



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

Using data to drive action



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

## State Fiscal Year 2025

### REPORT HIGHLIGHTS:

A summary of evidence-building activities for:

- **Three *supported* programs approved in Colorado's Plan** (and one not in Colorado's Plan), with rigorous evaluation underway to achieve a *well-supported* evidence designation.
- **Two *promising* services**, with rigorous evaluation underway to request inclusion in Colorado's Plan.
- **One program that currently *does not meet criteria***, with rigorous evaluation underway to request a re-review of evidence by the Clearinghouse.
- **One program *not yet rated***, with rigorous evaluation underway with the goal of receiving an initial rating by the Clearinghouse.

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## Executive Summary

The Colorado Evaluation and Action Lab (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. Title IV-E Prevention Services Clearinghouse (Clearinghouse) evidence designations determine the evidence-building requirements and goals. A summary of the evidence-building pipeline and next steps is below, followed by overarching lessons learned from the Hub.

### Supported Programs

There are three “supported” programs that are approved in Colorado’s Five-Year Family First Prevention Services Plan (Colorado’s Plan)—and one not in Colorado’s Plan—with rigorous evaluation underway toward a “well-supported” designation:

- **Child First** (in Colorado’s Plan): MDRC is in year 4 of a multi-state randomized controlled trial (RCT), which is expected to be completed in State Fiscal Year (SFY) 2027. Study enrollment was completed in December 2024. Next year, MDRC will complete and analyze 12-month follow-up survey and administrative data.
- **Fostering Healthy Futures for Preteens** (in Colorado’s Plan): Dr. Taussig completed secondary analysis of an RCT in SFY25. Dr. Taussig will submit a manuscript to a journal, and once published, the Hub will request a Clearinghouse re-review of evidence.
- **SafeCare Colorado** (in Colorado’s Plan): Colorado State University (CSU) completed a quasi-experimental design in SFY25 and will report results in September 2025. If favorable, published results will be submitted to the Clearinghouse to request a re-review of evidence.
- **Colorado Kinconnected Kinship Navigator Program** (not in Colorado’s Plan but critical role in Family First service array): Human Services Research Institute (HSRI) and CSU will conduct another round of secondary analysis of an RCT in SFY26.

### Promising Services

There are two “promising” services under consideration for inclusion in Colorado’s Plan with rigorous evaluation underway toward a *supported* designation:

- **Screening, Brief Intervention, and Referral to Treatment:** OMNI Institute will launch a feasibility study of a proposed rigorous evaluation in SFY26. If feasible, a full study will launch in SFY27.
- **Trust-Based Relational Intervention® – Caregiver Training:** CSU launched a 3-month pilot for a full study that will begin in SFY26.

### Program that Does Not Meet Criteria

There is one program that currently “does not meet criteria” under consideration for inclusion in Colorado’s Plan with rigorous evaluation underway toward a *supported* designation:

- **Fostering Healthy Futures for Teen:** Dr. Taussig will complete secondary analysis of an RCT in SFY26.

## Not Yet Rated Program

There is one program that is “not yet rated” under consideration for inclusion in Colorado’s Plan with rigorous evaluation underway toward an initial *promising* designation:

- **Fostering Opportunities:** The Colorado Lab completed an RCT with findings of favorable impact in SFY24 and requested an initial Clearinghouse review in November 2024. A descriptive/qualitative study is underway with planned completion in SFYS27.

## Lessons Learned

Lessons learned from coordinating evidence-building across this pipeline include:

### Evidence-Building Hub Approach:

- The pipeline approach helps balance and align evidence-building investments across the continuum and demonstrates the value of multi-year strategic research agendas.
- The long-term commitment by the State of Colorado to funding this Hub allows for a responsive, coordinated, and strategic approach to building evidence for prevention services and using that information to strengthen and scale programs.

### Evidence-Building Processes:

- Programs and services benefit from a state program intermediary early in the evidence-building process. Without one, it is difficult to monitor and support implementation fidelity.
- Evaluation feasibility increases when participating providers and sites receive practical incentives, such as training, reflexive supervision, and coaching/consultation with subject matter experts. This is essential for both intervention and comparison group sites.
- 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.

### Evidence-Building Investments:

- Evidence building for programs and services poised to advance Colorado’s Family First strategy requires different levels of investment. Funding should be approached on a case-by-case basis, with evaluations involving primary data collection requiring more resources.
- Feasibility or pilot studies are important to determine full investment and strengthen rigorous evaluations at the onset, which can create cost efficiencies long-term.
- As the number of programs and services in the evidence-building pipeline and Colorado’s Plan grows, the need for identifying evaluation funding from other agencies, the federal government, and the philanthropic community grows. Braiding evaluation dollars and engaging in cross-state evaluations are among the ways the Hub is expanding Family First evidence building without requesting an increase in contracted funding.
- Being good stewards of state investments means thoughtful leadership and approaching decision making as an iterative process. This includes knowing when to discontinue evidence-building or implementation activities that are not returning the necessary value.

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*Thank you to our partners who provided subject matter expertise and guidance on this project:* CDHS Office of Children, Youth and Families; Colorado Child Abuse Prevention Trust Fund; Child Welfare Prevention Task Group; Cynthia Burson, PhD, Independent Consultant; and Yumiko Dougherty, Ignite Change LLC.

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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 an evidence designation 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 helps 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 Family First programs/services can only be drawn down when they are approved 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 helps 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 tailored to community needs; and
- How to deliver 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). The Hub receives annual funding, first included in the Long Bill for state fiscal year 2021 through a CDHS decision item. In this role, the Colorado Lab coordinates the pipeline of evidence building for Family First programs and services. Together with cross-system prevention partners, the Hub co-creates a strategic vision for evidence building, which is communicated in an annual [strategy report](#) (see [Appendix C](#) for reports). The Hub then partners with local and national researchers to build evidence for select programs/services aligned with that strategy, which is communicated in this annual evidence-building report. The Hub also supports requests for initial or re-review of evidence from the Clearinghouse for programs and services ready to advance their evidence designation or be added to Colorado's Plan. 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 provides updates on programs and services at different stages of the evidence-building pipeline, including:

- Detailed information about evaluations directly managed and funded by the Hub (four to five annually).

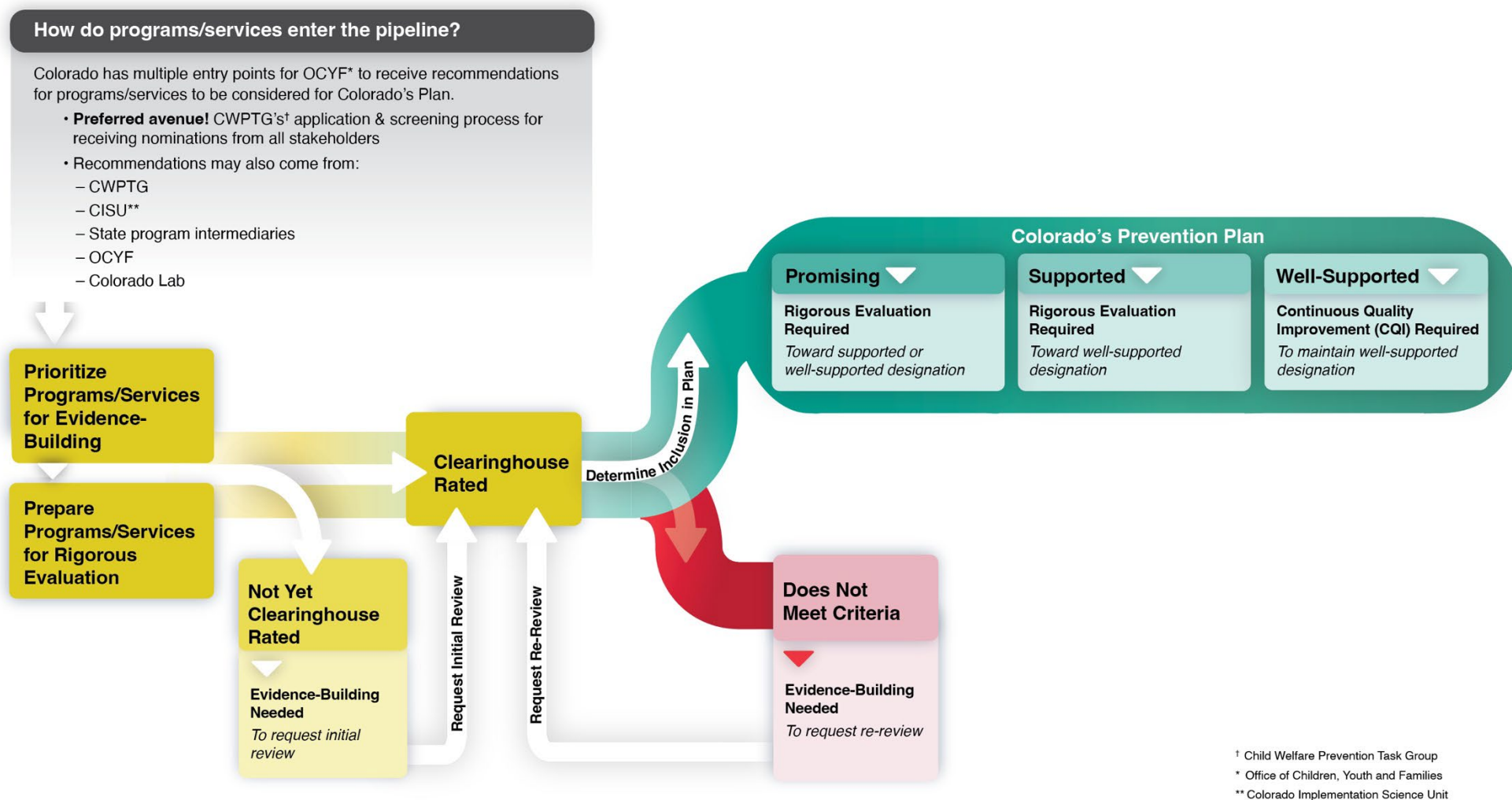
- Brief summaries of externally funded evaluations with relevance to Family First, to give a full view of ongoing evidence-building activities.

In addition to building evidence for priority programs and services in the pipeline, the Hub supports CDHS' [Office of Children, Youth and Families](#) (OCYF) in executing the shared strategic vision for Family First. In anticipation of the annual strategy report and to provide context to evidence building activities, timely strategic insights include:

- Through the support of a consultant (Yumiko Dougherty), the Hub is supporting CDHS in further understanding of Colorado's [Maintenance of Effort](#) requirements and identifying opportunities to maximize the state's federal drawdown for Family First programs and services.
- Recently, the [Youth AFFIRM](#) program was removed from the list of programs planned for review by the Clearinghouse. Designed to reduce mental health issues and behavioral risks experienced by LGBTQ+ youth, this is an example of the types of programs in Colorado's prevention continuum most vulnerable to the current federal political landscape. If programs and services are removed from the Clearinghouse, then states cannot draw down federal funding for reimbursement. Colorado should be prepared to backfill programs and services or identify stop gap measures in response to federal policy changes.



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





## Prioritizing Programs and Services for Colorado's Plan

Colorado has multiple entry points for OCYF to receive recommendations for programs and services to be considered for Colorado's Plan and prioritized for evidence building. 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](#) (CISU) 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 active in each phase of the evidence-building pipeline. Rigorous evaluations resourced by the Hub are **bolded**. 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 programs and services to Colorado's Plan.
- The program has received an evidence designation from the Clearinghouse and evidence building is occurring in Colorado under a separate funding stream.

In addition to programs and services with active evidence building, the Hub monitors a queue of programs and services for potential future inclusion in Colorado's Plan and the evidence-building pipeline. These programs or services have demonstrated value through: 1) applying the [conceptual framework](#), 2) were previously identified in Colorado's [long-term strategy](#), or 3) were elevated by

partners (e.g., via the application and screening process). These programs and services have varying levels of readiness for evidence building and will continue to be monitored as opportunities to add to the pipeline arise. See [Appendix B](#) for the list of programs and services currently in the queue.

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

Program/Service Name	Program/Service Area	Evidence Designation	Colorado Status
<b>Well-Supported (In Colorado’s Plan)</b>			
Functional Family Therapy	Mental Health	Well-supported	Meeting CQI* requirements. Data in statewide fidelity dashboard.
Healthy Families America	In-Home Parent Skill-Based	Well-supported	Meeting CQI requirements. Data in statewide fidelity dashboard.
Multisystemic Therapy	Mental Health; Substance Abuse	Well-supported	Meeting CQI requirements. Data in statewide fidelity dashboard.
Nurse-Family Partnership	In-Home Parent Skill-Based	Well-supported	Onboarding to statewide fidelity dashboard on hold. <sup>i</sup>
Parent-Child Interaction Therapy	Mental Health	Well-supported	Meeting CQI requirements. Onboarding to statewide fidelity dashboard in process.
Parents as Teachers	In-Home Parent Skill-Based	Well-supported	Meeting CQI requirements. Data in statewide fidelity dashboard.
<b>Supported (In Colorado’s Plan)</b>			
Child First	Mental Health; In-Home Parent Skill-Based	Supported	Rigorous evaluation toward <i>well-supported</i> rating underway (MDRC) with final results reported in SFY28. Data in statewide fidelity dashboard.
Fostering Healthy Futures for Preteens	Mental Health	Supported	Rigorous evaluation toward <i>well-supported</i> rating completed in SFY25 (DU*). Request re-review once results are published. Data in statewide fidelity dashboard.

<sup>i</sup> Onboarding to the fidelity dashboard for Nurse Family Partnership is on hold because the national office owns those data, and there is minimal opportunity to claim for this service.

Program/Service Name	Program/Service Area	Evidence Designation	Colorado Status
SafeCare	In-Home Parent Skill-Based	Supported	Rigorous evaluation toward <i>well-supported</i> rating completed in SFY25 (CSU*). Request re-review once results are published. Data in statewide fidelity dashboard.
Colorado Kinnectd Kinship Navigator Program (Colorado Kinnectd) <sup>ii</sup>	Kinship Navigator	Supported	Rigorous evaluation toward <i>well-supported</i> rating underway (HSRI & CSU*) with next secondary analysis planned for SFY26. Onboarding to statewide fidelity dashboard in process.
<b>Promising (Not Yet in Colorado's Plan)</b>			
Screening, Brief Intervention, and Referral to Treatment	Substance Abuse	Promising	Feasibility study of proposed rigorous evaluation toward <i>supported</i> rating underway (OMNI*) with feasibility decision reported in SFY26.
Trust-Based Relational Intervention® – Caregiver Training	Mental Health	Promising	Rigorous evaluation toward <i>supported</i> rating underway (CSU*) with planned completion and reporting in SFY28.
<b>Does Not Meet Criteria (Not in Colorado's Plan)</b>			
Fostering Healthy Futures for Teens	Mental Health	Does not meet criteria	Rigorous evaluation toward <i>supported</i> rating underway (DU*) with planned completion and reporting in SFY26.
<b>Not Rated by the Clearinghouse (Not in Colorado's Plan)</b>			
Fostering Opportunities	Mental Health	Not yet rated	Rigorous evaluation with findings of favorable impact completed in SFY24 (Colorado Lab). Requested an initial Clearinghouse review in November 2024. Descriptive/qualitative study underway with planned completion in SFY27.

\*Abbreviations: CQI: continuous quality improvement; DU: University of Denver; CSU: Colorado State University; HSRI: Human Services Research Institute; OMNI: OMNI Institute; CPR: Center for Policy Research; Kempe Center: Kempe Center for the Prevention and Treatment of Child Abuse and Neglect; CDEC: Colorado Department of Early Childhood.

<sup>ii</sup> Now that Colorado Kinnectd is in the Clearinghouse, Colorado can draw down Family First funds. As a Kinship program, Colorado Kinnectd is reimbursed differently than other Family First programs/services and not currently in Colorado's Plan or subject to Family First requirements.



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



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

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 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 three programs that are approved in Colorado's Plan and have a *supported* evidence designation:

- Child First,
- Fostering Healthy Futures for Preteens (FHF-P), and
- SafeCare Colorado (SCC).

In addition, rigorous evaluation is underway for Colorado Kinected.

Rigorous evaluations for **Child First** and **FHF-P** are coordinated and resourced by the 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 (i.e., involvement with child welfare system), child well-being (i.e., behavioral and emotional functioning), and adult well-being (i.e., mental or emotional health, substance use or misuse, economic security, and housing stability).

**Table 2. Child First Evaluation Summary**

Evaluation Team	MDRC, Dr. Kristen Faucetta
Funding Source	Colorado Lab Family First Evidence-Building Hub Contract (CDHS)
<a href="#">Steps to Building Evidence</a>	Step 5

Evaluation Team	MDRC, Dr. Kristen Faucetta
Evaluation Timeframe	April 1, 2022–June 30, 2027
Evaluation Status (as of April 2025)	RCT Year 4
Results Available	Preliminary findings available; final results expected in SFY28

## Summary of Evidence to Date

Preliminary findings to date include:

- The final study enrollment included 526 families enrolled across all three states (including Connecticut and North Carolina). Colorado-based Child First sites (Aurora Mental Health & Recovery and San Luis Valley Behavioral Health) enrolled 85 families, representing 16% of the total sample.
  - Demographic data on the sample, including child and caregiver age, race/ethnicity, marital status, caregiver employment and education, public assistance participation, and history of child welfare involvement are included in the preliminary report.
- About 59% percent of families (n = 312) were assigned to the program (treatment) group, and about 40% of families (n = 214) were assigned to the control group. The intended random assignment ratio was maintained during study enrollment and there is no indication of crossover between the randomly assigned groups.
- Preliminary analysis of baseline data indicates there are no statistically significant differences on these characteristics between the program and control groups, indicating that random assignment resulted, as expected, in substantively similar groups.
- 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. Findings included:
  - Implementation of the Child First model following the return to in-person services remained largely the same as the pre-pandemic model.
  - Child First staff reported similar levels of referrals and caseloads, and similar levels of dosage and frequency when delivering services during these two time periods.
  - Some changes that began during the pandemic remained, such as the use of telehealth and virtual professional development.

## Progress in SFY25

During SFY25, MDRC accomplished the following evaluation milestones:

- Completed study enrollment in December 2024 (see above).
- Began fielding the follow-up survey to collect child and adult well-being data in January

2024. So far, 111 families have completed surveys, representing a response rate of about 76% (goal is 80%).

- Continued working with CDHS (and North Carolina and Connecticut agencies) on data sharing request to obtain information on families' involvement with child welfare 12 months and 36 months post-enrollment.

## Planned Activities for SFY26 and Beyond

In the next state fiscal year, MDRC expects to:

- Continue tracking activities and 12-month follow-up survey data collection.
- Complete Data Sharing Agreements (DSAs) with CDHS and obtain child welfare administrative data.
- Conduct and report preliminary analysis on 12-month follow-up survey and administrative data.

**Table 3. MDRC Key Deliverables**

Key Deliverables	Delivery Date
<a href="#">Annual report</a> on random assignment, sample, enrollment timeline, and DSAs	January 31, 2023
<a href="#">Implementation study</a> on fidelity following the pandemic	December 2023
<a href="#">Annual report</a> on enrollment, sample, DSAs, and journal article outline	January 31, 2024
<a href="#">Preliminary findings report</a> on data collection, enrollment results, sample descriptives, baseline equivalence, and updated study timeline	March 28, 2025
Preliminary findings report on initial 12-month follow-up survey and administrative data analysis	April 17, 2026
Preliminary findings report on 12-month and 30-month follow-up administrative data analysis available to date	SFY27
Final findings report on 30-month follow-up administrative data final analysis	SFY28

## 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 assigned a *supported* rating in applying design standards for non-overlapping samples. Dr. Taussig at the University of Denver is conducting a 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 well-being and permanency outcomes. To obtain a non-overlapping sample and build evidence for FHF-P’s learning goals, analysis focuses on results of the second FHF-P trial. The second RCT assesses the impact of FHF-P on child well-being (e.g., substance use, behavioral and emotional functioning, educational achievement and attainment). This approach has strong potential for meeting Clearinghouse standards and moving FHF-P to a *well-supported* designation.

**Table 4. FHF-P Evaluation Summary**

Evaluation Team	University of Denver, Dr. Heather Taussig
Funding Source	Colorado Lab Family First Evidence-Building Hub Contract (CDHS)
Steps to Building Evidence	Step 5
Evaluation Timeframe	RCT complete; July 1, 2022–June 30, 2024 (secondary analysis)
Evaluation Status (as of April 2025)	Complete
Results Available	Final results available

## Summary of Evidence to Date

Final findings based on analysis of substance use outcome data from the second RCT include:

- Two hundred seventy youth, ages 9–11, who were placed in out-of-home care by four Colorado communities (Denver, Adams, Arapahoe, and Jefferson counties). 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 6 months and 1.5 years post-intervention suggested 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 6 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 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, can help reduce substance use among

Colorado’s child welfare-involved youth and advance the prevention vision of Family First.

## Progress in SFY25

During SFY25, Dr. Taussig and team accomplished the following evaluation milestones:

- Drafted a manuscript based on final analysis of FHF-P effects on substance use for journal publication.
- The Hub engaged an external consultant to provide an independent review of the draft manuscript to improve likelihood of meeting Clearinghouse standards for achieving a *well-supported* evidence designation.

## Planned Activities for SFY26 and Beyond

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

- Submit the final manuscript for journal publication.
- Once published, the Hub will submit a Clearinghouse request for re-review of evidence for FHF-P, with the goal of achieving a *well-supported* evidence designation.
- As this analysis is complete, the Hub will not resource rigorous evaluation of FHF-P in SFY26.

**Table 5. Dr. Taussig Key Deliverables**

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 ( <i>final</i> )

## SafeCare Colorado (SCC)

SCC is designated as a *supported* program by the Clearinghouse. A 2024 re-review by the Clearinghouse maintained the *supported* designation. To prepare for further rigorous evaluation, CSU conducted a 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. After determining that primary data collection was not favorable, CSU’s Social Work Research Center (SWRC) pivoted to matched comparison group quasi-experimental design (QED) that uses child welfare administrative data. The QED targets child safety and permanency outcomes with the goal of building evidence toward a *well-supported* designation. CSU is simultaneously running a within-group difference-in-difference

(DiD) study with SCC caregivers completing well-being assessments throughout the program and at 6- and 12- months post-SCC involvement. This evaluation report is expected by June 30, 2025.

**Table 6. SCC Evaluation Summary**

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

## Status Update

The feasibility study found that most participating families have typical levels of well-being in the areas of child well-being, parental stress, parenting practices, and protective factors that could be further strengthened through SCC (see [June 2024 Final Brief](#)).

The feasibility and DiD studies consistently achieved high response rates for well-being surveys from SCC families between February 2022 and January 2025. Two hundred and three caregivers completed at least one survey, and 98 caregivers completed at least two surveys.

CSU is expanding upon current efforts by collecting additional well-being surveys and administrative data that will subsequently increase the overall sample size and statistical power of the QED and DiD studies. If the QED findings using administrative data are favorable, evidence will be submitted to the Clearinghouse with a request for re-review. Continued administrative data analyses will depend on findings.

## Colorado Kinnected Kinship Navigator Program (Colorado Kinnected)

The Human Services Research Institute (HSRI), in collaboration with CSU, completed an RCT of Colorado Kinnected in December 2021, which resulted in three analytic study groups. Based on findings from the RCT, Colorado Kinnected received a *promising* rating by the Clearinghouse in December 2022 (see [March 2022 Impact Study Report](#)). In November 2023, CSU and HSRI conducted secondary 12-month follow-up analyses that showed a sustained, favorable effect on child permanency at six months post-intervention (see [November 2023 Follow-up Report](#)). Based on the emergence of this substantial new evidence, a March 2024 Clearinghouse re-review upgraded Colorado Kinnected’s evidence designation to *supported*. CSU and HSRI will continue follow-up analyses with the goal of building capacity for Colorado Kinnected to achieve a *well-*

*supported* evidence designation in the future.

**Table 7. Colorado Kinnected Evaluation Summary**

Evaluation Team	HSRI & CSU SWRC
Funding Source	CDHS
Steps to Building Evidence	5
Evaluation Timeframe	RCT complete; September 2025 (next secondary analysis)
Evaluation Status (as of April 2025)	Secondary data analysis year 3
Results Available	Final RCT results available; next round of 12-month follow-up analysis planned for September 2025

## Status Update

CSU and HSRI conducted secondary data analysis in September 2024 to examine between group outcomes after additional children and youth reached the 6- and 12-month post kinship placement end for the second and third analytic groups. There were no 12-month statistically significant outcomes to report to the Clearinghouse. There were positive, observed effects in reunification at kinship placement end (8% increase for treatment group; 53% treatment versus 45% control) and entry into foster care or congregate care within six months (6.6% decrease for treatment group; 7.9% treatment versus 14.5% control).

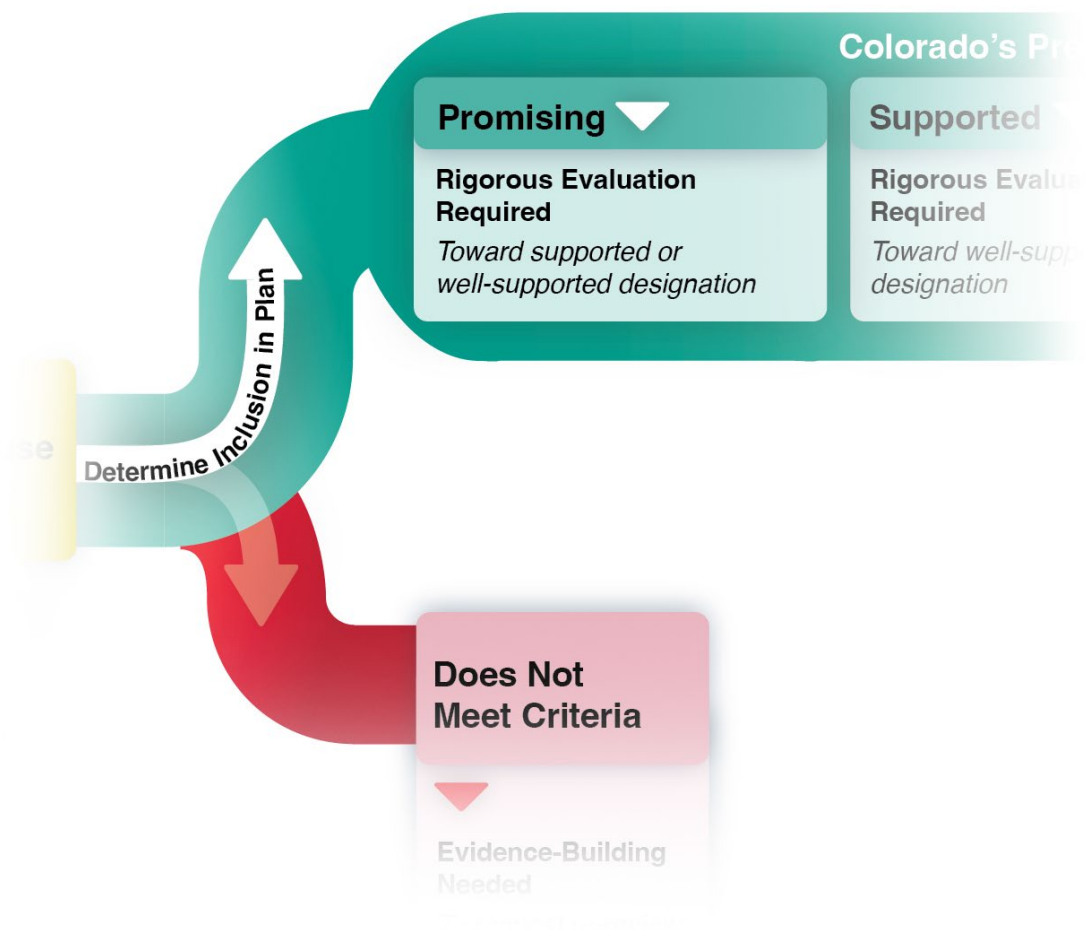
Overall and county-specific outcome findings were shared with the Colorado Kinnected Workgroup, county-specific findings were shared with each participating county, and an article chronicling the program's evidence-building journey was published in a [peer reviewed journal](#).

Another round of secondary data analysis is scheduled for September 2025 to examine outcomes after additional children and youth reach the 6- and 12-month post kinship placement end mark in the second and third analytic groups. The Colorado Kinnected program needs a significant 12-month outcome and another significant outcome in study group two or three to move the program from *supported* to *well-supported*. If both conditions are met, the findings will be submitted to the Clearinghouse for a re-review.

Ongoing rigorous evaluation of Colorado Kinnected is best practice in scaling implementation, especially as a new program and to meet learning goals. There is also value to including Colorado Kinnected in the statewide fidelity dashboard to promote continuous quality improvement.



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



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

Programs and services approved in Colorado’s Plan that have a *promising* evidence designation have a federal requirement of ongoing rigorous evaluation with the goal of achieving a *supported* or *well-supported* designation. *Promising* programs and services that are not yet included in Colorado’s Plan have an additional goal of requesting approval for inclusion in Colorado’s Plan.

Rigorous evaluations are currently underway for two 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)

Rigorous evaluation for **TBRI** and **SBIRT** 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. CSU’s SWRC proposed an RCT with a 12-month follow-up and the goal of achieving a *supported* evidence designation. The study will explore child permanency outcomes, measured by Trails administrative data; child well-being outcomes, measured by the Strengths & Difficulties Questionnaire (SDQ); and adult-well-being outcomes, measured by the Parenting Relationship Questionnaire (PRQ). A process evaluation will collect data from county child welfare caseworkers and the training provider to explore strengths and challenges of the referral process. Following a 3-month pilot study that began in SFY25, the full study will launch in early in SFY26 and is expected to be completed in SFY28.

**Table 8. TBRI-Caregiver Training Evaluation Summary**

Evaluation Team	CSU SWRC, Dr. Marc Winokur
Funding Source	Colorado Lab Family First Evidence-Building Hub Contract (CDHS)
Steps to Building Evidence	Step 5

Evaluation Team	CSU SWRC, Dr. Marc Winokur
Evaluation Timeframe	September 1, 2024–June 30, 2025 (planning and pilot); July 1, 2025–March 31, 2028 (full study)
Evaluation Status (as of April 2025)	Pilot study near complete
Results Available	Preliminary results from pilot study expected in early SFY26; final results expected in SFY28

## Progress in SFY25

During SFY25, SWRC accomplished the following evaluation milestones:

- Completed an Analytic Plan and developed an Institutional Review Board (IRB) protocol to submit to CSU’s IRB for expedited review following the pilot study.
- Collaborated with Jefferson and Larimer counties on participant inclusion and eligibility criteria, caregiver recruitment, and caseworker onboarding. This included:
  - Working with Jefferson, Arapahoe, and Douglas counties as part of the Collaborative Foster Care Program (CFCP) to offer the opportunity for providers in Arapahoe and Douglas to meet inclusion criteria for the evaluation.
  - Creating a recruitment video and facilitating four onboarding in-service trainings with approximately 50 caseworkers from Larimer and 20 caseworkers from the CFCP counties (Jefferson, Arapahoe, and Douglas).
- Collaborated with Raise the Future, CASA of Larimer County, and Texas Christian University (TCU) on training logistics, curriculum alignment, and caregiver enrollment. This included integration of updated training and curriculum materials that enhance accessibility for all caregiver types.
- Together with Jefferson County, developed a web-based application integrated with Trails to track participants throughout all stages of the evaluation process.
- Developed and licensed evaluation tools and protocols. This included:
  - Drafting the Engagement and Enrollment Survey (EES) to be completed by county and implementation partners to understand strengths, challenges, feasibility, and sustainability of the participant recruitment and enrollment procedures.
  - Revising TCU’s LeSa Participant Fidelity Checklist for use with participants receiving TBRI-Caregiver training to better align with the updated caregiver package.
  - Licensing and uploading the SDQ child well-being assessment (measuring behavioral and emotional functioning) in both English and Spanish into Qualtrics.
  - Licensing the PRQ adult well-being assessment (measuring specific parenting practices associated with child attachment and supportive parental behavior).



- Executed a DSA to extract Trails data to measure child permanency outcomes.
- Launched the pilot study in April 2025. SWRC will collect and analyze process evaluation and pre/post well-being assessment data for a 3-month pilot study and plans to report findings in early SFY26.

## Planned Activities for SFY26 and Beyond

In the next state fiscal year, SWRC expects to:

- Complete and report on pilot study findings.
- Receive IRB approval and launch the full evaluation study.
- Continue onboarding caseworkers and complete caregiver recruitment and enrollment for the full study.
- Collect and analyze process evaluation (EES and LeSa Participant Fidelity Checklist), and child (SDQ) and adult (PRQ) well-being assessment data for the first 6 months of study.
- Begin obtaining administrative Trails data to analyze child permanency outcomes.
- Prepare preliminary findings report.

**Table 9. CSU SWRC Key Deliverables**

Key Deliverables	Delivery Date
<a href="#">Analysis Plan</a>	February 18, 2025
Progress on Preliminary Findings from Pilot Study	June 30, 2025
Report on Preliminary Findings from Full Study	April 17, 2026

## 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. The OMNI Institute (Omni) proposed a QED with a 12-month follow-up and the goal of achieving a *supported* evidence designation. The full study design is dependent on the ability to retain adolescent participants for a 12-month study duration to ensure sufficient sample sizes to measure long-term outcomes and the ability to obtain the same baseline and outcome measures from both the intervention and control group. Prior to implementing the full study, OMNI will conduct a feasibility study that tests two distinct approaches to retaining youth in the study: OMNI-led outreach versus participating health clinic-led outreach. The feasibility study also provides an opportunity to learn how likely the full study is to be successful at enrolling and, importantly, maintaining participant engagement to ensure sample sizes are sufficient to support statistically

valid findings. 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.

**Table 10. SBIRT Evaluation Summary**

<b>Evaluation Team</b>	<b>OMNI Institute, Dr. Ana Nunes</b>
Funding Source	Colorado Lab Family First Evidence-Building Hub Contract (CDHS)
Steps to Building Evidence	Step 4
Evaluation Timeframe	June 1, 2024–June 30, 2026 (feasibility study)
Evaluation Status (as of April 2025)	Feasibility study year 1
Results Available	Feasibility results expected in June 2026

## Progress in SFY25

During SFY25, OMNI accomplished the following evaluation milestones:

- Identified one healthcare clinic serving an adolescent patient population (A Kidz Clinic located in Delta County schools) to serve as the SBIRT intervention site in the feasibility study. OMNI is actively pursuing several leads to identify and secure a suitable control site.
- Submitted an IRB protocol to the University of Colorado Boulder and awaiting approval.
- Finalized recruitment methodologies, data collection protocols, and informed consent and assent materials, and translated them into Spanish.
- Executed a DSA and Business Associate Agreement (BAA) with A Kidz Clinic.

## Planned Activities for SFY26 and Beyond

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

- Confirm control site, execute DSA and BAA, set up data collection infrastructure, train study site staff, and integrate study protocols into existing workflows to minimize burden.
- Launch feasibility study with two identified study sites and begin enrollment in fall 2025.
- Work with study sites to enroll participants and provide technical assistance as needed.
- Conduct 6-month follow-up with participants and analyze engagement and retention rates by outreach condition.
- Analyze 6-month follow-up data and explore outcomes at follow-up as a function of condition and relevant participant characteristics (e.g., age, gender, and 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 full-scale study proceeds.

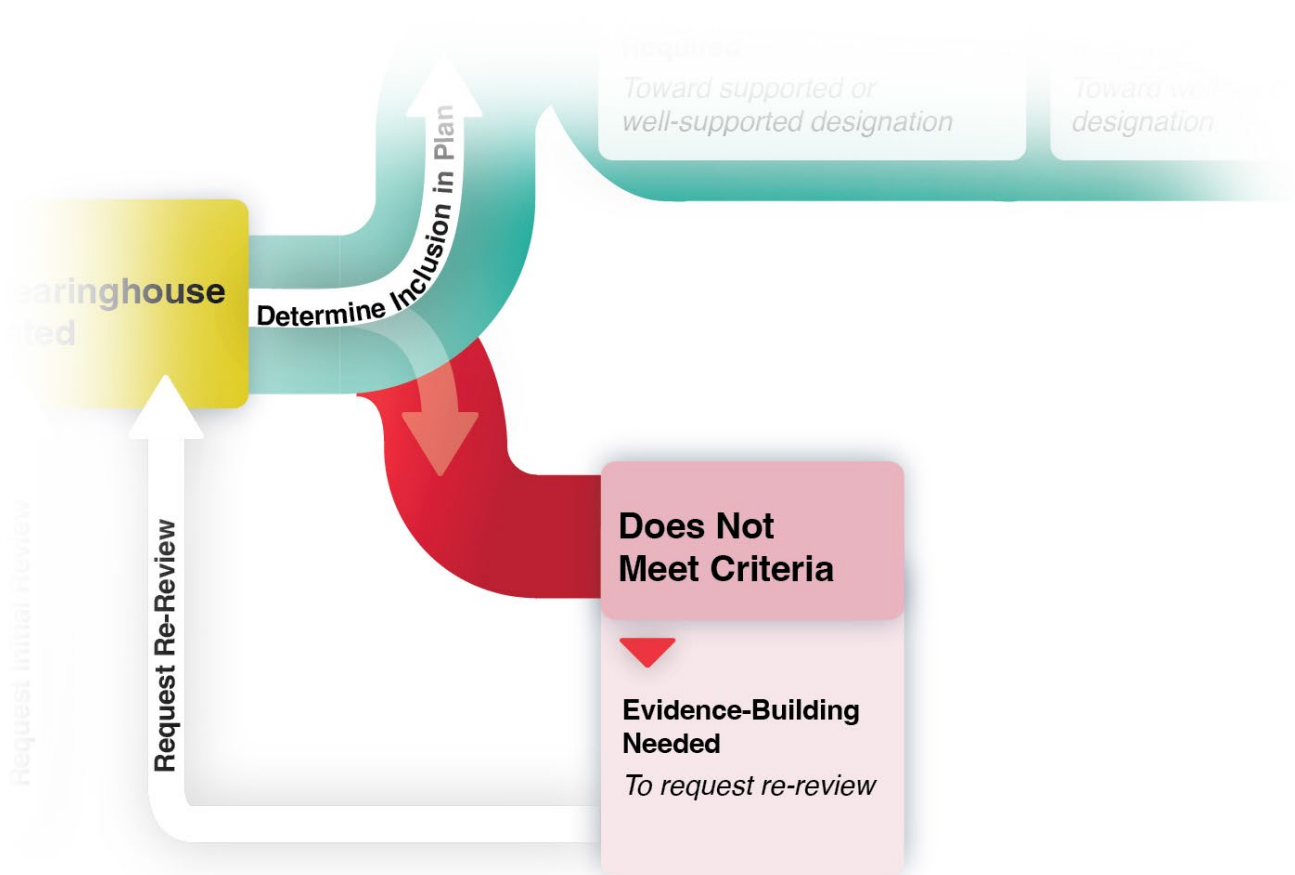


**Table 11. OMNI Key Deliverables**

Key Deliverables	Delivery Date
Final Feasibility Report	June 12, 2026



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



## 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 CQI is required.

Rigorous evaluation is currently underway for one program under consideration for inclusion in Colorado’s Plan that has a *does not meet criteria* designation:

- Fostering Healthy Futures for Teens (FHF-T)

Rigorous evaluation for **FHF-T** is coordinated and resourced by the Colorado Lab’s Family First Evidence-Building Hub.

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

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* based on design and execution standards related to eligible outcomes. As such, FHF-T was removed from Colorado’s Plan, but remains included in the evidence-building strategy (see [annual strategy report](#)). Dr. Taussig is conducting secondary analysis on a previous RCT of FHF-T with a 15-month post-intervention follow-up, with the goal of achieving a *supported* evidence designation. Analyses compare the intervention and control groups on child well-being (delinquent behavior) and permanency outcomes at the long-term follow-up.

**Table 12. FHF-T Evaluation Summary**

Evaluation Team	University of Denver, Dr. Heather Taussig
Funding Source	Colorado Lab Family First Evidence-Building Hub Contract (CDHS)
Steps to Building Evidence	Step 5

Evaluation Team	University of Denver, Dr. Heather Taussig
Evaluation Timeframe	RCT complete; July 1, 2024–March 31, 2026 (secondary analysis)
Evaluation Status (as of April 2025)	Secondary analysis year 1
Results Available	Preliminary findings available; final results expected in SFY26

## Summary of Evidence to Date

Preliminary findings on delinquent behavior and permanency outcome data from the RCT include:

- The RCT included 245 eighth and ninth graders with open child welfare cases across four counties (Denver, Adams, Arapahoe, and Jefferson). Of the 125 teens who were randomized to the intervention, 85.6% chose to enroll and 86.0% of those completed the 30-week program. The retention rate for the long-term follow-up interviews was 78.8% (193 of 245), and juvenile court record data were available for 100% of the participants.
- At long-term follow-up, FHF-T was found to decrease delinquent behavior and juvenile court charges, improve placement outcomes, and increase timely exits from the child welfare system:
  - Teens in the FHF-T program had a 59% reduction in the odds of having any past-year delinquent behaviors outcomes (i.e., non-violent delinquency, violent delinquency, suspensions/expulsions and/or police contact); 55.3% of intervention youth reported past-year delinquency versus 75.1% of control youth.
  - Among the first two cohorts not impacted by policy changes and COVID, participants in the FHF-T program had a 78% reduction in the odds of having a court charge for delinquent behaviors; 9.1% of intervention youth had a court charge versus 31.0% of control youth.
  - Intervention youth had over three times the odds of having a positive move (i.e., movement from more restrictive/disruptive to less restrictive/disruptive settings) between baseline and long-term follow up; 12.8% of intervention youth experienced a positive move as compared to 3.9% of control youth.
  - Participants in the FHF-T program had a 2.5 increase in the odds of having exited the child welfare system relative to control youth; 82.8% of intervention youth had exited child welfare as compared to 66.2% of control youth.
- These findings suggest FHF-T reduces juvenile justice and child welfare system involvement for vulnerable youth.

## Progress in SFY25

During SFY25, Dr. Taussig accomplished the following evaluation milestones:

- Conducted preliminary analysis on delinquency and permanency aligned with the analysis

plan registered on [ClinicalTrials.Gov](#) and [Open Science Framework](#).

## Planned Activities for SFY26 and Beyond

In the next state fiscal year, Dr. Taussig expects to:

- Complete planned secondary analysis of FHF-T RCT findings.
- Develop a manuscript reporting final findings and submit for journal publication.
- Once published, the Colorado Lab will submit a Clearinghouse request for re-review of evidence for FHF-T, with the goal of achieving a *supported* evidence designation.

**Table 13. Dr. Taussig Key Deliverables**

Key Deliverables	Delivery Date
<a href="#">FHF-T Evidence-Building Strategy</a>	February 22, 2024
<a href="#">Preliminary Findings Report</a> on the impact of FHF-T on delinquency and permanency outcomes.	April 18, 2025
Draft manuscript with final analyses on FHF-T effects on delinquency and permanency outcomes.	June 19, 2026





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



## 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.

One program has ongoing evaluation while awaiting an initial rating by the Clearinghouse:

- **Fostering Opportunities**

Rigorous evaluation for **Fostering Opportunities** is coordinated by the Colorado Lab’s Family First Evidence-Building Hub. The funding, however, is through a separate contract with CDHS.

### 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 examining child well-being outcomes with the goal of receiving an initial evidence designation (*promising*) from the Clearinghouse. The RCT was completed and November 2024, the Colorado submitted Fostering Opportunities to the Clearinghouse for an initial review on behalf of CDHS. Currently, the Colorado Lab is conducting a descriptive and qualitative study in July 2024. The goals of the current study are to learn how to successfully scale the program to new jurisdictions and determine if the program continues to drive expected outcomes.

**Table 14. Fostering Opportunities Evaluation Summary**

Evaluation Team	Colorado Lab, Dr. Elysia (Versen) Clemens
Funding Source	Laura and John Arnold Foundation (now Arnold Ventures); CDHS under House Bill 22-1374
Steps to Building Evidence	Steps 1, 2, 3, and 5

Evaluation Team	Colorado Lab, Dr. Elysia (Versen) Clemens
Evaluation Timeframe	RCT complete; July 1, 2024–June 30, 2027 (descriptive/qualitative study)
Evaluation Status (as of April 2025)	Descriptive/qualitative study year 1; awaiting review and designation by the Clearinghouse
Results Available	RCT results available; descriptive/qualitative results expected June 2027

## Summary of Evidence to Date

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

- Within 1 year of having access to Fostering Opportunities, students’ attendance and behavior at school improved (i.e., fewer suspension incidents).
- Within 2 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 1 year, there was a 51% increase in the number of high school students who were on track to graduate.
- There was no evidence of the program impacting child safety or permanency.

## Progress in SFY25

The Colorado Lab took steps to position Fostering Opportunities for a rating by the Clearinghouse with the goal of being able to claim for this state-funded service.

- The Hub engaged an external consultant to provide an independent review of the final report to identify opportunities to include additional methodological details to increase likelihood of a *promising* evidence designation by the Clearinghouse.
- The Colorado Lab study team drafted a manuscript to submit for journal publication and the Hub engaged an external consultant to provide an independent review for the final version.
- The Hub submitted a Clearinghouse request for initial review of evidence for Fostering Opportunities in November 2024.

During SFY25, the Colorado Lab also turned its focus to Steps 1, 2, and 3 of evidence-building to learn about how to successfully scale the program to new school districts.

- Conducted trainings on motivational interviewing, trauma-informed approaches to student engagement, and clinical supervision. These trainings align with the [program](#)

[implementation manual](#) that was updated in June of 2025. The goal was to improve adherence to the model (i.e., fidelity of implementation).

- Onboarded all three school districts implementing Fostering Opportunities to Colorado’s Statewide Fidelity Monitoring Dashboard, which displays information on adherence to the model by site.
- Conducted a qualitative study on implementation on the program to understand the feasibility of scaling Fostering Opportunities to additional school districts.

## Planned Activities for SFY26 and Beyond

In the next state fiscal year, the Colorado Lab expects to:

- Submit the final manuscript with results from the RCT for journal publication.
- Based on Clearinghouse response to request for initial review, the Hub will work with CDHS to determine next steps for adding Fostering Opportunities to Colorado’s Plan.
- Disseminate findings from SFY25 qualitative study on feasibility of scaling the program with fidelity to new school districts.

**Table 15. Key Colorado Lab Deliverables**

Key Deliverables	Delivery Date
<a href="#">Final RCT Report</a>	February 2024
Manuscript for journal submission	June 15, 2025
Descriptive/Qualitative Study Preliminary Report	June 15, 2025
Descriptive/Qualitative Study Preliminary Report	June 15, 2026
Descriptive/Qualitative Study Final Report	June 15, 2027

## rETHICS Toolkit

The Research Ethics Training for Health in Indigenous Communities (rETHICS) toolkit is used to support researchers and community members engaged in evidence building with indigenous communities. 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 efforts to advance programs and services through an evidence-building 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 currently active in the pipeline, including:

- Three *supported* programs approved in Colorado's Plan (and one not in Colorado's Plan), with rigorous evaluation underway to achieve a *well-supported* evidence designation.
- Two *promising* services, with rigorous evaluation underway to request inclusion in Colorado's Plan.
- One program that currently *does not meet criteria*, with rigorous evaluation underway to request a re-review of evidence by the Clearinghouse.
- One program *not yet rated*, with rigorous evaluation underway with the goal of receiving an initial rating by the Clearinghouse.

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

### **Evidence-Building Hub Approach:**

- The pipeline approach helps balance and align evidence-building investments across the continuum and demonstrates the value of multi-year strategic research agendas.
- The long-term commitment by the State of Colorado to funding this Hub allows for a responsive, coordinated, and strategic approach to building evidence for prevention services and using that information to strengthen and scale programs.

### **Evidence-Building Processes:**

- Programs and services benefit from a state program intermediary early in the evidence-building process. Without one, it is difficult to monitor and support implementation fidelity.
- Evaluation feasibility increases when participating providers and sites receive practical incentives, such as training, reflexive supervision, and coaching/consultation with subject matter experts. This is essential for both intervention and comparison group sites.
- 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.

**Evidence-Building Investments:**

- Evidence building for programs and services poised to advance Colorado's Family First strategy requires different levels of investment. Funding should be approached on a case-by-case basis, with evaluations involving primary data collection requiring more resources.
- Feasibility or pilot studies are important to determine full investment and strengthen rigorous evaluations at the onset, which can create cost efficiencies long-term.
- As the number of programs and services in the evidence-building pipeline and Colorado's Plan grows, the need for identifying evaluation funding from other agencies, the federal government, and the philanthropic community grows. Braiding evaluation dollars and engaging in cross-state evaluations are among the ways the Hub is expanding Family First evidence building without requesting an increase in contracted funding.
- Being good stewards of state investments means thoughtful leadership and approaching decision making as an iterative process. This includes knowing when to discontinue evidence-building or implementation activities that are not returning the necessary value.

## Appendix A: Completed Evaluations

This report contains a summary of evidence and status updates for programs and services active in the evidence-building pipeline. Key reports for programs and services that have rolled off of the evidence-building pipeline are linked below. Additional resources (e.g., evaluation plans) are available upon request. For some programs and services, there may be opportunities to add them back to evidence-building pipeline in the future. See [Appendix B](#) for the queue that the Family First Evidence-Building Hub (Hub) continues to monitor.

**Table A1. Completed Evaluation Reports**

Program or Service (Evidence Designation)	Key Context	Link to Key Report(s) (Date)
Telehealth-Enhanced Multisystemic Therapy ( <i>adaptation, not yet rated</i> )	Evaluation demonstrating feasibility of using a telehealth-enhanced delivery method completed in State Fiscal Year (SFY) 2024 (Kempe Center). Kempe Center in seeking funding for full rigorous evaluation toward an initial rating of this adaptation.	<a href="#">Final Study Report</a> (April 2024); <a href="#">Report on Evidence Building for Adaptations</a> (May 2024)
Trauma-Focused Cognitive Behavioral Therapy ( <i>promising</i> )	Rigorous evaluation in a school-based setting paused in SFY24 (Center for Policy Research). The Hub explored approaches to using secondary data and included TF-CBT in January 2024 Call for LOIs with no evidence-building opportunities identified.	<a href="#">Report on Lessons Learned</a> (June 2024)
Colorado Community Response ( <i>not yet rated</i> )	Rigorous evaluation completed in SFY24 (Colorado Lab) with no favorable impacts demonstrated. The Colorado Department of Early Childhood has redirected resources to other programs and services.	<a href="#">Final Study Report</a> (June 2023)



## Appendix B: Queue of Potential Programs and Services

The Family First Evidence-Building Hub (Hub) monitors a queue of programs and services for potential future inclusion in Colorado’s Plan and the evidence-building pipeline. These programs and services have demonstrated value through applying the [conceptual framework](#), were previously identified in Colorado’s [long-term strategy](#), or were elevated by partners (e.g., via the application and screening process). In March 2025, the Hub reached out to our network of partners with a request to identify adjacent evidence-building efforts in Colorado that may have relevance for Family First. These programs and services in this queue have varying levels of readiness for evidence building and will continue to be monitored as opportunities to add to the pipeline arise. Table B1 is organized by Clearinghouse rating, with recommended next steps.

**Table B1. Programs and Services in the Queue**

Program or Service (Evidence Designation)	Program or Service Area	Key Context	Next Step
Brief Strategic Family Therapy ( <i>well-supported</i> )	Mental Health; Substance Abuse; In-Home Parent Skill-Based	Included in long-term strategy; no identified state intermediary and no known evidence-building efforts in CO.*	Apply conceptual framework to explore value for Colorado’s Plan and readiness for implementation and CQI.*
Familias Unidas ( <i>well-supported</i> )	Mental Health; Substance Abuse; In-Home Parent Skill-Based	Identified by partners as a way to build community-tailored services in the Family First array. No identified state intermediary and no known evidence-building efforts in CO.	Apply conceptual framework to explore value for Colorado’s Plan and readiness for implementation and CQI.
Homebuilders - Intensive Family Preservation and Reunification Services ( <i>well-supported</i> )	In-Home Parent Skill-Based	Identified by partners as a way to expand reach to older ages of In-Home Parenting services. Considered for initial service array during long-term strategy development; no identified state intermediary and no known evidence-building efforts in CO.	Apply conceptual framework to explore value for Colorado’s Plan and readiness for CQI.

Program or Service (Evidence Designation)	Program or Service Area	Key Context	Next Step
Motivational Interviewing ( <i>well-supported</i> )	Substance Abuse	Identified in long-term strategy. Renewed interest due to widespread reach in CO. No identified state intermediary and no known evidence-building efforts in CO.	Apply conceptual framework to explore value for Colorado's Plan and readiness for CQI.
Guiding Good Choices ( <i>well-supported</i> )	Substance Abuse	Submitted by partners via Hub's outreach to identify adjacent evidence-building efforts in CO; 2 RCTs* with positive effects led by University of Washington School of Social Work. Rated as promising by <a href="#">Blueprints</a> .	Coordinate with University of Washington to identify any opportunities for alignment with Hub efforts; apply conceptual framework to explore value for Colorado's Plan and readiness for CQI.
Eye Movement Desensitization and Reprocessing ( <i>supported</i> )	Mental Health	Included in the Hub's January 2024 <a href="#">Call for Letters of Interest</a> (LOIs) to identify the next program or service prioritized for rigorous evaluation; no unique evidence-building opportunities were identified.	Apply conceptual framework and continue to monitor for future evidence-building opportunities.
Child-Centered Play Therapy ( <i>promising</i> )	Mental Health	Included in the Hub's January 2024 Call for LOIs*; no unique evidence-building opportunities were identified. The Hub is consulting on implementation efforts by a faculty member at Regis University to build data collection capacity for future evidence-building efforts.	Continue to support implementation and capacity building efforts and apply conceptual framework to explore value for Colorado's Plan and readiness for evidence-building.

Program or Service (Evidence Designation)	Program or Service Area	Key Context	Next Step
Intensive Care Coordination Using High Fidelity Wraparound/ High Fidelity Wraparound ( <i>promising</i> )	Mental Health	Included in long-term strategy; widespread in CO. No identified state intermediary and no known evidence-building efforts in CO.	Apply conceptual framework to explore value for Colorado's Plan and readiness for evidence building; monitor for evidence-building opportunities.
Trauma-Focused Cognitive Behavioral Therapy ( <i>promising</i> )	Mental Health	The Hub coordinated rigorous evaluation (Center for Policy Research) in school-based settings starting in June 2022, which was paused in early 2024 due to external constraints (see <a href="#">Appendix A</a> ). Included in the Hub's January 2024 Call for LOIs; no unique evidence-building opportunities using secondary administrative data were identified.	Apply conceptual framework to explore value for Colorado's Plan and readiness for evidence building; monitor for evidence-building opportunities.
Effective Black Parenting Program ( <i>promising</i> )	Mental Health	Identified by partners as way to build community-tailored services in the Family First array. No identified state intermediary and no known evidence-building efforts in CO.	Apply conceptual framework to explore value for Colorado's Plan and readiness for evidence building; monitor for evidence-building opportunities.
Family Spirit® ( <i>promising</i> )	In-Home Parent Skill-Based	Included in long-term strategy as a way to expand community-tailored services; no identified state intermediary and no known evidence-building efforts in CO.	Apply conceptual framework to explore value for Colorado's Plan and readiness for evidence building; monitor for evidence-building opportunities.

Program or Service (Evidence Designation)	Program or Service Area	Key Context	Next Step
Incredible Years® – School Age Basic Program, Toddler Basic Program, Preschool Basic Program, Parents and Babies Program ( <i>promising; does not meet criteria</i> )	Mental Health	Identified by partners as a current service in Colorado (via CDEC* and CDE*) that could be leveraged for Family First. Considered for initial service array during long-term strategy development; no known evidence-building efforts in CO.	Apply conceptual framework to explore value for Colorado’s Plan and readiness for evidence building; monitor for evidence-building opportunities.
Nurturing Parenting Program for Parents & Their School Age Children 5 to 11 Years ( <i>does not meet criteria</i> )	In-Home Parent Skill-Based	Identified in CDEC Child Maltreatment Prevention Plans as having high potential; no identified state intermediary and no known evidence-building efforts in CO. Currently implemented in CO through CDEC’s <i>Promoting Safe and Stable Families</i> program.	Apply conceptual framework to explore value for Colorado’s Plan and readiness for evidence building; monitor for evidence-building opportunities.
Telehealth-Enhanced Multisystemic Therapy ( <i>adaptation, not yet rated</i> )	Mental Health; Substance Abuse	Adaptation of a <i>well-supported</i> service currently in Colorado’s Plan. Feasibility study completed under the Hub in SFY24 (see <a href="#">Appendix A</a> ).	Support Kempe Center with applying for funding opportunities outside of the Hub to support full QED*.
Telehealth-Enhanced Functional Family Therapy ( <i>adaptation, not yet rated</i> )	Mental Health	Included in the Hub’s January 2024 Call for LOIs; no unique evidence-building opportunities were identified.	Apply conceptual framework to explore value for Colorado’s Plan and readiness for evidence building; continue to monitor for future evidence-building opportunities.

Program or Service (Evidence Designation)	Program or Service Area	Key Context	Next Step
Boys Town In-Home Family Services ( <i>not yet rated</i> )	In-Home Parent Skill-Based	Submitted by partners via Hub's outreach to identify adjacent evidence-building efforts in Colorado. Implementation in Denver; rated as promising by the <a href="#">California Evidence-Based Clearinghouse</a> . The Hub submitted a request for initial review of evidence to the Title IV-E Clearinghouse in November 2024.	Wait for Clearinghouse response and prepare for evidence building and/or CQI dependent on evidence designation.
Family Connects ( <i>not yet rated</i> )	In-Home Parent Skill-Based	Several RCTs demonstrating proven practice. Ongoing evidence building on CO implementation by Colorado Lab and OMNI (federally funded); established state intermediary (Illuminate Colorado).	Collaborate with CDEC to apply conceptual framework to explore value for Colorado's Plan; if value, consider requesting Clearinghouse review of evidence.
Circle of Parents® ( <i>not yet rated</i> )	Mental Health; Substance Abuse	Identified in CDEC Child Maltreatment Prevention Plans as having high potential; strong presence in CO with identified state intermediary (Illuminate). Previous QED showed null results, which may be due to methodological design; ongoing evidence building is warranted.	Apply conceptual framework to explore value for Colorado's Plan and readiness for evidence building; continue to monitor for future evidence-building opportunities.

Program or Service (Evidence Designation)	Program or Service Area	Key Context	Next Step
Functional Family Therapy-Gangs ( <i>not yet rated</i> )	Mental Health	Submitted by partners via Hub's outreach to identify adjacent evidence-building efforts in CO. Implementation in Denver; <a href="#">RCT</a> led by University of Colorado through December 2025 (dissemination anticipated in September 2027).	Coordinate with University of Colorado to identify any opportunities for alignment with Hub efforts or support for potential Clearinghouse submission; apply conceptual framework to explore value for Colorado's Plan.
Mesa County Family Empowerment Team ( <i>not yet rated</i> )	In-Home Parent Skill-Based	Originally identified through the CWPTG* New Services Screening Form. CISU* provided early support to ready for rigorous evaluation. Re-elevated by partners via Hub's outreach to identify adjacent evidence-building efforts in CO. Recently manualized with performance monitoring in place through CISU, but no known evidence-building efforts in CO.	Apply conceptual framework to explore value for Colorado's Plan and readiness for evidence building; monitor for evidence-building opportunities.

\*Abbreviations: CO: Colorado; CQI: continuous quality improvement; RCT: randomized controlled trial; LOI: letter of intent; CDEC: Colorado Department of Early Childhood; CDE: Colorado Department of Education; QED: quasi-experimental design; CWPTG: Child Welfare Prevention Task Group; CISU: Colorado Implementation Science Unit

## Appendix C: 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 reports are linked below.

**Table C1. Previous Reports**

Report	Summary	Date
<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 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



Report	Summary	Date
<a href="#">Family First Rigorous Evaluation Annual Report SFY24</a>	Evidence to date and progress updates for programs/services at various points in the evidence-building pipeline.	May 1, 2024
<a href="#">Family First Annual Evidence-Building Strategy Report SFY25</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, 2024