



**Colorado Evaluation & Action Lab**  
UNIVERSITY OF DENVER

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

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

## REPORT HIGHLIGHTS:

A summary of evidence-building activities for:

- Four *supported* programs approved in Colorado's Plan, with rigorous evaluation underway to achieve a *well-supported* evidence designation.
- Three *promising* services, with rigorous evaluation underway to request inclusion in Colorado's Plan. This includes **two new services recently onboarded to begin evidence-building.**
- One program that currently *does not meet criteria*, to request a re-review of evidence by the Clearinghouse.
- Three programs and services *not yet rated*, with the goal of preparing for a rating by the Clearinghouse.

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## A Pipeline for Evidence-Building for Family First

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

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

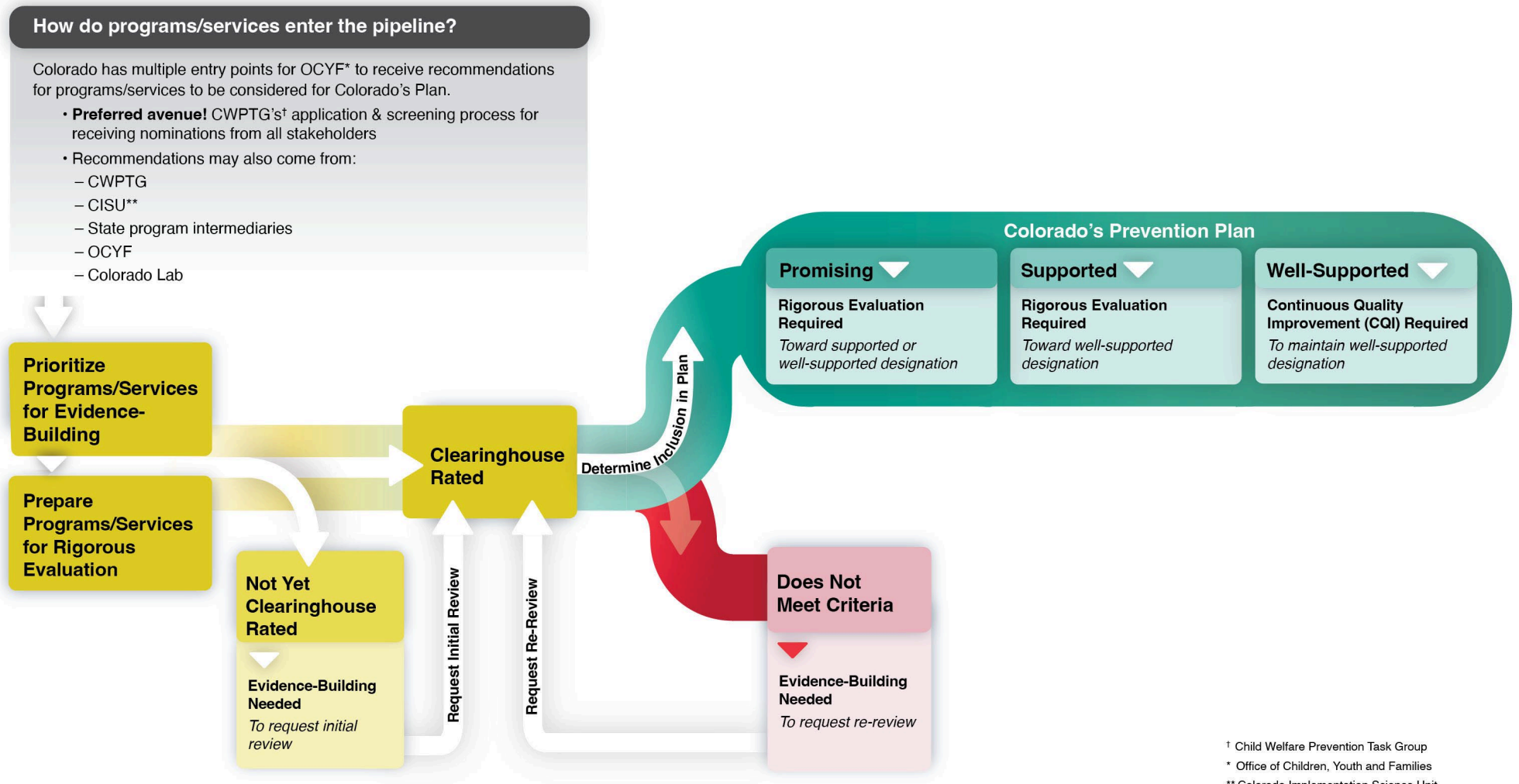
- If an innovative approach works and for whom;
- If an evidence-based program or service prevents the need for out-of-home care in Colorado's communities;
- When a program or service needs to be adapted to be culturally responsive; and
- How to deliver intensive programs and services in rural communities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

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

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

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

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



† Child Welfare Prevention Task Group  
 \* Office of Children, Youth and Families  
 \*\* Colorado Implementation Science Unit

## Prioritizing Program and Services for Colorado’s Plan

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

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

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

## Programs and Services in the Evidence-Building Pipeline

This report is organized by each phase in the pipeline, beginning with the programs and services approved in Colorado’s Plan that require rigorous evaluation, and then working backwards toward the programs and services that have not yet been rated by the Clearinghouse. Table 1 contains a snapshot of the programs and services currently in each phase of the evidence-building pipeline. Programs and services included in the pipeline meet one of three criteria:

- The program or service is currently in Colorado’s Plan and requires ongoing rigorous evaluation as a “promising” or “supported” practice.
- The program or service is not yet in Colorado’s Plan but is prioritized for evidence building through Hub funding to support the vision of [adding more services to Colorado’s Plan](#).
- The program or service was previously identified in Colorado’s [long-term strategy](#), and ongoing evidence building allows continuity with previous stakeholder recommendations.

Table 1. Programs and Services in Colorado’s Family First Evidence-Building Pipeline

Program/Service Name	Evidence Designation	Status & Next Steps
<b>Well-Supported (In Colorado’s Plan)</b>		
Functional Family Therapy	Well-supported	Meeting continuous quality improvement (CQI) requirements. Data in statewide fidelity dashboard.
Healthy Families America	Well-supported	Meeting CQI requirements. Data in statewide fidelity dashboard.
Multisystemic Therapy	Well-supported	Meeting CQI requirements. Data in statewide fidelity dashboard.

Program/Service Name	Evidence Designation	Status & Next Steps
Nurse-Family Partnership	Well-supported	Meeting CQI requirements. Onboarding to statewide fidelity dashboard in process.
Parent-Child Interaction Therapy	Well-supported	Meeting CQI requirements. Onboarding to statewide fidelity dashboard in process.
Parents as Teachers	Well-supported	Meeting CQI requirements. Data in statewide fidelity dashboard.
<b>Supported (In Colorado's Plan)</b>		
Child First	Supported	Rigorous evaluation toward <i>well-supported</i> rating underway (MDRC), with planned completion in SFY26 (reported in 2027). Data in statewide fidelity dashboard.
Fostering Healthy Futures for Preteens	Supported	Rigorous evaluation toward <i>well-supported</i> rating underway (DU*), with planned completion of analyses in SFY24 (reported in 2025). Request re-review once results are published. Data in statewide fidelity dashboard.
SafeCare	Supported	Study to determine feasibility of rigorous evaluation toward <i>well-supported</i> rating concluding in SFY24 (SWRC*). A quasi-experimental design (QED) using administrative data will start in SFY25. Request re-review following QED. Data in statewide fidelity dashboard.
Colorado Kinnected Kinship Navigator Program	Supported	Rigorous evaluation toward <i>supported</i> rating complete (SWRC & HSRI*). Recent re-review upgraded rating to <i>supported</i> (from <i>promising</i> ). Twelve-month follow-up analysis planned. Data in statewide fidelity dashboard.
<b>Promising (Not Yet in Colorado's Plan)</b>		
Screening, Brief Intervention, and Referral to Treatment	Promising	Newly onboarded to Hub via recent <a href="#">Call for Letters of Interest</a> . Study to determine feasibility of proposed rigorous evaluation toward a <i>well-supported</i> rating to begin in SFY25 (OMNI*).
Trust-Based Relational Intervention	Promising	Newly onboarded to Hub via recent <a href="#">Call for Letters of Interest</a> . Rigorous evaluation toward a <i>well-supported</i> rating to begin in SFY25 (SWRC*).
Trauma-Focused Cognitive Behavioral Therapy	Promising	Rigorous evaluation in a school-based setting paused (CPR*). Included in recent <a href="#">Call for Letters of Interest</a> with no unique opportunity to conduct a rigorous evaluation using secondary data identified. Will keep in pipeline for future evidence-building consideration.
<b>Does Not Meet Criteria (Not in Colorado's Plan)</b>		
Fostering Healthy Futures for Teens	Does not meet criteria	High-level strategy to determine feasibility of rigorous evaluation toward <i>promising</i> rating complete. Preliminary analysis planned for SFY25 (DU*).
<b>Not Rated by the Clearinghouse (Not in Colorado's Plan)</b>		
Telehealth-Enhanced Multisystemic Therapy ( <i>adaptation</i> )	Not yet rated	Evaluation demonstrating feasibility of using a telehealth-enhanced delivery method is complete (Kempe Center*). Support Kempe Center in securing federal funding for full rigorous evaluation toward an initial rating of this adaptation.
Fostering Opportunities	Not yet rated	Rigorous evaluation with findings of favorable impacts is complete (Colorado Lab). Request an initial review of this program by the Clearinghouse.

Program/Service Name	Evidence Designation	Status & Next Steps
Colorado Community Response	Not yet rated	Rigorous evaluation with no favorable impacts is complete (Colorado Lab). CDEC* has redirected resources to other programs and services.

\*Abbreviations: CDEC: Colorado Department of Early Childhood; CPR: Center for Policy Research; DU: University of Denver; HSRI: Human Services Research Institute; Kempe Center: Kempe Center for the Prevention and Treatment of Child Abuse and Neglect; OMNI: OMNI Institute; SWRC: Colorado State University Social Work Research Center

## Identifying New Services for Rigorous Evaluation

Since two rigorous evaluations coordinated by the Hub are wrapping up in SFY24, the Hub collaborated with OCYF to develop a [Call for Letters of Interest](#) (LOIs) to identify the next Family First programs or services prioritized for rigorous evaluation. The Hub hosted an informational session for interested evaluation teams, reviewed submitted LOIs, interviewed finalists and in collaboration with stakeholders (OCYF, CWPTG), selected two teams to begin evidence-building activities for two new services in SFY25:

1. **Screening, Brief Intervention, and Referral to Treatment:** To be evaluated by the OMNI Institute.
2. **Trust-Based Relational Intervention-Caregiver Training:** To be evaluated by the Colorado State University (CSU) Social Work Research Center (SWRC).

More detail on these new evidence-building efforts is included in the [Evidence-Building for Promising Programs and Services to Request Inclusion in Colorado's Plan](#) section of this report.

Four additional services were included in the Call for LOIs:

- Child-Centered Play Therapy
- Eye Movement Desensitization and Reprocessing
- Telehealth-Enhanced Functional Family Therapy (adaptation)
- Trauma-Focused Cognitive Behavioral Therapy (using secondary administrative data)

No unique opportunity to conduct a rigorous evaluation of these services was identified. The Colorado Lab will keep these programs and services in the pipeline for future evidence-building consideration. Information on prioritization of programs and services for evidence building is in the [annual strategy report](#) released each fall.

## Informing Evidence-Building Standards Nationally

The Colorado Lab provides feedback to the Clearinghouse on their systematic review process to identify, assess, and rate programs and services. Most recently, this was done by providing expert guidance on the draft [Handbook of Standards & Procedures 2.0 \(Handbook 2.0\)](#). Lessons learned through the Hub on feasibility, rigor, and culturally responsive prevention delivery were leveraged to inform the 2.0 iteration of the *Handbook*. If accepted, the Colorado Lab's recommendations will expand evaluation design opportunities and accelerate progress in the evidence-building pipeline for Family First in Colorado.

# Evidence-Building for *Supported* Programs and Services Approved in Colorado's Plan

## Colorado's Prevention Plan

### Promising ▼

**Rigorous Evaluation  
Required**

*Toward supported or  
well-supported designation*

### Supported ▼

**Rigorous Evaluation  
Required**

*Toward well-supported  
designation*

### Well-Supported ▼

**Continuous Quality  
Improvement (CQI)**

*To maintain well-supported  
designation*





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

**Rigorous evaluations are currently underway for four programs that are approved in Colorado’s Plan and have a *supported* evidence designation:**

- **Child First**
- **Fostering Healthy Futures for Preteens (FHF-P)**
- **SafeCare**
- **Colorado Kinnected Kinship Navigator Program (Colorado Kinnected)**

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

## Child First

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

Evaluation Team	MDRC, Dr. Kristen Faucetta
Funding Source	Colorado Lab Family First Evidence-Building Hub Contract (CDHS)
Step to Building Evidence	Step 5
Evaluation Timeframe	April 1, 2022 to June 30, 2026
Evaluation Status (as of April 2024)	Implementation Year 3
Results Available	Preliminary findings available; final results expected in SFY27

## Summary of Evidence to Date

With supplementary funds from The Duke Endowment, the MDRC team published an [implementation study](#) to describe fidelity to Child First in the period after the pandemic.

Baseline characteristics representing the 51 Colorado families enrolled in the RCT to date include:

- Average age of children is just over four years old, and about 60% of children are male.
- On average, caregivers are in their mid-thirties and the majority are birth mothers.

- About 40% of families reported being of Hispanic origin.
- Nearly half of all caregivers indicated that they were married or living with a partner and a third reported being single, never married.
- A little over one-third of caregivers reported being unemployed, and about one-third reported full-time employment.
- A quarter of caregivers report a high school degree or GED as the highest level of education attained, and 20% of caregivers have a bachelor’s degree or higher.
- The majority of households indicated having low incomes and receiving public assistance.
- Nearly half of all families report prior or current child protective services involvement.

**Progress in SFY24**

During SFY24, MDRC accomplished the following evaluation milestones:

- Worked closely with the Child First National Service Office to recruit additional sites for the study. One of the three potential Colorado sites may be ready to start in late spring or summer of 2024.
- Continued to enroll families into the study. As of February 27, 2024, the Colorado site (Aurora) has enrolled 51 families (32 treatment and 19 control). The team is working with the Child First National Service Office to increase referrals to participating sites.
- MDRC’s contracted survey firm, RTI International, started fielding the 12-month follow-up survey with the first two cohorts of families in January 2024. As of March 1, 2024, 11 Colorado families have completed the survey.
- Started CDHS’ data sharing request process by completing the agreement template with language specific to the Child First study to request child welfare records to provide information on families’ involvement with the child welfare 12 months and 36 months post-enrollment.
- Developed an outline for a journal article on 12-month findings.

**Planned Activities for SFY25 and Beyond**

In the next state fiscal year, MDRC expects to:

- Onboard an additional study site in Colorado (San Luis Valley).
- Complete enrollment of families into the study. Study enrollment is currently slated to wrap up in December 2024, but may need to extend.
- Continue tracking activities and complete agreements for receiving child welfare administrative data.

Key Deliverables	Delivery Date
<a href="#">Annual report</a> on random assignment, sample, enrollment timeline, data sharing agreements	January 31, 2023
<a href="#">Annual report</a> on enrollment, sample, data sharing agreements, journal article outline	January 31, 2024
Annual report on data collection, enrollment results, sample descriptives, baseline equivalence, and updated study timeline	March 28, 2025

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

FHF-P is designated as a *supported* program by the Clearinghouse. FHF-P was initially rated as *well-supported* by an independent systematic review conducted by the Colorado Lab and included in the initial submission of Colorado’s Plan. The Clearinghouse conducted a verification review and determined a *supported* rating in applying design standards for non-overlapping samples. The Colorado Lab has supported Dr. Heather Taussig at the University of Denver in communicating with the Clearinghouse to understand the difference in ratings.

Dr. Taussig is conducting an ongoing rigorous evaluation of FHF-P with the goal of building evidence toward a *well-supported* designation. There have been two RCTs of FHF-P which assess the impact of FHF-P on several well-being and permanency outcomes. The second RCT assesses the impact of FHF-P on child well-being (substance use, behavioral and emotional functioning, educational achievement and attainment). The goal of the current evaluation is to independently assess the second RCT’s findings.

Evaluation Team	University of Denver, Dr. Heather Taussig
Funding Source	Colorado Lab Family First Evidence-Building Hub Contract (CDHS)
Step to Building Evidence	Step 5
Evaluation Timeframe	July 1, 2022 to June 30, 2024, with potential for ongoing analyses
Evaluation Status (as of April 2024)	RCT complete; secondary data analysis complete
Results Available	Preliminary findings available; final results expected in SFY25

### Summary of Evidence to Date

Preliminary findings based on analysis of secondary outcome data related to substance use from the second RCT include:

- The RCT included 270 youth, ages 9-11, who were placed in out-of-home care by four Colorado communities (Denver, Adams, Arapahoe, and Jefferson). There were no baseline differences between the intervention and control groups. Of those randomized to the intervention, 95.4% of children started the intervention and, of those, 95.2% completed the 30-week program.
- Data collected six months and 1.5 years post-intervention suggest that FHF-P has a favorable impact on risk factors for later substance use. Relative to the control group, FHF-P participants reported affiliation with more prosocial peers six months post-intervention. At 1.5 years post-intervention, they reported affiliation with fewer deviant friends and were less likely to have friends using substances. Most positive effects of FHF-P on risk and protective factors for substance use were concentrated in females.
- A subset of participants was interviewed seven to 11 years post-intervention when they were ages 18-22. Although there were no group differences in young adult substance use in this longer-term follow-up, early substance use was a strong predictor of later substance use, but only for the control group. FHF-P was found to buffer the impact of early substance use on young adult substance use.

- These promising preliminary results suggest that FHF-P addresses many salient factors for later problematic substance use in a population at heightened risk. Findings suggest that FHF-P, which employs an array of evidence-based practices, will help reduce substance use among Colorado’s child welfare-involved youth and advance the prevention vision of Family First.

**FHF-P Impacts on Youth Suicide: New Peer-Reviewed Publication**

Dr. Taussig and colleagues recently [published a paper](#) on the long-term impact of the FHF-P program on suicide-related thoughts and behaviors for youth in out-of-home care (the first FHF-P RCT). These analyses were funded through the Family First Evidence-Building Hub in previous years.

**Progress in SFY24**

During SFY24, Dr. Taussig and team accomplished the following evaluation milestones:

- Completed cleaning and coding of substance use data from the FHF-P trials.
- Determined the most accurate and meaningful way to operationalize substance use data and the most appropriate statistical models to evaluate intervention effects in the FHF-P samples. This included examining predictors of consistent reporting and denials in youth reports of substance use and creating new variables for use and frequency of each substance at each time point.
- Completed data analysis on the relationship between FHF-P and substance use outcomes and delivered preliminary findings report.
- Submitted comments on the Clearinghouse [Handbook 2.0](#), bolstering the [feedback provided](#) by the Colorado Lab.

**Planned Activities for SFY25 and Beyond**

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

- Deliver draft manuscript on substance use findings and identify a target journal for submission. This will serve as the final report.

FHF-P is in a unique evidence-building situation. The RCT is complete; as such, the most feasible and meaningful approach is secondary analyses of outcomes data from the second RCT. These analyses inform Colorado’s learning goals around what practices are well-positioned to meet both the acute needs of child welfare-involved youth and, more profoundly, set youth up for long-term success and prevent future harm as young adults. Secondary data analysis also meets current requirements for ongoing rigorous evaluation of this *supported* program in Colorado’s Plan. To date, FHF-P has been constrained by the inability to meet the non-overlapping samples requirement of current Clearinghouse standards. To obtain a non-overlapping sample, while building evidence for FHF-P related to the program’s learning goals, Dr. Taussig focused analyses on the second FHF-P trial. This approach has strong potential for meeting Clearinghouse standards and moving FHF-P to a *well-supported* designation. Once final results are published, a re-review of evidence will be requested.

Key Deliverables	Delivery Date
<a href="#">Preliminary findings report</a> on the impact of FHF-P on suicide-related thoughts and self-harming behaviors	March 31, 2023

<a href="#">Peer-reviewed publication</a> on the impact of FHF-P on suicide-related thoughts and self-harming behaviors	March 4, 2024
<a href="#">Preliminary findings report</a> on the impact of FHF-P on substance use	March 29, 2024
Draft manuscript with final analyses on FHF-P effects on substance use	June 25, 2025

## SafeCare Colorado (SCC)

SCC is designated as a *supported* program by the Clearinghouse. A recent re-review by the Clearinghouse maintained the *supported* designation. CSU’s SWRC conducted a feasibility study for a multi-year QED study with the goal of building evidence toward a *well-supported* designation. The feasibility study tested use of primary data collection approaches to assess the impact of SCC on child well-being (behavioral and emotional functioning, social functioning, cognitive functions and abilities) and adult well-being (parent/caregiver mental or emotional health, parenting practices, family functioning). The feasibility study for use of primary data collection was not favorable. As such, the evaluation team will begin a new QED leveraging administrative data in SFY25. The QED will target child safety and permanency outcomes.

Evaluation Team	CSU SWRC & RTI International
Funding Source	Colorado Department of Early Childhood
Step to Building Evidence	Step 4
Evaluation Timeframe	July 1, 2021 – June 30, 2024 (feasibility study); July 1, 2024 – June 30, 2025 (new QED)
Evaluation Status (as of April 2024)	Feasibility study complete; new QED beginning in SFY25
Results Available	Feasibility study results expected July 2024; new QED results expected July 2025

## Status Update

The feasibility study focused on recruiting and enrolling a comparison group, administering baseline assessments to the comparison group, and completing follow-up assessments with a treatment group of families participating in SCC. Preliminary analyses were also conducted as part of the feasibility study.

Preliminary results from the first year of the feasibility study are available in [this June 2023 brief](#). Overall, findings from the baseline well-being surveys completed by SCC participants suggest the following:

- The majority of children in participating families have typical levels of well-being that could be further strengthened through SCC.
- Measures of parental stress showed improvements over time throughout program completion.
- Participating parents generally saw marginal, statistically non-significant improvements in protective factor scores from baseline through completion of a third SCC topic module. This suggests there may be an opportunity for SCC to affect change over time in the protective factors.
- The study continued to achieve a high response rate (ranging from 60 to 70%) for the well-being surveys from baseline through SCC completion and six months after completion.

Findings show the feasibility of administering well-being assessments to participating SCC families. However, feasibility was not favorable for administering well-being assessments to the control group (due to low response rates). As a result, the evaluation team is pivoting to a matched comparison group QED that uses child welfare administrative data. The new QED will begin in SFY25. The QED will target child safety and permanency outcomes. A within-group difference-in-difference study will also run in SFY25 with well-being assessments administered to SCC caregivers at 6-month and 12-month follow-up periods. Initial QED results will be available in July 2025. If findings are favorable, SWRC will request a re-review of evidence by the Clearinghouse. Continued administrative data analyses will depend on findings.

### Colorado Kinected Kinship Navigator Program (Colorado Kinected)

The Human Services Research Institute (HSRI) completed an RCT of Colorado Kinected, and the CDHS Division of Child Welfare submitted evidence to the Administration for Children and Families with a request to prioritize for initial review (see [March 2022 Impact Study Report](#)). Colorado Kinected received a *promising* rating by the Clearinghouse in December 2022. Results from more recent analysis (see [November 2023 Follow-up Report](#)) showed a sustained, favorable effect on child permanency at six months post-intervention. Based on the emergence of this substantial new evidence, a recent (March 2024) Clearinghouse re-review upgraded Colorado Kinected’s evidence designation to *supported*.

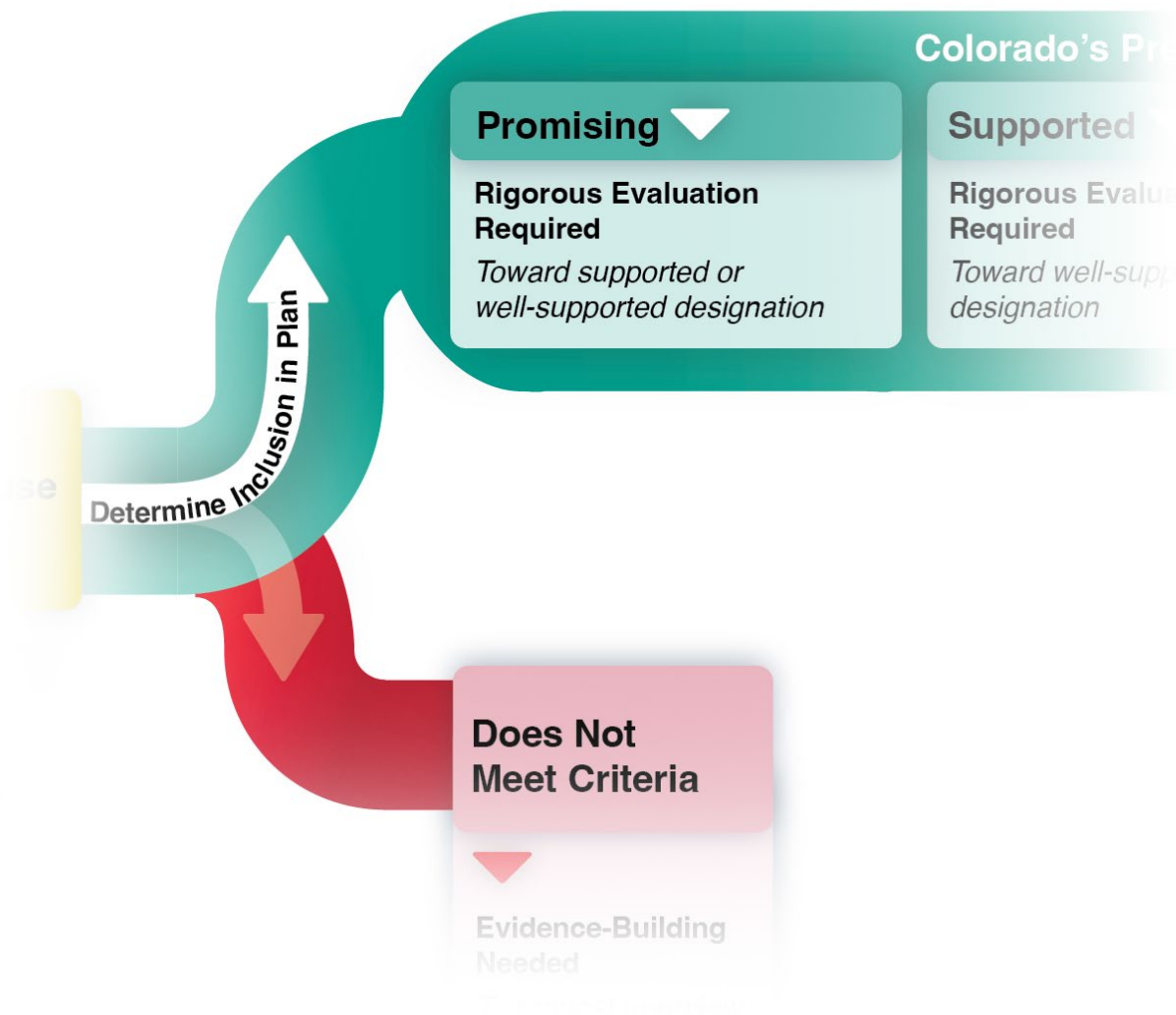
Evaluation Team	HSRI & CSU SWRC
Funding Source	CDHS
Step to Building Evidence	5
Evaluation Timeframe	July 1, 2019 to September 2024
Evaluation Status (as of April 2024)	RCT complete; secondary data analysis in progress
Results Available	Final RCT results available; 12-month follow-up results expected by September 2024

#### Status Update

Now that Colorado Kinected has achieved a *supported* rating, CSU ad HSRI are planning a 12-month follow-up analysis with the goal of building capacity for Colorado Kinected to achieve a *well-supported* evidence designation in the future.<sup>1</sup> Results are expected to be available by September 2024. Since the Colorado Kinected program is now in the Clearinghouse, Colorado can draw down Family First funds specific to Kinship. As a Kinship program, Colorado Kinected is not required to undergo ongoing evaluation and was included by CDHS in Colorado’s Family First Plan via an Appendix. Rigorous evaluation is still best practice, especially as a new program and to meet learning goals. There may also be value to including Colorado Kinected in the statewide fidelity dashboard to promote quality improvement.

<sup>1</sup> A second study with a non-overlapping sample will be needed to attain *well-supported*.

# Evidence- Building for *Promising* Programs and Services to Request Inclusion in Colorado's Plan



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

Rigorous evaluations are currently underway for three services under consideration for inclusion in Colorado’s Plan that have a *promising* designation:

- Trust-Based Relational Intervention (TBRI) Caregiver Training
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Rigorous evaluation for **TBRI, SBIRT, and TF-CBT** is coordinated and resourced by the Colorado Lab’s Family First Evidence-Building Hub. As such, more detailed information is reported for these services.

### Trust-Based Relational Intervention (TBRI) Caregiver Training

TBRI-Caregiver Training is designated as a *promising* service by the Clearinghouse. It is designed for caregivers of children who have experienced abuse, neglect, or other trauma and was prioritized in Colorado’s [long-term strategy](#) to bolster the mental health array and reach a wider age range of children and youth. Following a recent [Call for LOIs](#) to identify the next Family First programs and services to prioritize for rigorous evaluation, CSU’s SWRC was selected as the evaluation team to design and execute a rigorous evaluation of TBRI-Caregiver Training in Colorado. SWRC proposed an RCT with a 12-month follow-up and the goal of achieving a *well-supported* evidence designation. The study will explore child safety and permanency outcomes, measured by Trails administrative data, and child well-being outcomes, measured by the Strengths & Difficulties Questionnaire and the Trauma Symptoms Checklist. A process evaluation will collect data from county child welfare caseworkers and the training provider to explore strengths and challenges of the referral process. This study will begin early in SFY25 and is expected to be completed in SFY28.

Evaluation Team	CSU SWRC, Dr. Marc Winokur
Funding Source	Colorado Lab Family First Evidence-Building Hub Contract (CDHS)
Step to Building Evidence	Step 5
Evaluation Timeframe	July 1, 2024 to December 31, 2027
Evaluation Status (as of April 2024)	Not started
Results Available	None yet; preliminary results expected in spring 2025

#### Progress in SFY24

During SFY24, the Hub selected SWRC to conduct a rigorous evaluation of TBRI-Caregiver Training. SWRC developed a scope of work and began the subcontracting process to begin the evaluation in early SFY25.



## Planned Activities for SFY25 and Beyond

In the next state fiscal year, SWRC expects to:

- Develop an analysis plan for the process and outcome evaluation.
- Collaborate with program developers from Texas Christian University (TCU) and the implementation team comprised of Raise the Future (RTF), CASA of Larimer County (CLC), Jefferson County, and Larimer County representatives on caregiver eligibility parameters, randomization and referral processes, and training implementation.
- Receive IRB determination.
- Obtain licensing and integrate well-being assessments in Qualtrics, develop instrumentation for process evaluation, and collaborate with Jefferson and Larimer counties on administrative data extract processes.
- Collect process evaluation and pre/post well-being assessment data for three-month pilot study and first six months of study.
- Analyze process evaluation, well-being assessment, and fidelity assessment data.
- Prepare preliminary findings report.

Key Deliverables	Delivery Date
Analysis Plan	October 31, 2024
Report on Preliminary Findings	April 18, 2025

## Screening, Brief Intervention, and Referral to Treatment (SBIRT)

SBIRT is designated as a *promising* service by the Clearinghouse. It uses motivational interviewing, brief intervention, and referral to treatment to reduce and prevent health consequences related to risky use of alcohol and other substances. This service was prioritized because it fills a gap in the Family First array by providing early support for substance use without the need for a diagnosis. Following a recent [Call for LOIs](#) to identify the next Family First programs and services to prioritize for rigorous evaluation, the OMNI Institute (OMNI) was selected as the evaluation team to design and execute a rigorous evaluation of SBIRT in Colorado. OMNI proposed a QED with a 12-month follow-up and the goal of achieving a *well-supported* evidence designation. Because the study relies on primary data collection, a feasibility study will take place first. If results of the feasibility study are favorable, the full QED will explore substance use and mental health well-being for adolescents in school-based settings.

Evaluation Team	OMNI Institute, Dr. Ana Nunes
Funding Source	Colorado Lab Family First Evidence-Building Hub Contract (CDHS)
Step to Building Evidence	Step 4
Evaluation Timeframe	June 1, 2024 to June 30, 2025 (feasibility study)
Evaluation Status (as of April 2024)	Not started
Results Available	None yet; feasibility results expected in spring 2025

## Progress in SFY24

During SFY24, the Hub selected OMNI to conduct a rigorous evaluation of SBIRT. OMNI developed a scope of work and began the subcontracting process to begin the feasibility study in early SFY25.

## Planned Activities for SFY25 and Beyond

In the next state fiscal year, the OMNI Institute expects to:

- Execute MOUs and data sharing agreements with the two study sites.
- Finalize data collection tools and submit protocol to CU Boulder IRB
- Set up data collection infrastructure (e.g., build a digital survey, establish reminder system) and train staff at study sites in study protocols.
- Work with study sites to enroll participants on a rolling basis and provide technical assistance as needed.
- Conduct six-month follow-up with participants and analyze engagement and retention rates by outreach condition.
- Analyze six-month follow-up data and explore outcomes at follow-up as a function of condition and other relevant participant characteristics (e.g., age, gender, assessed risk level).
- Prepare a summary of feasibility study results, including learnings from the research team and clinic staff to identify potential study protocol adjustments if a full-scale study is to be implemented.

Key Deliverables	Delivery Date
Final Feasibility Report	June 20, 2025

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

TF-CBT is designated as a *promising* service by the Clearinghouse. The Center for Policy Research (CPR) was selected as the evaluation team to design and execute a rigorous evaluation of TF-CBT in Colorado, with the goal of building evidence toward a *well-supported* designation. CPR implemented a school-based cluster RCT to (a) build further evidence for TF-CBT as aligned with Clearinghouse standards, and (b) contribute to the field of school-based mental health service delivery as a leverage point for Colorado’s prevention continuum. The study aimed to assess the impact of TF-CBT on child well-being (behavioral, emotional, and social functioning). Following two years of study implementation, CPR and the Colorado Lab recommended to CDHS discontinuation of the study due to persistent feasibility challenges in the external environment. CDHS agreed with the recommendation to pause the study (as of January 2024) and reconsider when the school-based mental health environment could be better leveraged for evidence building. CPR is documenting lessons learned to inform the Family First strategy and future evaluation designs, and the Hub is exploring opportunities for future rigorous evaluation.

Evaluation Team	CPR, Lanae Davis and Dr. Rachel Wildfeuer
Funding Source	Colorado Lab Family First Evidence-Building Hub Contract (CDHS)
Step to Building Evidence	Step 4

Evaluation Team	CPR, Lanae Davis and Dr. Rachel Wildfeuer
Evaluation Timeframe	July 1, 2022 to January 31, 2024 (study paused)
Evaluation Status (as of April 2024)	Discontinued
Results Available	Lessons learned expected in June 2024

## Progress in SFY24

During SFY24, CPR accomplished the following evaluation milestones:

- Worked to address significant challenges related to study enrollment and school district and school-based therapist turnover. Therapists reported feeling overwhelmed with daily stressors, high transition, and unclear future funding for TF-CBT therapists.
- Together with the Colorado Lab, decided to pause the study in its current form, due to low study enrollment that did not improve even with additional supports.
- Proposed and executed an ethical close-out plan, including communication with therapists, continued clinical consultation with intervention group therapists through the end of the school year, conducting TF-CBT training with comparison group therapists, distributing gift card incentives to students who completed the follow-up assessments, and collecting all signed informed consent and informed assent forms from the study liaisons at each partner organization.
- Conducted two focus groups with therapists in the intervention group to further understand their experiences delivering TF-CBT in a school-based setting and outreached to other school districts.
- Documented lessons learned from conducting the study, including what it takes to deliver TF-CBT in a school-based setting, the value of TF-CBT as a reimbursable Family First service, and recommendations for future evaluation work on TF-CBT.
- Dr. Monica Fitzgerald, contracted to provide clinical consultation to TF-CBT therapists, presented to the International Society for Traumatic Stress Studies.<sup>2</sup>
- The Hub also explored for continued evidence-building efforts, including adding TF-CBT to the [Call for LOIs](#) to identify a new evaluation approach using secondary data, as well as conversations with CDHS and the Department of Health Care Policy and Financing (HCPF) to understand possible uses of Trails and Medicaid claims data for secondary data analysis.

## Reflections on the Process of Pausing the TF-CBT Study

The recommendation to pause the TF-CBT study was made after thoughtful consideration of feasibility, local partner relations, and rigor in evidence building. While multiple supports and creative solutions to address challenges were made by CPR and the Colorado Lab, barriers remained too large for study success. The decision to pause the study reflects the Colorado Lab’s commitment to being good stewards of state investments and supporting the state in maintaining long-term relationships with local partners. The study pause allows Colorado to harness current investments for Family First learning goals, while redirecting future funds to other evidence-building priorities with higher feasibility.

<sup>2</sup> Fitzgerald, M., & Wildfeuer, R. (2023, November 1-4). TF-CBT in an urban school district [Conference presentation]. ISTSS Annual Meeting, Los Angeles, CA, United States. <https://drive.google.com/file/d/1Q4tealb8Hb-oKKxfmTVkgX2wIVJxaTM/view?usp=sharing>.

In exploring different approaches to TF-CBT evaluation using secondary data, the Colorado Lab met with data partners from CDHS and HCPF. Currently, there are no TF-CBT specific service authorization or claiming codes within the Child Welfare or Medicaid data systems that could be leveraged to redesign the study. These conversations revealed, however, new opportunities to leverage secondary administrative data in future Family First evidence-building and strategy activities.

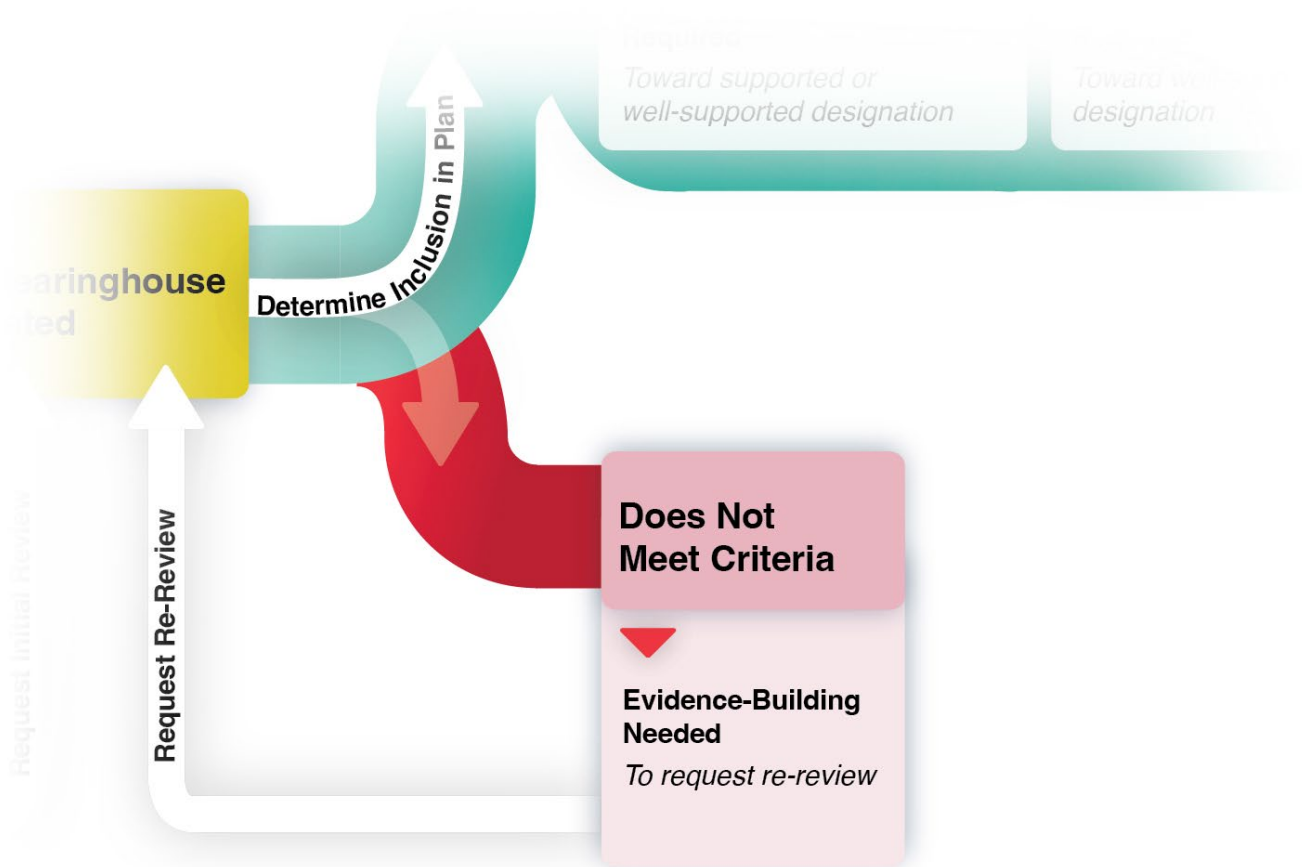
### Planned Activities for SFY25 and Beyond

In the next state fiscal year, the Hub expects to:

- Keep TF-CBT in the evidence-building pipeline for future consideration, should evaluation opportunities emerge.

Key Deliverables	Delivery Date
<a href="#">Final Evaluation Plan</a>	October 18, 2022
<a href="#">Conference Paper</a>	November 1, 2024
<a href="#">Report on Lessons Learned</a> <i>(draft)</i>	June 30, 2024 <i>(final)</i>

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



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

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

- **Fostering Healthy Futures for Teens**

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

### **Status Update**

FHF-T is designated as *does not meet criteria* by the Clearinghouse. FHF-T was initially rated as *supported* by an independent systematic review conducted by the Colorado Lab and included in the initial submission of Colorado’s Plan. The Clearinghouse conducted a verification review and determined a *does not meet criteria*. As such, FHF-T was removed from Colorado’s Plan, but remains included in the evidence-building strategy (see [annual strategy report](#)). The Colorado Lab has supported Dr. Heather Taussig at the University of Denver in communicating with the Clearinghouse to understand the differences in ratings, and to thoughtfully design solutions to fill evidence-building gaps.

In SFY2024, Dr. Taussig proposed an [evidence-building strategy](#) for FHF-T that will facilitate the program in possibly achieving an evidence designation from the Clearinghouse. The strategy was reviewed by the Colorado Lab and determined to have strong potential. In SFY25, Dr. Taussig will conduct preliminary analysis on delinquency and permanency aligned with the proposed strategy and the analysis plan registered on [ClinicalTrials.Gov](#) and the [Open Science Framework](#), with the goal of moving FHF-T toward a *promising* or *supported* evidence designation.

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



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

- Three programs and services have ongoing evaluations that are intended to prepare the programs and services for potential rating by the Clearinghouse:**
- **Telehealth-Enhanced Multisystemic Therapy (TE-MST) Pilot**
  - **Fostering Opportunities**
  - **Colorado Community Response**

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

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

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

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

### Summary of Evidence to Date

The pilot program served 30 families using a telehealth enhancement to the MST model. Nearly 100% of youth completed MST treatment during this pilot study; there was no evidence of differential dropout. The study employed a pre-post mixed methods approach, combining quantitative surveys that assess both



clinical and implementation outcomes with qualitative feedback from MST administrators, supervisors, and therapists. Final findings suggest:

- TE-MST was both feasible and acceptable to implement.
- TE-MST was delivered with fidelity to the MST model. The overall average adherence score was above the target (>0.61) at 0.83.
- There was no evidence of harm associated with this new delivery method.
- All clinical outcomes for TE-MST, including youth living at home, youth in school or working, and youth with no arrests, were commensurate with MST as typically delivered.
- TE-MST implementation outcomes are about equal to standard MST delivery. 100% of youth completed MST treatment during the pilot study and no youth were discharged due to lack of engagement.
- Preliminary findings suggest that implementation of TE-MST has potential to serve as a valuable alternative to standard delivery of MST, particularly for youth and families who reside in rural communities.

### **Progress in SFY24**

During SFY24, the Kempe Center accomplished the following evaluation milestones:

- Therapists closed all final TE-MST cases by January 2024. Administered brief monthly surveys and final surveys to TE-MST supervisor and therapists. Analyzed monthly and final survey results and extracted and analyzed outcomes data from MSTi database.
- Hosted a final monthly Learning Community and celebration with participating therapists. This included a Ripple Effects Mapping storytelling session hosted by researchers at the University of Denver's Butler Institute for Families to surface both direct and indirect impacts of the initiative.
- Drafted an approach to evidence building for telehealth adaptations of Clearinghouse services. The Hub engaged an external consultant for independent review of this approach to provide feedback for the final version.

### **Planned Activities for SFY25 and Beyond**

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

- As the program developers do not consider TE-MST an adaptation, the Kempe Center will request a consult with the Children's Bureau to gain clarity on whether MST-TE would be considered an adaptation by Clearinghouse standards.
- If it is considered an adaptation by the Clearinghouse, funds will need to be secured for a full RCT or QED study that would meet Clearinghouse design standards. At this time, additional Hub funds have not been prioritized for future rigorous evaluation.
- If it is determined that the delivery method is not an adaptation, then Colorado could likely begin drawing down funds for TE-MST as MST is already in Colorado's Plan.

Key Deliverables	Delivery Date
<a href="#">Interim report</a> on data collection effectiveness, enrollment, concerns	June 30, 2023
<a href="#">Report on final findings</a> , including client enrollment; treatment fidelity; therapist, supervisor & administrator acceptability & feasibility; client outcomes	April 19, 2024
Report on how to approach evidence building for telehealth adaptations of Clearinghouse services	May 31, 2024

### Lessons Learned from MST Pay for Success Pilot

MST is a *well-supported* program and, though not required by Family First, the Colorado Lab completed a rigorous, QED study as part of a Pay for Success<sup>3</sup> pilot project. The goal of the MST Expansion Program was to extend six teams of four MST therapists each to regions of the state where the service was previously unavailable. Final results were reported in a [March 2023 Final Report](#).

Evaluation Team	Colorado Lab, Dr. Elysia (Versen) Clemens
Funding Source	Annie E. Casey Foundation
Step to Building Evidence	Step 4
Evaluation Timeframe	February 2019 to April 2021, with 18-month follow up
Evaluation Status (as of April 2024)	Complete
Results Available	Final results available
<i>A final status update &amp; summary of findings for this evaluation was reported in the <a href="#">SFY23 annual rigorous evaluation report</a>.</i>	

### Fostering Opportunities

Fostering Opportunities is *not yet rated* by the Clearinghouse. Fostering Opportunities is the only proven practice in Colorado that improves educational outcomes for middle and high school students in foster care. The Colorado Lab conducted a Colorado-based RCT with the goal of receiving an initial evidence designation from the Clearinghouse.

Evaluation Team	Colorado Lab, Dr. Elysia (Versen) Clemens
Funding Source	Laura and John Arnold Foundation (now Arnold Ventures)
Step to Building Evidence	Step 5

<sup>3</sup> Pay for Success is an innovative approach to financing evidence-based programs that shifts risk from traditional funders—typically a government entity—to private investors who provide the up-front capital. Key outcomes, or “success measures,” are agreed upon prior to the start of a rigorous independent evaluation. Only if the evaluation shows that the program meets these outcomes does the government funder repay the initial investment.

Evaluation Team	Colorado Lab, Dr. Elysia (Versen) Clemens
Evaluation Timeframe	July 1, 2018 to Dec 31, 2023
Evaluation Status (as of April 2024)	Complete
Results Available	Final results available

### Status Update

Final results from the RCT were released in February 2024 (see [Final Study Report](#)). Findings include:

- Within one year of having access to Fostering Opportunities, students’ attendance and behavior at school improved (i.e., fewer suspension incidents).
- Within two years of having access to Fostering Opportunities, students’ rate of passing their classes improved.
- More research is needed to determine whether Fostering Opportunities impacts high school graduation as there were not enough students in the study to make a causal attribution. Descriptive results do suggest that within one year, there was a 51% increase in the number of high school students who were on track to graduate.

The Hub has engaged an external consultant to provide an independent review of the report to identify opportunities to include additional methodological details in a journal article that will increase likelihood of a *promising* evidence designation by the Clearinghouse.

[Jefferson County’s \(Jeffco\) Fostering Opportunities video](#) features the voices of students who participated in Fostering Opportunities, foster parents, program staff, and the Colorado Lab.

CDHS is funding additional analysis to determine if Fostering Opportunities impacted child safety or child permanency outcomes. Additionally, House Bill 22-1374 appropriated state funding to support the continuation of the Fostering Opportunities program in Jeffco Public Schools and expanded the program to Denver Public Schools and the Adams 27J School District. The Colorado Lab is conducting an evaluation of this expansion of the Fostering Opportunities program. In SFY25, evidence-building activities will focus on the House Bill 22-1374 expansion of the Fostering Opportunities service delivery area.

Companion work is underway to develop strategies to support children who have experienced foster care in attaining a college education. This effort is led by the Common Sense Institute and outlined in their report, [Untapped Potential: Economic and Social Costs of Colorado’s Foster Youth](#).

## Colorado Community Response

Colorado Community Response is *not yet rated* by the Clearinghouse. The Colorado Lab conducted a Colorado-based RCT assessing impacts on Clearinghouse-eligible child safety outcomes.

Evaluation Team	Colorado Lab, Dr. Kristin Klopfenstein
Funding Source	Colorado Department of Early Childhood
Step to Building Evidence	Step 5
Evaluation Timeframe	January 31, 2020 to June 30, 2023
Evaluation Status (as of April 2024)	Complete
Results Available	Final results available

### Status Update

Final results from the RCT were released in June 2023 (see [Final Study Report](#)). The study found no favorable impacts. Coupled with consistent challenges recruiting caregivers that dramatically increased the [cost per family served](#), findings led CDEC to redirect resources to other programs and services. Resources were redirected toward additional investments in [Family Resource Centers](#), which share [similar goals](#) of improved economic security and social connections that the CCR program targeted.

## Culturally Responsive Evidence-Building: rETHICS

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

The Colorado Lab supports CWTS by holding the contract in Colorado to issue licenses to trainers delivering rETHICS in the state. Eight licenses (of 50 total) have been approved to date. The Colorado Lab flags opportunities for delivering rETHICS training as needs emerge during evidence-building activities. For more information about taking the rETHICS training, please contact Jon Steinmetz at [jon.steinmetz@state.co.us](mailto:jon.steinmetz@state.co.us).

## Conclusion

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

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

- Four *supported* programs approved in Colorado's Plan, with rigorous evaluation underway to achieve a *well-supported* evidence designation.

- Three *promising* services, with rigorous evaluation underway to request inclusion in Colorado’s Plan. This includes one service that will be rolling off of the Hub’s funded rigorous evaluation work (TF-CBT) and two new services recently onboarded to the Hub to begin evidence building.
- One program that currently *does not meet criteria*, to request a re-review of evidence by the Clearinghouse.
- Three programs and services *not yet rated*, with the goal of preparing for potential rating by the Clearinghouse. This includes one service that will be rolling off of the Hub’s funded rigorous evaluation work (TE-MST) and one that has concluded evidence-building efforts.

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

- Programs and services benefit from a state program intermediary early in the evidence-building process. The lack of a state program intermediary poses challenges to implementation fidelity.
- Evaluation feasibility increases when participating providers and sites receive practical incentives, such as opportunity for training, reflexive supervision, and coaching/consultation with subject matter experts. This is essential for both intervention and comparison group sites.
- Evidence building for programs and services poised to advance Colorado’s Family First strategy require different levels of investment. Funding should be approached on a case-by-case basis, with evaluations involving primary data collection requiring more intensive resourcing, as well as feasibility studies before full investment.
- Instead of waiting until all study and follow-up activities are complete, Clearinghouse review should be requested as soon as substantial new evidence emerges that may qualify a program or service for an initial or improved evidence designation. This may require additional funding.
- The long-term commitment by the State of Colorado to funding this Hub allows for a coordinated and strategic approach to building evidence for prevention services and using that information to strengthen and scale programs.
- The Colorado Lab’s pipeline approach helps balance and align evidence-building investments across the continuum and demonstrates the value of multi-year strategic research agendas.
- Being good stewards of state investments means thoughtful leadership and approaching decision making as an iterative process. This includes leveraging feasibility studies to right-size investments and knowing when to discontinue evidence-building or implementation activities that are not returning the value necessary to justify the investment.

## Appendix A: Previous Reports

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

Report Name	What It Covers	Dated
<a href="#">Strategy for the Evidence-based Aspects of the Family First Services Continuum</a>	Recommendations for evidence-based services matched to the needs of Colorado families, opportunities for fiscal drawdown, and ongoing rigorous evaluation and continuous quality improvement.	July 1, 2021
<a href="#">Family First Rigorous Evaluation: Quarterly Report 1</a>	Key activities completed between 10/1/2021 to 12/1 2021.	December 17, 2021
<a href="#">Family First Rigorous Evaluation: Quarterly Report 2</a>	Key activities completed between 12/1/2021 to 2/28/2022.	March 1, 2022
<a href="#">Family First Rigorous Evaluation: Quarterly Report 3</a>	Key activities completed between 3/1/2022 to 5/31/2022.	June 1, 2022
<a href="#">Family First Rigorous Evaluation Annual Report SFY22</a>	Summary of evidence-building activities and progress to date, recommendations for prioritizing evidence-building activities in SFY23 and beyond, and lessons learned and opportunities to inform sustainability, scaling, and expansion of Colorado's service continuum.	June 30, 2022
<a href="#">Family First Annual Evidence-Building Strategy Report SFY23</a>	Strategy with evidence designations for each program/service, a conceptual approach to prioritizing additional programs/services, federal aspects important to Colorado's prevention continuum, and opportunities to expand the prevention continuum.	November 1, 2022
<a href="#">Family First Rigorous Evaluation Annual Report SFY23</a>	Evidence to date and progress updates for programs/services at various points in the evidence-building pipeline.	April 14, 2023
<a href="#">Family First Annual Evidence-Building Strategy Report SFY24</a>	Strategy with evidence designations for each program/service; a conceptual framework and recommendations for prioritizing additional programs/services; and federal requirements, including fidelity monitoring, and opportunities to maximize federal drawdown.	November 1, 2023