohesion) • Ease in offering or seeking supports (i.e., supportive behavior) in four domains (concrete, appraisal, informational, emotional)	*No public interface at this time for indicators from the Parent Asset Survey; recommendation is to consider creation of a public interface for aggregated survey data **TBD (the Community Norms survey is still in development. Recommendation is to consider creation of a public interface for aggregate survey data)	Parent Asset Survey Community Norms Survey	CDHS/OEC Center for Health and Safety Culture/Illuminate Colorado

Table 3: Menu of Outcome Indicators for Assessing Partnership Impact – Family Centered Services & Support Domain

Menu of Outcome Indicators	Data Sources and Partners		
I. Partnership Level			
	Public Interface	**Data Source**	**Data Partner**
Understanding of root causes and system-created inequities in child welfare: • Regular use by Partnership of Kids Count Data Center with disaggregation by social identities and structural factors to inform Partnership priority areas and strategies overtime (i.e., community and family needs and strengths) • Regular use by Partnership of the Community Opportunity Map to inform community health context and conditions of Partnership efforts ***Strategies that promote equity: • Ongoing use of the CSSP *Race Equity Impact Assessment Tool* and the related Annie E. Casey Foundation *Race Equity and Inclusion Action Guide* to guide strategies and measure progress overtime (policy/practice level) • Ongoing use of the CSSP *Advancing Equity Rating Tool* and accompanying process to guide strategies and measure progress overtime (systems level) • Periodic application of the CSSP *Parent Engagement and Leadership Assessment Tool* (Abridged, Comprehensive) and accompanying process to identify extent of parental engagement and leadership across system partners and within the Partnership Alignment of policy, practice, funding, and data systems at local and state levels: • Partnership members utilize a shared set of child and family well-being measures (as identified in this CPTF evaluation and data actionability toolkit) for evaluating efforts and aligning policy, practice, funding, and data • Policy indicators that contribute to thriving families with a focus on prenatal and early infancy, in three domains:	Kids Count Data Center Community Opportunity Map ***These are tools that while publicly available, do not have a public dataset because tools are intended to be administered on a local/project-specific level State of Babies Yearbook (Colorado Profile)	The Kids Count Data Center uses multiple population-level data sources; details here The Community Opportunity Map uses the American Community Survey 5-year Estimates, and other population-level data sources; details here CSSP *Race Equity Impact Assessment Tool* CSSP *Advancing Equity Rating Tool* CSSP *Parent Engagement and Leadership Assessment Tool* Policy data aggregated by Child Trends. Details here	Annie E. Casey Foundation Casey Family Programs CSSP Colorado Lab Zero to Three/Child Trends

Menu of Outcome Indicators	Data Sources and Partners		
good health, strong families, and positive early learning experiences			
II. All Levels			
	Public Interface	**Data Source**	**Data Partner**
Cross-systems alignment and coordinated service delivery: • Infants/toddlers (ages 0-2) who received coordinated, ongoing, comprehensive care within a medical home • Family gets help with coordinating child's health care among those who needed help • Health care provider communicated with child's school, child care provider, or special education program • Satisfaction with communication among child's doctor and school, child care provider, or special education program	State of Babies Yearbook (Colorado Profile) NSCH Interactive Data Query	NSCH	Data Resource Center for Child and Adolescent Health
III. County and Community Levels			
	Public Interface	**Data Source**	**Data Partner**
****Availability of family services and supports: • Array of family strengthening services offered: ○ Percent rated as evidence-based according to: California Evidence-Based Clearinghouse (CEBC) for Child Welfare, Title IV-E Prevention Services Clearinghouse, or Home Visiting Evidence of Effectiveness (HomVEE) ○ Percent of services identified as culturally appropriate[vii] ○ No. of languages service offered in; percent of services offered in languages other than English • Changes in Protective Factors in five domains: family functioning/resilience, social support, concrete support, child development/knowledge of parenting, nurturing and attachment • Model-specific fidelity and outcome measures	****These data will be collected by demonstration sites as part of their demonstration projects CoHID Colorado PRAMS State of Babies Yearbook (Colorado Profile) NHVRC State and Tribal Profiles	Measures used in demonstration projects (i.e., leveraging existing fidelity and outcome tools of the models lifted) Protective Factors Survey Vital Records PRAMS Survey NCHS Data provided to NHVRC by models	Demonstration sites Colorado Lab FRIENDS National Center for Community-based Child Abuse Prevention CDPHE Data Resource Center for Child and Adolescent Health National Home Visiting Resource Center (NHVRC)

[vii] "Culturally responsive" will be determined by existing evidence on extent to which the intervention has been evaluated in and/or successfully used with culturally diverse populations, as well as through qualitative data on family experience collected as part of demonstration project evaluation activities.

Menu of Outcome Indicators	Data Sources and Partners		
Access to family services and support: • Access to Early Head Start for income-eligible infants/toddlers (ages 0-2) • Developmental screening received for infants/toddlers (ages 9 – 35 months) – cross-listed under healthy child development construct • Infants/toddlers (ages 0-2) receiving services under Individuals with Disabilities Education Act Part C • WIC participation during pregnancy – cross-listed under concrete supports construct • Infant on WIC (postpartum) – cross-listed under concrete supports construct • Prenatal care adequacy and timing • Infants/toddlers (ages 0-2) who received a preventive medical care visit in past year • Caregiver awareness and use of community services • Children under age 1 served by a home visiting program			

Evaluating Changes in Equity Conditions

The final outcome domain in the Partnership's logic model—and one of the underlying essentials of a systems initiative—is long-term changes in equity conditions. In alignment with leading practices for evaluating collective impact, we consider changes in equity conditions the ultimate, culminating impact of Partnership work. As the "water we swim in," evaluating changes in equity conditions is complex and requires an embedded approach.[25] This is especially salient when recognizing that equity—in practice and evaluation—should not be approached as an isolated, add-on factor, but rather, should be infused into the entirety of the work. To this end, we have leveraged several approaches to ensure assessment of equity conditions are rooted in the larger evaluation frame and actionable data are produced early and often for Partnership use. Our embedded approach can be found throughout this evaluation and data actionability toolkit and is summarized below.

> *"The principles that guide action must guide evidence development as well, for both to be successful. Equity is at the center of both, and it is only as this aim becomes reality that the dual goals—achieving equity and knowing more about how equity can be achieved and sustained—will be accomplished."*
>
> **- Farrow & Morrison, 2019**

Embedded Approach to Evaluating Changes in Equity Conditions

- Grounding evaluation efforts in family lived experiences and expertise.
- Identifying the Partnership as a systems change initiative that grapples with equity complexity.
- Leveraging data that uncovers social determinants of health and root cause inequities.
- Creating shared accessibility, transparency, and accountability through public data sources.
- Using shared measurement tools that can advance actionable data and continuous learning.
- Situating equity as a process and an outcome and using measures that reflect this "both/and."
- Applying data equity approaches in design, collection, analysis, and findings application.
- Creating accessible evaluation products, with a focus on visuals and interactive tools

Grounding evaluation efforts in family lived experiences and expertise: Leaning in to family and community voices and expertise to ground evaluation efforts from the start and to create intentional pathways for integrating parent/caregiver voice ongoing, including collaboration with the Family/Caregiver Space and leaders.

Identifying the Partnership as a systems change initiative: Applying this frame and using a collective impact evaluation approach to robustly assess initiative progress and shared impact across multiple partners, systems, communities, and domains, with a focus on equity conditions and complexities.

Leveraging data that uncover social determinants of health and root cause inequities: Recommending measures and data sources that can help to identify social determinants of health and root cause inequities for evaluation, practice, and policy mobilization.

Creating shared accessibility, transparency, and accountability through public data sources: Prioritizing outcome indicators with publicly accessible data views for inclusive, transparent, and accountable uses of data in Partnership efforts.

Using shared measurement tools that can advance actionable data and continuous learning: Prioritizing implementation indicators with shared measurement tools that can be used in an iterative, data-informed adaptive learning process.

Situating equity as a process and an outcome and using measures that reflect this "both/and": Selecting a handful of equity-specific measures that can be used in obtaining both implementation and outcome indicators, recognizing that equity is both a process and an outcome. The overlapping measures to capture this complexity are the CSSP *Race Equity Impact Assessment,* the CSSP *Parent Engagement and Leadership Assessment Tool,* and the *Advancing Equity Rating Tool.* These three measures intentionally appear in both the implementation (Table 1) and outcome (Table 2 and Table 3) indicator recommendations.

Applying data equity approaches in design, collection, analysis, and findings application: Using standard and novel data equity approaches in analysis, including a focus on disaggregation of data by key social and structural characteristics, producing equity gap scores, and centering community and family voice in interpreting results, such as through data equity walks once the first set of findings are available.

Creating accessible evaluation products, with a focus on visuals and interactive tools: Making graphics and interactive tools to translate evaluation into accessible action, using approachable language when communicating evaluation process and findings, and being explicit in definitions and meaning when more complex research terms or concepts must be used.

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Wrap-Up

- Recommendations for Next Steps
- Conclusion

Wrap-up

Recommendations for Next Steps

This toolkit should be considered a roadmap for driving evaluation efforts long-term and a springboard for executing initial evaluation activities and priorities. In this section we briefly summarize next steps for mobilizing toolkit contents.

Recommendation One: Creating Shared Ownership of and Accountability to the Toolkit

While development of this toolkit was grounded in iterative feedback from and engagement with diverse members of the Partnership, the toolkit—in its assembled form—is a new product that must be communicated across Partnership levels, sectors, and members over time, and their insights thoughtfully engaged. As such, we consider this toolkit a "living roadmap" that will be continuously refined and refreshed as needs and opportunities emerge, conditions evolve, and new insights are received. The primary goal of inclusive dissemination of the toolkit is to create shared ownership of and accountability to the data measures, indicators, and approaches proposed. We propose a two-phased plan for engaging stakeholders in shared understanding and use of the toolkit as a "living roadmap" for Partnership efforts:

1. Initial review and discussion of the toolkit in bite-sized pieces with: the Leadership Team (via Leadership Team meetings), Partnership members (via Full Partnership meetings), parents/caregivers (via the Family/Caregiver Space), and other emergent Partnership activities (example, learning webinars). Timeframe: July through October 2021.
2. Ongoing refinement through the Colorado Lab's service as a strategic evaluation partner, in which the evaluation team tracks insights, opportunities, conditions, needs, and pivots in an iterative, continuous fashion. Timeline: Ongoing

Recommendation Two: Creating Actionable Tools and Re-Branding for the Partnership

This version of the toolkit is intentionally created in the Colorado Lab color and font schema, branding, and other style standards. This is because the toolkit was created by the Colorado Lab and is first and foremost an evaluation deliverable. However, the toolkit was developed *for* the Partnership and, as such, portions of the toolkit that are intended for a public audience should be re-branded into the Partnership's style guide. Portions recommended for re-branding and public consumption are: context frameworks, systems change frame visuals; theory of change; logic model; indicator tables.

In creating actionable tools, these portions should be turned into bite-sized pieces for easy digestion and uptake by diverse audiences. To accomplish this, the Colorado Lab can work with the Illuminate Communications Team to create interactive designs that increase access to the content and help partners wrap their arms around the tools for actionability. For example, the theory of change can be turned into an interactive graphic where a viewer could hover over a given content box and be provided greater explanation if they wanted to learn more; or the implementation and outcome constructs, indicators, and measures/data sources can be turned into a Tableau interactive table for easy navigation and drill down. A one-page evaluation approach summary should also be created to accompany these actionable tools. The Partnership's website is recommended to house all tools and lessons learned (findings) from the evaluation work. Timeline: July through October 2021 + ongoing.

Recommendation Three: Provide Ongoing Coaching, Consultation, and Evaluation Support

While this toolkit is robust in content and strategy, it is not intended to be an exhaustive analysis plan or to serve as a "how to" manual for the evaluation. Rather, it is intended to be a "living roadmap" that serves as a short-, medium-, and long-term strategy for evaluation of Partnership efforts. The Colorado Lab commits to providing ongoing coaching, consultation, and support to ensure the Partnership receives the **granular guidance necessary** to execute evaluation activities and achieve actionable data. There are three levels in which ongoing guidance can be provided

- **Level One: Full Partnership.** The Colorado Lab holds responsibility for the overall vision of the Partnership's evaluation work and can provide ongoing coaching and consultation to guide assessment of the Partnership's priorities and broad strategies for change. This will primarily be done via the Leadership Team, the Co-Chairs, the Parent/Caregiver Space, and in consultation with Illuminate Colorado. *Example:* The Colorado Lab can consult with the Leadership Team to select (from the menu of choices) the initial implementation and outcome indicators, measures, and data sources they want to prioritize for the next six months. We can also support administration of data collection tools; conduct analyses of primary and secondary data; and facilitate activities that move data into action (e.g., outcomes harvesting).
- **Level Two: Demonstration Sites**. Demonstration sites will need ongoing technical support in engaging evaluation activities, from choosing measures to data collection and analysis to reporting of findings. The Colorado Lab can serve this role and support any local site/project evaluators. *Example:* The Colorado Lab can support sites in selecting (from the menu of choices) outcome indicators and data sources that are most relevant to their projects and provide technical assistance for their participation in the shared measurement system.
- **Level Three: Magnify Sites and General Participation**. Magnify sites and those that are at the general participation level of the Partnership can be supported through ongoing consultation in evaluation opportunities. *Example:* The Colorado Lab can support sites/partners in identifying a handful of outcome indicators that best speak to their local Child Maltreatment Prevention Plans and help them build capacity for future rigorous evaluation activities.
- **Cross-Cutting**: There are two cross-cutting opportunities for the Colorado Lab to provide coaching, consultation, and support. First, the Partnership is applying for an Administration for Children & Families grant to support inaugural demonstration sites and the community norms project. The Colorado Lab is set to serve as the skilled evaluator for the grant. Second, the Partnership is part of the *Thriving Families, Safer Children* initiative. The Colorado Lab can collaborate with evaluation experts from the Site Support Team to further strengthen the Partnership's evaluation work and disseminate local lessons learned to national audiences.

Conclusion

This toolkit serves to support the Colorado Partnership for Thriving Families in achieving a holistic evaluation that is meaningful, contextualized, and responsive to emergent needs and opportunities. The toolkit is grounded in a collective impact approach for evaluation of systems initiatives. Each component of the toolkit—from the systems change frame, to the theory of change and logic model, to the outcome and implementation indicators—can be turned into standalone actionable tools and, when used together, can ensure a rigorous evaluation approach balanced with innovation in design. As such, the toolkit serves as a catalyst for practice, policy, and data transformation and alignment across systems, communities, and diverse stakeholders, in common commitment to thriving children, youth, and families.

Endnotes

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