



Colorado Evaluation & Action Lab
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Prevention Investment Strategy: Policy and Practice Recommendations for the Colorado Child Abuse Prevention Trust Fund

Policy Brief

REPORT HIGHLIGHTS:

- The **Colorado Child Abuse Prevention Trust Fund** provides leadership and advising to prevent child maltreatment and align investments.
- A **Data-Informed Prevention Investment Strategy** was developed that outlines nine policy and practice recommendations essential to strengthening families and communities in Colorado.
- Recommendations move beyond **direct service** to also inform **data, policy, and funding** priorities that cross systems.
- Consideration is given to **priority populations and geographic areas** to promote equitable outcomes in the prevention ecosystem.
- **Opportunities to activate** this multi-year strategy are identified for each recommendation.

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Report Number: 23-06C. Date: June 30, 2024

Executive Summary

The **Colorado Child Abuse Prevention (COCAP) Trust Fund** (Trust Fund) provides leadership, collaborative support, and advising and makes recommendations to the Governor, state agencies, and other stakeholders on child maltreatment prevention planning, implementation, alignment, and investments across Colorado. The Trust Fund has a statutorily defined focus on [primary and secondary prevention](#) and is governed by a 19-member Board made up of cross-system county and state representatives alongside family leadership. The Board is a [Type II Board](#) within the Colorado Department of Early Childhood (CDEC). The scope and structure of the Trust Fund and the Board are outlined in [C.R.S 26.5-3-201](#).

The CDEC partnered with the Colorado Evaluation and Action Lab (Colorado Lab) to develop a **Data-Informed Prevention Investment Strategy** (Investment Strategy). The Investment Strategy will advance evidence-based decision making and smart state investments in child maltreatment prevention, as the Trust Fund fulfills statutorily defined duties and accelerates alignment of prevention investments across Colorado.

The Investment Strategy outlines a set of policy and practice recommendations focused on:

- Strategies for spending resources that flow to the Trust Fund;
- Opportunities to build Trust Fund resources, as part of sustaining investments; and
- Priorities for cross-system prevention investment overtime.

Target outcomes and associated recommendations are anchored in the [Child Maltreatment Framework for Action](#), as follows:

- Increases in child well-being and achievement;
- Increases in caregiver well-being and achievement;
- Increases in consistent high-quality caregiving;
- Increases in safe, supportive neighborhoods and communities; and
- Decreases in the incidence of child maltreatment and child maltreatment fatalities.

A **mixed methods approach** was taken to ensure recommendations are family-centered and data-informed. This included subject matter expert interviews with COCAP Board members, a landscape analysis on [risk and protective factors](#), and a review of top prevention recommendations and evidence-based strategies. An iterative design process was used to help the COCAP Board reach mutual agreement.

In total, **nine policy and practice recommendations** (Table 1) emerged across three drivers of change. Four are focused on guiding direct investments for resources that flow to the Trust Fund and CDEC; three are focused on building Trust Fund resources long-term; and two are focused on aligning and accelerating progress in the prevention ecosystem across Colorado. Collectively, recommendations will help move the needle on the target outcomes identified for this Investment Strategy.

Table 1. Recommendations Synthesis

Inform Direct Investments	Raise Capital	Align and Accelerate
Invest in Family Resource Centers.	Position the Trust Fund to be a depositing ground of unspent prevention funds.	Endorse and advise on recommendations by aligned prevention partners.
Invest in evidence-based programs (EBPs) and their state intermediaries.	Increase endowments and other gifts to the Trust Fund.	
Invest in strategies to match families to appropriate services and decrease barriers to access.	Promote strategies to maximize federal drawdown in Family First and expand allowable claiming.	Support policies and practices that expand economic and concrete supports for families.
Invest in implementing strategies identified in local Child Maltreatment Prevention Plans.		

For each recommendation, we identify:

- Focus areas that data and family voice indicate are the most pressing needs and opportunities;
- The priority populations or geographic areas that, if targeted for investment, would help address root causes and advance more equitable outcomes;
- Guidance for implementing the recommendation, including COCAP Board actions, key considerations, and suggested partnerships; and
- The data rationale behind the recommendation.

The Investment Strategy is intended to be **multi-year** and **activated** through the ongoing advisory work of the COCAP Board, actions by CDEC staff, and collaboration by cross-system partners and contractors. Activation strategies are identified for each recommendation.

COCAP Board roles and responsibilities are also identified to maximize feasibility of implementation. The brief ends with a high-level approach to ongoing evidence building to understand progress made, uplift successes, and share learnings.

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Acknowledgements

This research was supported by the Colorado Department of Early Childhood (CDEC). The opinions expressed are those of the authors and do not represent the views of the State of Colorado; the CDEC; the Colorado Child Abuse Prevention (COCAP) Trust Fund, its Board members or their agencies; or the University of Denver. Policy and budget recommendations do not represent the budget or legislative agendas of state agencies, the Governor's Office, or other partners. Any requests for funding or statutory changes will be developed in collaboration with the Governor's Office and communicated to the legislature through the regular budget and legislative processes.

Thank you to our partners who provided subject matter expertise and guidance on this project: [COCAP Board members](#); Yumiko Dougherty, Ignite the Change Advisors, LLC; Antonia Airozo, Collective Progress; and Aaron Miller and Kendra Dunn, CDEC.

Data Sources

A mixed methods approach was used to develop the prevention investment strategy, including: [subject matter expert interviews](#) with COCAP Board member and a [landscape analysis](#) of existing prevention-related data and recommendations.

Suggested Citation

Everson, C. L., Versen, E., & Beletic, J. (June 2023). *Prevention Investment Strategy: Policy and Practice Recommendations for the Colorado Child Abuse Prevention Trust Fund (Policy Brief)*. (Report No. 23-06C). Denver, CO: Colorado Evaluation and Action Lab at the University of Denver.

Note on Gender-Inclusive Language

The Colorado Lab affirms our commitment to the use of gender-inclusive language. We are committed to honoring the unique gender identity of each project participant and validate that pregnancy, birth, and family formation are experienced by individuals across the gender continuum. Throughout this report, we follow the guidance of the Associated Press Stylebook and the Chicago Manual of Style and use the gender-neutral, singular “they” when appropriate and use gender-inclusive terms whenever possible.

Background

Scope of the Colorado Child Abuse Prevention Trust Fund

Making the case for a statewide prevention investment strategy

The Colorado Child Abuse Prevention Trust Fund (Trust Fund) provides leadership, collaborative support, and advising and makes recommendations to the Governor, state agencies, and other stakeholders on child maltreatment prevention planning, implementation, alignment, and investments across Colorado. The Trust Fund has a statutorily defined focus on [primary and secondary prevention](#). Primary prevention are practices targeted at the community at large, to provide support before an issue occurs. Secondary prevention are practices targeted at families identified as in need or at-risk, to alleviate identified issues and prevent further escalation. Tertiary prevention are practices targeted at families where a family is already involved in child welfare or where maltreatment is alleged (Figure 1).

“Alignment of prevention investments and recommendations is critical to the success of family strengthening in Colorado. The COCAP Trust Fund is well-positioned to lead this work.”

The Trust Fund is governed by the [Colorado Child Abuse Prevention Board](#) (COCAP Board), which is a 19-member board made up of cross-system representatives at county and state levels alongside family leadership. The COCAP Board is a [Type II Advisory Board](#) within the Colorado Department of Early Childhood (CDEC). The scope and structure of the Trust Fund and the COCAP Board is outlined in [C.R.S 26.5-3-201](#).

Why A Prevention Investment Strategy?

The Colorado Department of Early Childhood (CDEC) partnered with the Colorado Evaluation and Action Lab (Colorado Lab) to develop a **Data-Informed Prevention Investment Strategy** (Investment Strategy). The strategy will advance evidence-based decision making and smart state investments in child maltreatment prevention, as the Trust Fund fulfills statutorily defined duties and accelerates alignment across Colorado.

Colorado policymakers, state agencies, and local communities have made significant investments in strengthening families and preventing child maltreatment. Alignment and collaboration are essential to accelerate progress while reducing duplication of efforts. As the named child maltreatment prevention board in statute, the COCAP Board is uniquely positioned to help Colorado move forward cohesively. The Investment Strategy outlines a set of policy and practice recommendations focused on:

- Strategies for spending resources that flow to the Trust Fund;
- Opportunities to build Trust Fund resources, as part of sustaining investments; and
- Priorities for cross-system prevention investment overtime.

The Investment Strategy is developed to guide the Trust Fund in prevention investments. The Investment Strategy will advance evidence-based decision making and smart state investments in child maltreatment prevention. The Investment Strategy acts as a capacity building tool for the Trust Fund, to meet their vision of *Strong Families. Thriving Communities*.

Relationship between The Trust Fund and the COCAP Board

The COCAP Board is the advising body for the Trust Fund and a primary actor. Other actors (state agencies, community providers, consultants, etc.) are also responsible for activating the Trust Fund's Prevention Investment Strategy. Suggested partners are identified throughout this report.

Target Audience

This policy report is primarily targeted at the COCAP Board and other partners involved in implementation. As such, we use language intended to reach professionals across systems and communities. To promote shared understanding, we include links to relevant resources partners to learn more. A [2-page synthesis](#) of policy and practice recommendations accompanies this report, aimed at policy decision-makers. An [executive summary](#) also accompanies, aimed as cross-system partners who typically desire more depth. Both external communication tools will help guide alignment in the prevention ecosystem.

Organizing Framework

The Child Maltreatment Prevention Framework for Action serves as the organizing framework for development of the Prevention Investment Strategy.

“What” and “How” considerations were used to create a manageable scope that maximizes, rather than dilutes, cross-system investments.

A Funding Map helps the COCAP Board achieve clarity on available resources and their role in each recommendation.

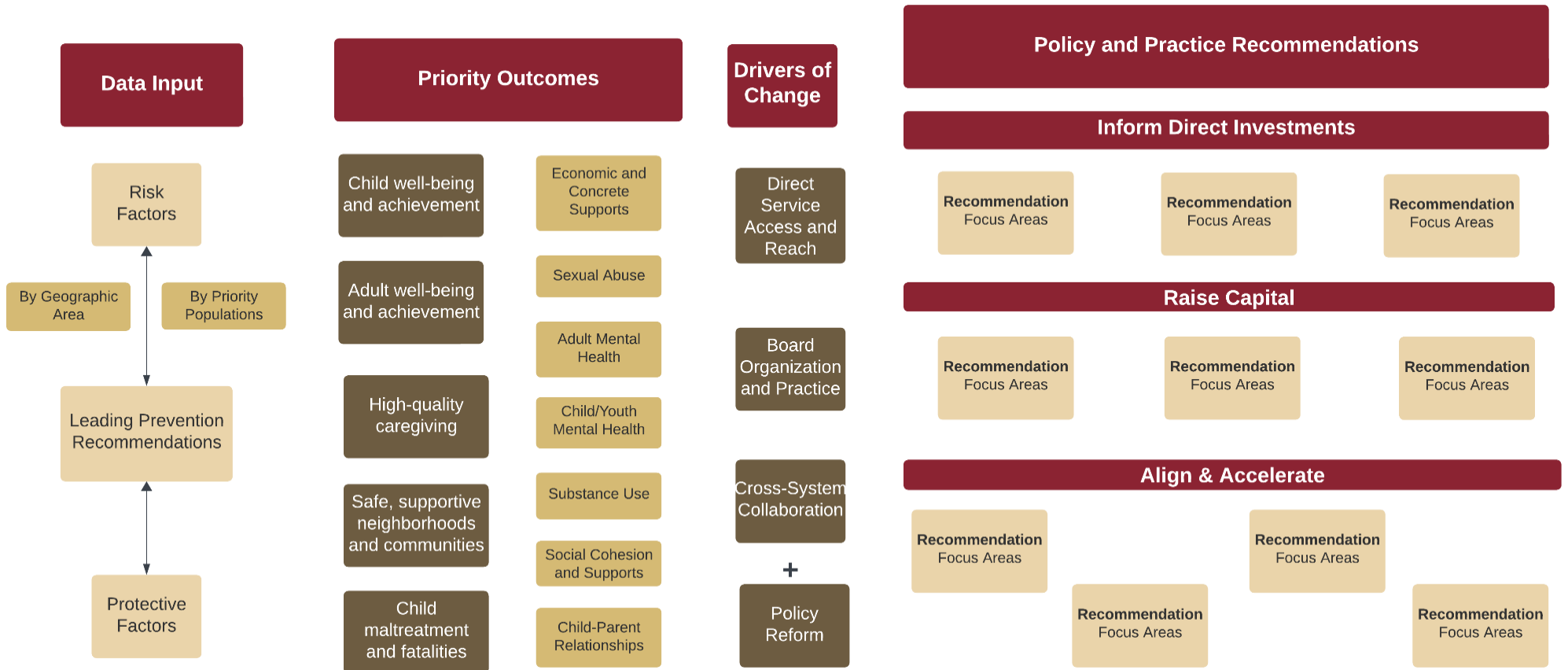
Adapting the Child Maltreatment Prevention Framework for Action

For the Investment Strategy to be successful, it is essential that data on risk and protective factors be translated to action. Without this, the Investment Strategy risks being untethered and too broad to drive change. To promote feasibility and actionability, we adapted the longstanding [Child Maltreatment Prevention Framework for Action](#) (Prevention Framework). Efforts began in 2014 and in April 2017, the Prevention Framework was unveiled. The Prevention Framework serves as a statewide roadmap to guide investments in child abuse prevention and work collectively to strengthen families. To date, about 28 communities have engaged local planning using the Prevention Framework, with several also iterating on their original plans to stay responsive. The Prevention Framework is named [in Colorado's Five-Year Family First Prevention Services Plan](#) (Colorado's Plan) as a key prevention planning tool for the state. In 2024, the Prevention Framework is undergoing a refresh in light of the changing prevention ecosystem.

The Prevention Framework outlines a set of foundational principles, channels for change, and overarching outcomes that, together, create a container for aligned prevention investments in the state. The focus is on protective factors to drive primary and secondary prevention. The overarching outcomes are also the target outcomes named in [legislation](#) for the Trust Fund. A [robust toolbox](#) exists for communities to engage in planning and assess progress, including a [community planning toolkit](#) and a [measurement guide](#).

For this project, the outcomes and channels of change were leveraged to create an organizing framework for Investment Strategy development (Figure 1). This organizing framework acts as theory of change **to illustrate how change is expected to happen through implementation of the Investment Strategy.**

Figure 1. Organizing Framework for the Prevention Investment Strategy



Bounding the Strategy

The COCAP Board is an advisory board that can make recommendations for resources that flow to the Trust Fund, as well as make recommendations for resources dedicated to prevention across state systems. While focused on primary and secondary prevention, the Trust Fund also has a hand in tertiary prevention through the [Family First subaccount](#). These conditions provide both opportunity and challenge. The COCAP Board is rising to this challenge by engaging the Colorado Lab to support them in creating an Investment Strategy.

The Colorado Lab elicited COCAP Board member priorities for the “what” (i.e., exploratory focus areas) and the “how” (i.e., approaches) of the Investment Strategy. Findings are detailed in a [previous report](#), as well as summarized below. The Investment Strategy should:

- Focus on building up **regional access to** prevention programs and practices;
- Include strategies beyond direct services to promote **data, policy, and funding alignment**;
- Identify priority populations and geographic areas to **advance equity**;
- Lean away from “doing” the big issues (e.g., housing) and instead, **align with existing efforts**;
- Prioritize **streamlined, concentrated investments** rather than overly diluting resources;
- **Grow resources** that flow to the Trust Fund as part of sustainability planning;
- Ground development of recommendations in **data** (both numbers and family voice stories); and
- Promote **evidence-building** as part of implementation and measuring progress.

Benefits of a Targeted Investment Approach

The “what” and “how” bounds help to:

- Manage tensions between “too many” strategies and diluting resources;
- Achieve feasibility and efficacy in recommendations made;
- Accelerate investments in other spaces while reducing duplication;
- Remain responsive to emergent needs of Colorado communities;
- Avoid losing critical infrastructure built by Trust Fund investments; and
- Center data-for-learning to inform ongoing prevention priorities in the state.

Funding Map

To help clarify the potential reach of the Investment Strategy, we developed a Funding Map of concentric circles (Figure 2). The map visually displays three levels of resources that, together, inform unique direct investments paired with cross-system alignment in prevention resourcing.

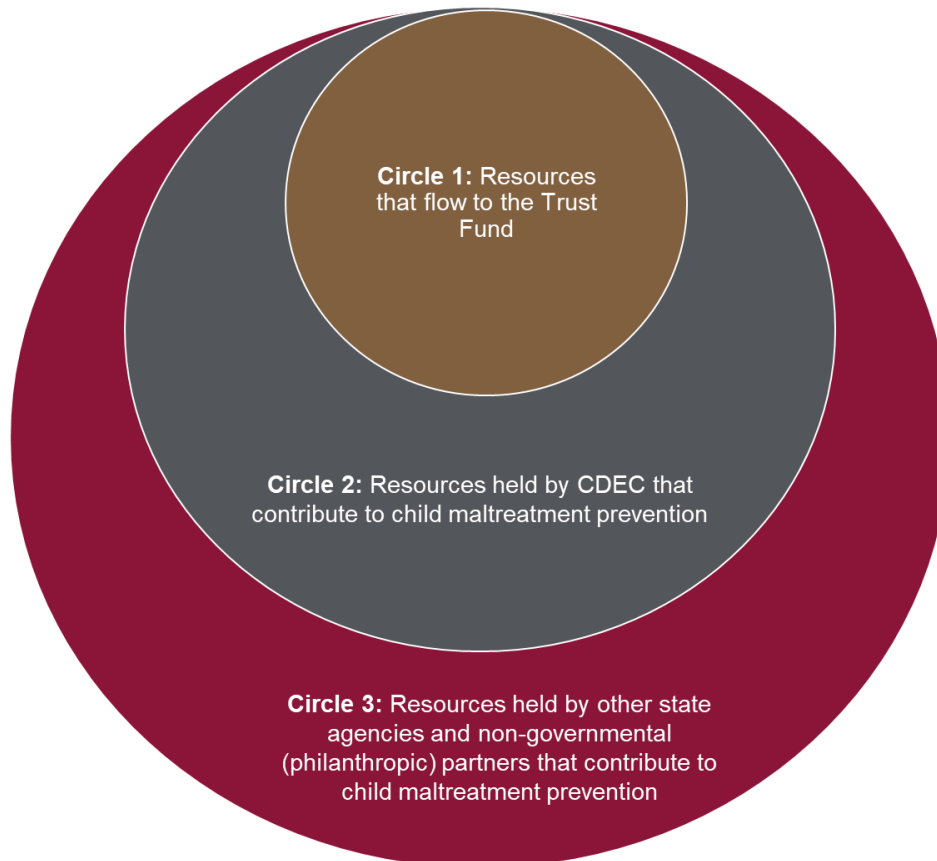
Circle 1: Resources that flow to the Trust Fund.

Circle 2: Resources held by CDEC that contribute to child maltreatment prevention.

Circle 3: Resources held by other state agencies and non-governmental (philanthropic) partners that contribute to child maltreatment prevention.

Each of these circles allow the Trust Fund to leverage funding sources across the [prevention continuum](#), while focusing on investment at the primary and secondary levels. This approach also positions the COCAP Board to leverage the work of cross-system prevention partners, including the [Colorado Partnership for Thriving Families \(Colorado Partnership\)](#) and the [Child Welfare Prevention Task Group](#).

Figure 2. Funding Map: Concentric Circles of Resources for Prevention



Trust Fund Accounts

The Trust Fund has several sources of funding that make up resources available in Circle 1. These include:

1. **Long Bill General Fund:** This is a restricted use fund for child sexual abuse prevention training (annual allocation: \$150,000 variable).
2. **Long Bill Cash Fund (Divorce Docket Fees):** This fund has flexibility and can be used to support COCAP Board operations (e.g., hire a contractor) and to help sustain investments made (annual allocation: \$271,000 variable).
3. **Reserve Fund:** This fund was established with the Trust Fund's founding in Colorado in 1989 (one time fund: about \$2.5 million). **This fund is a primary focus of this Investment Strategy.**
4. **Family First Subaccount:** This subaccount was established by the Colorado Children's Trust Fund Act ([HB21-1248](#)) and is made up of federal reimbursement dollars received on claims for Family First approved services (annual deposit: \$340,000 variable and expected to increase). **This fund is a primary focus of this Investment Strategy.**



Understanding the Reserve Fund

Over the past 35 years, the Reserve Fund has grown to \$2.5 million. The time is right to accelerate progress in the prevention landscape by using these funds for targeted investments. There are several cross-system initiatives that investments can dovetail with to promote protective factors for Colorado families, while ensuring reserve fund dollars spent are enough to be effective. In addition, inflation means for every year the reserve fund dollars are held in waiting, how far they will go once spent diminishes. Combined, these factors make a compelling case for using the reserve fund to resource select recommendations made in this Investment Strategy.

Understanding the Family First Subaccount

[Colorado's Plan](#) promotes use of evidence-based practices (EBPs) in child welfare to help keep children safe and families together. Colorado can claim 50% federal reimbursement on evidence-based services approved in the plan for eligible families. Annually, the Colorado Department of Human Services (CDHS) submits claims as the Title IV-E agency. Reimbursement received is pooled and deposited into a subaccount of the Trust Fund, per HB21-1248. Initially, the intent is to reinvest funds into building capacity to implement Colorado's Plan and expand the Family First service array for child welfare involved families. This makes the Family First subaccount a tertiary prevention fund. In the future, it will be important to explore when, if, and to what extent funds in the Family First subaccount can be re-invested upstream toward primary and secondary prevention—in shared commitment to meeting the evolving needs of families.

Understanding the Relationship between Funds

The Trust Fund principal includes dollars pooled from the Long Bill General Fund, the Long Bill Cash Fund (divorce docket fees), and the reserve fund, as well as any interest earned on the total principal. Because these funds and the Family First subaccount work in tandem to support the statutory scope of the Trust Fund, it is vital that the recommendations made in the Investment Strategy complement one another and are moved forward cohesively. Relationships between funds, recommendations, and target outcomes are identified in the [Recommendations](#) section.

Methods

Subject Matter Expert Interviews

The Colorado Lab conducted subject matter expert (SME) interviews with COCAP Board members. The interviews aimed to identify gaps and opportunities in the prevention landscape that the Trust Fund was uniquely positioned to invest in or influence, as well as COCAP Board priority considerations for developing the full Investment Strategy. Interviews built on previous work completed by the COCAP Board with an outside consultant, [Collective Progress](#). In total, SME interviews with COCAP Board members represented a diverse array of system, community, and family perspectives, including:

Colorado Department of Early Childhood	Colorado Department of Public Health and Environment	Colorado Department of Human Services	Colorado Health Care Policy & Financing
Colorado Department of Education	Colorado Child Protection Ombudsman	Colorado Department of Local Affairs	Behavioral Health Administration
County Departments of Human Services	County Departments of Public Health	County Commissioners	Prevention subject matter experts
Health care providers	Lived expertise and family leadership	Community members	General Assembly members

Narratives were analyzed for major themes and actionable insights. This initial capacity-building work guided exploratory focus areas and approaches; findings are detailed in the [roadmap report](#) released in July 2023.

Data Analysis and Synthesis

The Colorado Lab analyzed and synthesized data from a variety of publicly available data sources. Publicly available data sources were used to:

- Reduce burden on families, providers, and systems in generating new data, when needs and hopes are already well-documented, but often fail to be used for action;
- Ensure recommendations made were not overly skewed toward data siloed in one particular system, as child maltreatment prevention requires cross-system collaboration; and
- Measure progress overtime and ensure investments are responsive to evolving needs.

Descriptive analysis focused on both risk and protective factors in child maltreatment prevention. A focus on protective factors is especially important given the Trust Fund’s statutory emphasis on primary and secondary prevention. The [Strengthening Families™ Protective Factors Framework](#) is a research-based approach to increase family strengths, enhance child development, and reduce child maltreatment by mitigating risks and increasing well-being. The five protective factors backed by evidence are:

1. Parental resilience,
2. Social connections,
3. Knowledge of parenting and child development,
4. Concrete supports in time of need, and
5. Social and emotional competence of children.

The analysis identified:

- Major needs of Colorado children, families, and communities;
- Data-informed strategies match to those needs; and
- Variations in geography and family demographics.

In addition, leading prevention recommendations and strategies from other entities (e.g., task forces, coalitions) in the state were sourced. This information was used to inform recommendations included in the Investment Strategy, as well as to identify opportunities for partnership and influence by COCAP Board members. [Appendix C](#) summarizes leading data sources used in the analysis and details data findings.

Board Guidance and Iteration

Draft recommendations developed by the Colorado Lab were brought to the COCAP Board at several time points for iterative refinement. Feedback was incorporated into the final set of recommendations detailed in this report. In April 2024, the COCAP Board unanimously voted to move the Investment Strategy forward for multi-year implementation and to guide CDEC in requesting spending authority where necessary.

Prevention Investment Strategy Recommendations

In total, **nine policy and practice recommendations** emerged across three drivers of change. Four focus on guiding direct investments for resources that flow to the Trust Fund and CDEC; three focus on building Trust Fund resources long-term; and two focus on aligning and accelerating progress in Colorado's prevention ecosystem. Collectively, recommendations will help move the needle on target outcomes.

Target outcomes are anchored in the [Child Maltreatment Framework for Action](#) and named in the [legislation](#) governing the Trust Fund. These are:

- Increases in child well-being and achievement;
- Increases in caregiver well-being and achievement;
- Increases in consistent high-quality caregiving;
- Increases in safe, supportive neighborhoods and communities; and
- Decreases in the incidence of child maltreatment and child maltreatment fatalities.

Major themes where the **data suggest the biggest gaps and opportunities** exist include:

- Mental health of children and youth;
- Substance use and mental health of parents/caregivers;
- Economic security and concrete supports;
- Perinatal (prenatal, postpartum) health for maternal-infant dyad;
- Community-based supports and access points;
- Culturally responsive services and workforce development; and
- Family functioning and parent/caregiver-child relationships.

For **geographic areas and priority populations** known to be particularly at risk for child maltreatment. These are named for each recommendation to advance equity and access.

Geographic and Priority Populations Associated with Each Recommendation

Named geographic and priority populations were informed by available data. Future priorities can be generated through data from local planning or periodic replication of the methods used in this report.

To see how target outcomes, data gaps and opportunities, priority populations, and recommendations come together, please review the [organizing framework](#).

For **each recommendation**, we identify:

- the data rationale behind the recommendation;
- focus areas that data and family voice indicate are the most pressing needs and opportunities;
- the priority populations or geographic areas that if targeted for investment, would help address root causes and advance more equitable outcomes;
- guidance for implementing the recommendation, including COCAP Board actions, key considerations, and suggested partnerships

Driver of Change: Direct Investments

The **Direct Investment** recommendations guide the Board in advising on the effective use of Trust Fund resources, as well as investments by public, private, and philanthropic partners in prevention.

Recommendation 1: Invest in Family Resource Centers

Focus Areas: awareness campaign; service and support access; peer support and community health workers; quality standards; grow the available network

Driver of Change: Invest in Direct Services

Priority Populations: Native American/Alaska Native and Hispanic/Latinx communities; postpartum families, especially postpartum families of color

Priority Geographic Areas: San Luis Valley, Southeast Region

Funding Stream: Principal, including reserve fund

Actions to Implement: CDEC secures spending authority for the reserve fund through the legislative process. CDEC issues a Request for Proposals (RFP) for partners to creatively address one or more of the identified focus areas. COCAP Board uses content from this report, partnerships, and subject matter expertise to inform RFP development and awards, and advises CDEC and other cross-system partners on investments that align with focus areas.

Key Data Points: Why this Recommendation?

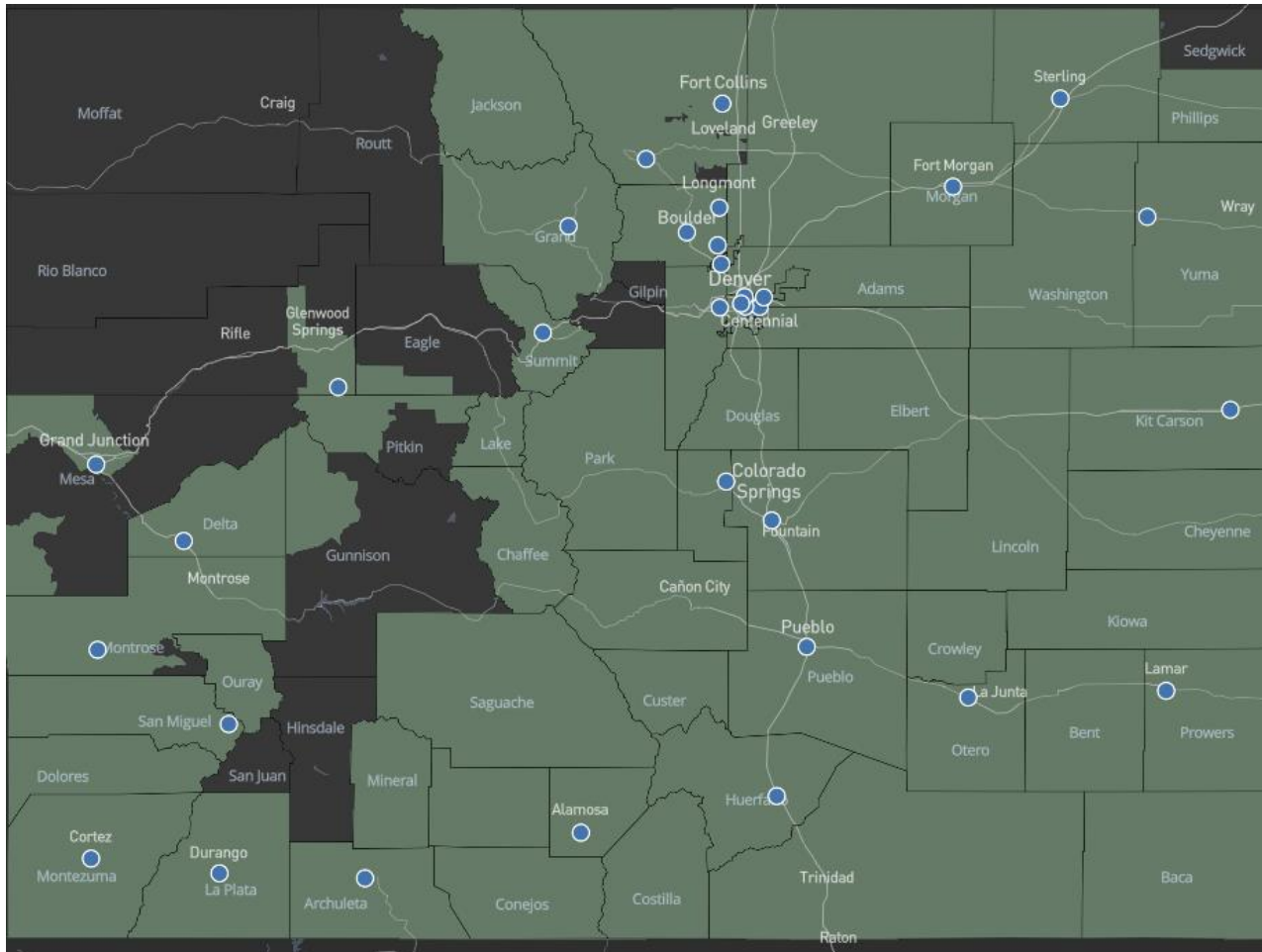
- Full time employment and affordable child care continue to be [top needs](#) for Colorado families.
- The [housing cost burden](#) in Colorado is higher than the national average. [20%](#) of Colorado owners and [49%](#) of Colorado renters are spending more than 30% of their income on housing, rates higher than the national average.
- [32%](#) of birthing individuals are at or below 185% of the federal poverty line.
- Family Resource Centers have substantial evidence behind their [effectiveness](#) in strengthening families by improving protective factors that guard against child maltreatment.
- For every \$1 invested in Family Resource Centers, there is a \$2.92 [cost savings](#) for the child welfare system.

Background: Colorado [statute](#) broadly defines Family Resource Centers (FRCs) as a single point of entry to coordinate community-based services for families and children. In practice, this means a broad range of entities can act as an FRC and deliver case management, family support, and parent education programs, including community-based organizations, human service and public health centers, and schools.

There is no cookie cutter definition of what types of services an FRC can or must provide, which allows FRCs to tailor programming to the unique needs of the communities they serve—whether cooking classes or financial literacy coaching or peer support groups.

FRCs can choose to be part of the [Family Resource Center Association \(FRCA\)](#) to receive support in implementation, evaluation, funding, and ongoing professional development. Currently, there are 34 network members in Colorado (Figure 3). Countless more entities are positioned to be FRCs and over the years, the CDEC has funded between 30 to 50 FRCs per year.

Figure 3. FRCA Member Coverage in Colorado (also see the [interactive map](#))



Recommendation 1 leverages the flexibility of FRCs to meet identified focus areas that data indicate will help drive outcomes in family economic security, substance use prevention, treatment and recovery, and caregiver mental health.

The research behind FRCs: Nationally, FRCs have been [evaluated](#) since the early 2000s and shown to drive both positive outcomes and cost savings. In Colorado, FRCs¹ have been [rigorously evaluated](#) since 2019 using the Colorado Family Support Assessment or CFSA 2.0. Consistently, findings show positive effects of Colorado FRCs on family economic security (e.g., housing, income, employment, transportation, food security, adult education), family health (e.g., physical health, mental health, child education), and the

¹ Rigorous evaluation is conducted by the OMNI Institute for FRCs that are members in the FRCA.

protective factors (e.g., family functioning). Results also show FRCs effectively reach racially, economically, and geographically diverse communities. By boosting protective factors and stabilizing families, FRCs are an evidence-informed strategy to combat child maltreatment.

Focus Areas

Below, we provide details on the focus areas for this recommendation and provide guidance for activating.

Awareness Campaign: Compared to other services, such as libraries and child care programs, parents/caregivers across the state are [less likely](#) to be aware of FRCs. To improve reach, invest in:

- Local social media campaigns to raise awareness of services and events offered by area FRCs.
- Collaborations with organizations that already reach large proportions of local families (e.g., schools, religious organizations, youth athletic organizations) to showcase FRC offerings.

Service and Support Access: FRCs facilitate access to services and supports through referrals, community events, and tangible assistance (e.g., food). To improve FRCs access and impact, invest in:

- Welcoming and accessible spaces ([built environment](#)) for services to be delivered.
- [Programming](#) aligned to local community needs, languages, and culture.
- Staff that can provide warm hand-offs to other providers and case management when needed.
- Flexible resource offerings to address barriers families may have to participate in services (e.g., gift cards to buy gas to participate in FRC events or classes).

Peer Supports and Community Health Workers: Stigma and confidentiality concerns affect uptake of behavioral health services, substance use treatment, and economic and concrete supports. Of adults that needed but did not get substance use services, [72.8%](#) were not comfortable talking about it and [72.4%](#) were concerned someone would find out they had a problem. To advance culturally responsive, trauma-informed approaches, invest in [peer supports](#) and [community health workers](#) who can:

- Use their lived expertise to promote social connections and social support.
- Reduce barriers to service participation and improve meaningful engagement for the family.
- Provide service navigation, liaisonship, and case management to the family.

Social Connection: Parenting can be stressful, and [6.4%](#) of parents/caregivers either usually or always feel aggravated by parenting. Having people to turn to for support is an essential protective factor; yet, there are cultural barriers to asking for help and reducing isolation, especially in rural communities. To improve social connections, invest in:

- [Activities](#) that bring families together to foster natural support systems (e.g., cooking classes).
- [Parent support groups](#) that are facilitated by individuals with shared lived expertise.
- [Norms campaigns](#) that improve support-seeking and support-offering behaviors.

Quality Standards: The FRCA is an intermediary organization that provides training, technical assistance, and evaluation expertise to support a network of member FRCs. However, sites do not need to be a member of the FRCA to be a recognized FRC according to [statute](#). Statute recognizes FRCs as any organization providing coordinated and tailored services to members of the community to build protective factors. While this

flexibility is a strength, it is important that [quality standards](#) are in place to ensure all FRCs—regardless of FRCA membership—are following practices that the evidence shows works for families (i.e., [fidelity of implementation](#)). To improve effectiveness of FRCs while maintaining flexibility, invest in:

- Developing quality standards for Colorado FRCs. Standards could be modeled after the [Standards of Quality for Family Strengthening and Support](#) issued by the National Family Support Network.
- Establishing a process to designate a site as a “Family Resource Center of Quality.”
- Technical assistance to help FRCs achieve the quality standards and associated designation.

Grow the Available Network: Colorado has intentionally avoided a regional structure for lifting FRCs because service availability, resource access, population density, community demographics, and family needs vary greatly by geography. Rather than restricting one (or a select number) FRC to each region, communities can make the case for why they need a FRC, where, and how many. While there is no hard benchmark Colorado is trying to reach, experts indicate that FRCs are not at scale in Colorado. To grow the available network of FRCs, invest in building capacity for communities to establish new FRCs. This may include funding for:

- Existing family support entity (e.g., school, community-based organization) who wants to begin offering programming that would meet the statutory definition of an FRC.
- Existing family support entity who already offers programming that meets the statutory definition of an FRC (e.g., human service department), and would like to clarify and communicate their role as such in the community.
- Existing FRC that is not yet a member of the FRCA and would like to become one or otherwise use their services.

By being a recognized FRC, additional funding opportunities become available for sites, families can have improved access to a one-stop-shop to connect them to needed services, and sites can obtain ongoing professional development for implementing practices that the research indicates drives FRC effectiveness.

Priority Populations

For this recommendation, advancing equity looks like targeted investments that reach:

- Native American/Alaska Native and Hispanic/Latinx communities: [These communities experience](#) lower economic self-sufficiency and concrete supports compared to their white counterparts.
- Postpartum families, especially postpartum families of color: [One quarter](#) of postpartum people experience resource insecurity.
- [Parents/caregivers of color](#), especially [postpartum people of color](#): 57% of Black postpartum people, 58% of Native American/Alaska Native postpartum people, and 66% of Hispanic postpartum people were likely to get all resources when needed, as compared to 82% of White postpartum people.

Priority Geographic Areas

For this recommendation, advancing equity looks targeted investments in the areas of the San Luis Valley and the Southeast Region:

- 5 of the 8 counties [within the highest bracket of unemployment](#) (from 6.2% to 32.1% of the population 16 years and older) are located in these two geographic regions.

- The five counties with the [highest child poverty rates](#) are Costilla (36%), Saguache (35%), Huerfano (32%), Crowley (31%), and Las Animas (29%) (compared to the state rate of 12%).

Activating this Recommendation

A Type II advisory board does not have direct control over funds. As such, CDEC is ultimately the one who controls the reserve fund. To meet focus areas and priority populations, a Request for Proposals (RFP) process should be used by the Department. The data-informed specifics included in this recommendation should drive content and goals of the RFP. The COCAP Board should leverage their SME knowledge and cross-system positions to help advise CDEC on RFP development and award criteria. The RFP need not be a one-time solicitation, but with only \$2.5 million in reserve funds, the investment should be adequate enough to effectively meet goals of the proposal. The Colorado Lab recommends a minimum award amount of \$50,000 per grantee to ensure there is a substantive investment. The Colorado Lab recommends \$500,000 as a starting point for discussing the maximum award amount. However, the decision on a maximum award amount should be informed by other solicitations that are active or forecasted. Specifically, a consideration for maximum is whether or not there is an alternative funding stream to support capital improvements.

Considerations When Activating this Recommendation: Partnership Opportunities

- Targeted investments in the focus areas, and for the priority populations, can accelerate the recent [\\$3.7 million dollar investment](#) made in FRCs by CDEC in February 2024. The Trust Fund should collaborate with CDEC staff to ensure investments complement existing FRC investments.
- Investments in peer support and community health workers can bolster implementation of Medicaid Reimbursement for Community Health Services ([SB23-002](#)). The Trust Fund should collaborate with Colorado Department of Health Care Policy and Financing (HCPF) to ensure investments complement allowable coverage for Health First clients.
- The Colorado Partnership for Thriving Families has chosen community norms as one of three priority areas to achieve their mission. The Trust Fund should collaborate with the [ColoradoConnected](#) initiative when investing in activities around social connection.

Recommendation 2: Invest in Evidence-Based Practices and Their State Intermediaries

Focus Areas: expanding reach of existing services; start-up costs to scale evidence-based practices to underserved areas; evidence building for community-grounded practices. Includes evidence-based practices in the Family First Service Array and in the larger prevention continuum.

Driver of Change: Inform Direct Investments

Priority Populations: Prenatal to one; under age eight; 15 to 19 years of age

Priority Geographic Areas: Rural and frontier; San Luis Valley; Southeast Region

Funding Stream: Family First subaccount; Principal, including reserve fund

Actions to Implement: CDEC secures spending authority for the Family First subaccount through the legislative process. CDEC issues an RFP to sites, state intermediaries, and evaluation partners to build capacity for services in the Family First array positioned to address identified needs. COCAP Board uses content from this report, partnerships, and own subject matter experts to inform RFP development and awards. CDEC uses the Trust Fund principal to support other evidence-based services not in the Family First array, as aligned with priority populations and focus areas throughout this report.

Key Data Points: Why this Recommendation?

- There are statewide gaps in early childhood mental health services and [23%](#) children ages zero to eight who need mental health counseling or care are not receiving it.
- [18%](#) of Coloradan adults have been told that they have a depressive disorder and the statewide prevalence of [adult suicide increased between 2003 and 2018](#).
- Substance use is impacting all [youth and adults across all race/ethnicities](#) throughout the [state](#).
- [Nearly 75%](#) of postpartum people experience at least one stressor in the 12 months before delivery.
- [Evidence-based services](#) can be matched to these needs to improve outcomes and accelerate progress in Colorado's investments in the Family First service array.

Background: An evidence-based practice (EBP) has causal evidence that demonstrates positive change in [outcomes](#) associated with the prevention of child maltreatment. Causal evidence is produced through randomized controlled trials or quasi-experimental design studies (e.g., matched comparison groups).

High quality implementation of EBPs often requires state intermediaries. A state intermediary is an individual or organization, contracted by the state of Colorado, that is an expert in the EBP and facilitates continuous quality improvement. Intermediaries may also provide training and supervision to providers.

Colorado received approval for [their Title IV-E Prevention Services Plan](#) in September 2022. Currently, ten evidence-based practices are included in Colorado’s Plan, with the option to expand the service array through amendments to Colorado’s Plan over time.² The Family First Service Array (see [Appendix A](#)) is part of the larger prevention continuum in Colorado, which includes a variety of evidence-based and community-grown practices across the primary, secondary, and tertiary prevention levels.

Recommendation 2 helps Colorado achieve a prevention continuum of evidence-based practices positioned to drive outcomes in child mental health, caregiver behavioral health, and family functioning.

The Research behind EBPs and Family First: The standard for a proven practice in [Colorado’s Steps to Building Evidence](#) is a randomized controlled trial or multiple quality evaluations with a strong comparison group. Specific to the Family First array, the evidence behind each of these services has been summarized by the [Title IV-E Clearinghouse](#). Services included in Colorado’s Family First array are all evidence-based practices with rigorous research that demonstrates their positive influence on target outcomes.

It is important to note that the evidence designations of *promising*, *supported*, and *well-supported* in the Title IV-E Clearinghouse (and other clearinghouses) are typically reflections of how extensive the body of evidence is for a practice (e.g., multiple studies, multiple evaluators, length of follow-up periods). These evidence designations do not indicate how much a given practice has been shown to move the dial on specific outcomes. Therefore, it is important to consider the “summary of findings” that clearinghouses typically display on their websites. The summary of findings shows what outcomes have been affected and how big of a difference a practice has made. This summary of findings information is what the COCAP Board needs to use to ensure future investments align with the target outcomes and service gaps.

Focus Areas

Below, we provide details on the focus areas for this recommendation and provide guidance for activating.

Evidence-based practices that are part of the Family First Service Array (use the Family First subaccount):

The Title IV-E Prevention Services Clearinghouse rating of a promising, supported, or well-supported practice is how an EBP is defined for the purposes of Family First. To be part of the Family First service array, the program or service must be an EBP according to the Clearinghouse and included in Colorado’s Plan.

- ➔ Investments made through the Family First subaccount should be restricted to those EBPs in Colorado’s Plan or in the most recent [Family First Strategy Report](#). The list of these EPBs as of June 2024 can be found in [Appendix A](#). Focus investment in EBPs matched to target outcomes:
 - The mental health services targeting children ages zero to eight in Colorado’s Plan are: Parent-Child Interaction Therapy and Child First.
 - The services targeting family functioning in Colorado’s Plan are: Functional Family Therapy and Healthy Families America.
 - The services targeting perinatal health in Colorado’s Plan are: Nurse-Family Partnership, Parents as Teachers, and SafeCare.

- ➔ Rather than resourcing the delivery of Family First EPBs, the recommendation is to invest in:

² The Administration for Children and Families (ACF) oversees Family First; all changes to the service array or populations served must be approved by the ACF and all requirements met.

- Expanding reach and access for EBPs that are already included in Colorado’s Family First Prevention Services Plan or have been prioritized in the annual Family First Strategy Report. This may include supporting the [community pathways model](#) being proposed in Colorado to reach non-child welfare involved families with Family First approved services;
- Supporting start-up costs to scale EPBs to [priority populations and geographic areas](#); and
- Resourcing state intermediaries for EBPs if these costs cannot be covered by other sources or when additional funds are needed to achieve an adequate level of resourcing. This is particularly important to strengthen the delivery of high-quality services (e.g., addressing challenges to delivering programs with fidelity so outcomes are better achieved).

These approaches will make the dollars already being invested in delivering Family First EBPs go further.

Evidence-based practices that are part of the larger prevention continuum, not Family First specific (use the Trust Fund principal account): Services and programs may also be identified as an evidence-based practice in a number of other ways, including through other Clearinghouses, agency plans and ongoing evaluation studies, and evidence designations such as those found in [House Bill 24-1428](#).

➔ Investments made through the Trust Fund principal need not be restricted to the Family First array rather, these investments should target EBPs in the full prevention continuum:

- EBPs targeted may include those that are part of or support Colorado’s efforts around early childhood mental health, including CDEC’s [Early Childhood Mental Health Consultation](#) program and the BHA’s [Children and Youth Behavioral Health Implementation Plan](#).
- A variety of Clearinghouses (e.g., [Blueprints for Healthy Youth Development](#), [The California Evidence-Based Clearinghouse for Child Welfare](#)) can be used to identify existing EBPs matched to the focus areas, priority populations, and geographic areas. See [Appendix B](#) for a full list of clearinghouses.
- Consider expanding reach and access for EBPs that have not yet been rated by a clearinghouse, but that the Colorado research community has built substantial evidence for (i.e., there is evidence it works locally; e.g., [Fostering Opportunities](#)) or where investments in evidence building could help expand community-grounded practices (e.g., [Circle of Parents](#)).

➔ Rather than resourcing the delivery of these EBPs, the recommendation is to invest in:

- Supporting start-up costs to scale EBPs to priority populations and geographic areas;
- Building evidence for community-grounded practices of promise;
- Resourcing state intermediaries for EBPs if these costs cannot be covered by other sources or when additional funds are needed to achieve an adequate level of resourcing. This is particularly important to strengthen the delivery of high-quality services (e.g., addressing challenges to delivering programs with fidelity so outcomes are better achieved).

Priority Populations

For this recommendation, advancing equity looks like targeted investments that reach:

- Children under eight with culturally responsive mental health support: Statewide, Colorado’s early childhood mental health system is serving [less than 10%](#) of children ages zero to eight.

- Caregivers/parents experiencing substance use and mental health challenges: [13.5%](#) of Coloradans do not get the mental health care they need due to cost, being uninsured, or difficulty in getting an appointment. [13.1%](#) of child maltreatment deaths involve substance use impairment for individuals responsible at the time of the incident, and [10.1%](#) are alcohol impaired. [Drug overdoses among adults are increasing](#) while Coloradans face [barriers](#) to behavioral health care due to cost, insurance issues, scheduling, and transportation difficulties.
- Perinatal health of maternal-infant dyads: [15.7%](#) of birthing people experience depression during the 3 months before pregnancy and [11.5%](#) are diagnosed with postpartum depression. Individuals with depression during pregnancy [were twice as likely](#) to not have enough money to make ends meet at the end of the month, showing the influence of social determinants of health. In Colorado, [81.9%](#) of birthing individuals receive care within the first trimester of pregnancy. Of postpartum individuals needing or wanting care, [just over six in 10](#) were able to access services.
- Families needing additional support in healthy family formation and relationships: Family functioning and home visiting services should [prioritize](#) parenting people of color, those with lower incomes, and single parents/caregivers. White parents/caregivers, those with higher incomes, and those who have another adult to help with childrearing tend to report [more positive parent/caregiver-child relationships](#).

Priority Geographic Areas

For this recommendation, advancing equity looks like targeted investments that reach the areas of the San Luis Valley and the Southeast Region, as well as Adams County and the Northeast Region:

- While service gaps exist across Colorado, the Southeast region of the state and Adams County have the greatest need for early childhood mental health services. Although Adams County has many funded programs, the per capita funding per child is the [lowest](#) in the state.
- Individuals living in rural and frontier counties have [higher rates of poor mental health](#): the age-adjusted rate of mental health diagnosed hospitalizations is [highest](#) in the Northeast region, followed by the San Luis Valley. There are also [acute substance use needs](#) in the San Luis Valley.
- Perinatal health investments are most needed in the San Luis Valley: In Conejos, Costilla, and Saguache less than 70% of birthing individuals receive prenatal care in the first trimester of pregnancy. In Rio Grande, Conejos, Costilla, and Saguache [at least 10%](#) of babies are born with a low birth weight. The rate of births in which women report smoking during pregnancy [exceed](#) the state average (3.1%) and is greatest in Costilla (15.8%).
- Pueblo, Las Animas, Otero, and Fremont counties are also priority geographic areas for perinatal health. This cluster has higher [community risk factors](#). In Las Animas just over half (55%) of birthing individuals receive prenatal care during the first trimester of pregnancy. In Pueblo, Otero, and Fremont counties at least [10%](#) of babies are born with a low birth weight. Each county's rate of births in which the pregnant person reported smoking during pregnancy [exceeds](#) the state average.
- The recommendations to focus on these geographic areas are further informed by data gathered as part of a Division of Child Welfare investment in a [Plans of Safe Care pilot](#) for the San Luis Valley. Investments in the geographic areas, and statewide when practical, should include [efforts to reduce stigma](#) for pregnant and parenting people in accessing substance use treatment and recovery.

Activating this Recommendation

A Type II advisory board does not have direct control over funds. As such, CDEC is ultimately the one who controls the Family First subaccount and the reserve fund. To meet focus areas and priority populations, an RFP process should be used by the Department. The Colorado Lab recommends that the eligible activities initially align with focus areas and broadly fall into one of three buckets:

- Standing up new or further resourcing existing state intermediaries and strengthening the delivery of high-quality services; and
- Expanding reach and access of existing evidence-based services, (e.g., invest in outreach coordinators to improve reach, build infrastructure for telehealth delivery to improve access).
- Building evidence for promising practices or community-grounded practices.

Funding the direct delivery of services may be more feasible once the Family First subaccount grows, given the high costs associated with standing up a service site. For investments using the Family First subaccounts, the RFP cycle should be regular (every two to three years), but not annually. This is because federal drawdown of Family First dollars only occurs once per year, and the amount varies each year. The Trust Fund needs to allow time to lapse so the Family First subaccount grows to an adequate level to effectively meet the goals of proposals received. The Colorado Lab recommends a minimum award amount of \$50,000 per grantee to ensure there is a substantive investment. The Colorado Lab recommends \$250,000 as a starting point for discussing the maximum award amount, depending on other funding available to awardees.

Considerations When Activating this Recommendation: Partnership Opportunities

- The [Child Welfare Prevention Task Group](#), the [Colorado Implementation Science Unit](#), recommendations from the [Delivery of Child Welfare Task Force](#), and the Colorado Lab's [Family First Evidence-Building Hub](#) are all excellent sources for timely information to inform activation of this recommendation.
- In addition to focusing on priority populations and geographic areas, the COCAP Board may consider advising CDEC to prioritize direct service delivery when there is a clear opportunity to increase claiming, which will in turn replenish some funds into the Family First subaccount. This is further discussed in [Recommendation 7](#).

Recommendation 3: Invest in Strategies to Match Families to Appropriate Services and Decrease Barriers to Access

Focus Areas: Outreach coordinators, including peer support and community health workers; Social Health Information Exchanges (S-HIE); language justice

Driver of Change: Inform Direct Investments

Priority Populations: Primary language is other than English; underserved communities; eligible but not yet enrolled (EBNE)

Priority Geographic Areas: Align with regional infrastructures, such as Regional Accountability Entities (RAEs)

Funding Stream: Principal, including reserve fund

Actions to Implement: COCAP Board advises CDEC and other cross-system partners on investments to better connect families to existing services through the identified focus areas. COCAP Board leverages investments in FRCs ([recommendation 1](#)) and evidence-based practices and state program intermediaries ([recommendation 2](#)) to further meet this need. CDEC uses the Trust Fund principal (and where relevant, the Family First subaccount) for direct investment, following the outlined RFP process.

Key Data Points: Why this Recommendation?

- While Colorado’s rate of children and youth with special health care needs is [comparable](#) to the nationwide rate, historically Colorado babies have had [lower birth weights](#) and [lower rates](#) of receiving recommended vaccinations.
- [4.6%](#) of Coloradans lack health insurance and 19.8% cannot get the care they need due to high costs. [Over half](#) (52.1%) of insured Coloradans do not seek treatment for substance use because they believe their insurance will not cover it.
- [17%](#) of Coloradans report they cannot not get the mental health care they need.
- Of adults who receive health care, [7.1%](#) feel they are treated with less respect than others.
- Families who speak a primary language other than English have [greater concrete support needs](#).
- The reliance on individuals to [navigate the complexity](#) of the state’s behavioral health system without effective engagement or care coordination leave many with unmet needs.
- Integrated care, including knowledge and information exchanges, can [improve](#) understanding of individual- and community-level needs to make services more impactful.

Background: Having services available doesn’t mean everyone can access them; moreover, some groups face higher barriers that lead to social and health inequities. [32.9%](#) of Coloradans report not receiving services because they had trouble getting an appointment, and only [31.6%](#) of outpatient services have transportation assistance. Even when access barriers are mitigated, family needs often remain unmet as the services they are referred to are not matched to their priorities or are not culturally respectful. For example,

Native American/Alaska Native individuals face various [barriers](#) to accessing substance use services due to stigma, distrust, and intergenerational trauma.

Data indicate three leading practices that can help avoid one-size-fits all referral approaches and improve responsive care coordination; one is a human solution (trusted outreach coordinators), one is a technology innovation (S-HIE), and one is about linguistic inclusion (language justice). Importantly, these practices are not standalone and effectiveness is maximized if implemented together.

[Outreach coordinators](#) help raise awareness of available services in a community, match families to those services, and help individuals address barriers that get in the way of access—whether that be transportation barriers, linguistic barriers, motivational barriers, or other. When most effective, outreach services should be in the [family’s primary language](#), demonstrate cultural sensitivity and [competency](#), focus on rapport building to increase trust and reduce [stigma](#). Outreach coordinators are especially effective as a [bridge to services](#) for communities that experience bias and systemic oppression, including families of color, those with disabilities, those experiencing poverty, and for stigmatized issues such as substance use. Outreach coordinators that take the form of [peer supports](#) and [community health workers](#) grow a workforce that is more reflective of the diverse populations served.

[Social Health Information Exchange \(S-HIE\)](#) is [recognized in Colorado](#) as a prime opportunity to improve care coordination and reduce barriers that providers, families, community-based organizations, systems, and funders experience in delivering high-quality care efficiently. A S-HIE system leverages technology to securely connect information across physical, behavioral, and social health providers to better address social determinants of health (SDOH). A [true S-HIE system](#) (Figure 4) includes:

- Screening activities to identify gaps and strengths;
- Comprehensive referral directories;
- Closed loop referrals that allow for bi-directional flow of information and verification of referrals;
- Case management to ensure follow-up, service receipt, and address emergent needs; and
- Analytics to strengthen care coordination.

Figure 4. Components of a S-HIE System



[Language justice](#) refers to [intentional practices](#) that ensure full inclusion and power to participants—regardless of the language they speak, understand, and prefer. Language justice is not just about interpretation and translation, however. It is also about cultural competence and ensuring that the intersections between language, culture, and the topic is clear. Language justice includes practices such as simultaneous verbal translation for *all* participants (including English speakers) using headsets; translation of written materials by a translator that is linguistically and culturally proficient; and creation of spaces that honor cultural customs and provide the time necessary for all to participate in the language where they feel the most powerful.

Recommendation 3 centers practices that can dovetail with other recommendations in this report to drive equity in target outcomes among linguistically isolated communities, families of color, those in poverty, caregivers with disabilities, and among stigmatizing issues such as substance use.

The research behind these practices: Health status is closely related to income. For example, individuals who are housing insecure report worse health at nearly four times the rate of individuals who are [housing stable](#). Addressing this requires attention to the [underlying SDOH](#) for housing, not just clinical care. This is where a S-HIE comes in. The [benefits of a S-HIE](#) are documented and include: promotes whole-person, whole-family well-being; saves time and improves patient-centered experiences; creates more accessible and equitable service access; reduces inefficiencies by breaking down data silos; and ensures that connection to referred services happens, avoiding sending families to services that do not work for them.

What is a Community Health Worker (CHW)?

CHWs are trusted members of the community served. Through trust, the CHW serves as a liaison between health and social services and the community to facilitate access to supports, improve culturally responsive service delivery, and reduce disparities.

Over the past fifty years, the scope, effectiveness, and impact of community health workers (CHWs) have been extensively studied and documented in over [500 studies](#) across a variety of health issues, including chronic disease, cardiovascular health, mental and behavioral health, and substance use. More recently, [research on the role of CHWs in violence prevention](#)—including child maltreatment—has demonstrated significant potential. Peer support has emerged over the last twenty years as a [promising practice](#) in the physical and behavioral health fields, especially in [substance use](#) prevention, treatment, and recovery and among [veterans](#) with behavioral health needs. Peer support has also been studied for families in the [child welfare system](#) and shown to improve case outcomes.

What is a Peer Support?

Peer supports leverage their lived experiences to connect and establish rapport, mentor and coach, link to resources, and facilitate achievement of individual and family goals.

Other common names: peer support specialists, peer navigators, peer recovery coaches.

Focus Areas

Below, we provide details on the focus areas for this recommendation and provide guidance for activating.

Outreach Coordinators: Outreach coordinators are well-positioned to support awareness of services and help connect families to desirable supports for family strengthening. In this recommendation, we uplift the role of community health workers and peer support, who have the essential quality of holding community trust and/or lived experience. To improve access and better match families to services, invest in:

- Embedding outreach coordinators in natural community-based spaces that families occupy, such as FRCs, libraries, schools, and family strengthening services (e.g., [home visiting programs](#));
- Including [community health workers](#) and peer supports as core staff at [residential treatment centers](#) focused on prenatal substance use, [Federally Qualified Health Centers](#), other specialized service environments (e.g., Special Supplemental Nutrition Program for Women, Infants, and Children [[WIC Clinics](#)]), and during [child welfare cases](#); and

- Professional development for outreach coordinators focused on [protective factors](#) and [culturally responsive service navigation](#).

Social Health Information Exchange: [S-HIEs](#) can help reduce several problems of practice that get in the way of families receiving timely and effective supports, including the importance of providing warm handoffs; ensuring services are matched to family needs and cultures; and decreasing the burden on families to retell their story repeatedly to get help. Importantly, S-HIEs can also help close the gap for the eligible but not yet enrolled (EBNE) population, which Colorado has high rates of related to economic and concrete supports. To improve timely and relevant care coordination, invest in:

- Helping community-based organizations that serve families become involved in S-HIE platforms, including obtaining licenses and raising awareness of local or regional S-HIE systems;
- Start-up costs to make S-HIEs viable in behavioral health care settings, including capacity-building fees such as single sign-on and API integration for existing electronic health record systems; and
- Evaluations that use analytics from S-HIE systems to help identify areas with high rates of EBNE families to prioritize investments in outreach coordinators.

Language Justice: Linguistic isolation remains [a primary barrier](#) to service and support access for Colorado families. To promote language justice and advance equity, invest in:

- Facilitators and tools (e.g., headsets) to create [multilingual spaces](#) during family strengthening events and activities;
- Bilingual, bicultural translators to support written translation of service materials; and
- Staffing structures that ensure culturally relevant and linguistically accurate translation availability.

Priority Populations

For this recommendation, advancing equity looks like targeted investments that reach:

- Primary language is other than English: Families who speak a primary language other than English face linguistic barriers to services, including [home visiting](#), [childcare](#), [parent/caregiver education programs](#), and [behavioral health services](#).
- Communities of color: Among [communities of color](#), [distrust](#) and [intergenerational trauma](#) have historically impeded access to services, particularly to [behavioral health services](#). Black and Hispanic/Latinx children are [overrepresented](#) among maltreated children. Overdose rates are [highest](#) among Black and Native American/Alaska Native individuals.
- Rural and frontier communities: Rural and frontier communities have higher safety net scores than urban communities (comprised of low incomes, insurance coverage, geographic isolation, and social barriers). They may also be underserved due to their [small population or geographic location](#). For [home visiting](#), difficulties related to securing a qualified workforce, resource scarcity, and a lack of coordination between organizations create are particularly pronounced in rural areas.
- Eligible but not yet enrolled (EBNE): [12.1%](#) of working-age adults are EBNE in Medicaid.

Priority Geographic Areas:

For this recommendation, there are no specifically named priority geographic areas. Rather, the regional infrastructures being built for health care and social service integrated delivery in Colorado should be

leveraged. For example, HCPF's Regional Accountability Entities and the [Accountable Care Collaborative 3.0](#), as well as the Governor's Office of eHealth Innovation's [Regional S-HIE Hubs](#).

Activating this Recommendation

This recommendation is particularly well-suited for not only direct investments from resources that flow to the Trust Fund (i.e., principal, Family First subaccount), but also for investment by cross-system partners, including other funding streams controlled by CDEC that contribute to child maltreatment prevention. The COCAP Board should leverage their spheres of influence to help cross-system partners understand opportunities to decrease access barriers and better match families to services, based on the focus areas and information contained in this report. For example, if a program for housing vouchers for families with young children is launched by DOLA, the COCAP Board could advocate for a peer navigator to be part of that program to help improve reach and access.

For direct investments made from resources that flow to the Trust Fund, we recommend a similar RFP process for principal funds, as outlined in [Recommendation 1](#), and for the Family First subaccount, as outlined in [Recommendation 2](#).

Considerations When Activating this Recommendation: Partnership Opportunities

- Investments in peer support and community health workers can bolster implementation of Medicaid Reimbursement for Community Health Services ([SB23-002](#)). The Trust Fund should collaborate with the Colorado Department of Health Care Policy and Financing to ensure investments complement allowable coverage for Health First clients.
- The [Behavioral Health Administration](#) and the Colorado Department of Public Health ([CDPHE](#)) are investing in peer support specialists and CHWs as part of workforce development in Colorado. The Trust Fund should collaborate with these agencies to help sustain investments made by the Trust Fund and ensure protective factors for child maltreatment prevention are centered in workforce development.
- The [Governor's Office of eHealth Innovation](#) is leading the way to develop a statewide unifying infrastructure and regional hubs for S-HIE in Colorado. Investments made by the Trust Fund in S-HIEs can act as a use case to center family strengthening as this work rolls out over the years.

Recommendation 4: Invest in Strategies Identified in Child Maltreatment Plans

Focus Areas: Implement strategies identified in local child maltreatment plans and help create regional prevention floors; strengthen established collaborations; elevate family voice and leadership

Driver of Change: Inform Direct Investments

Priority Population: Community-specific; Black and Hispanic youth and caregivers

Priority Geographic Areas: Those with local child maltreatment prevention plans; the Southeast Region; San Luis Valley

Funding Stream: Trust Fund principal, including reserve fund

Actions to Implement: COCAP Board advises CDEC and other cross-system partners on the benefits of local child maltreatment planning. CDEC uses the Trust Fund principal (and where relevant, the Family First subaccount) to fund strategies identified in local plans, following the outlined RFP process. CDEC uses matching from community-based child abuse prevention (CBCAP) dollars to bolster investments.

Key Data Points: Why this Recommendation?

- In Colorado, most (73%) [child maltreatment](#) is in the form of neglect and the state's rate of neglect is higher than the national average.
- Safe and supportive neighborhoods are [associated](#) with higher familial income and more community-based services.
- Just over half ([57.2%](#)) of Coloradan children live in supportive neighborhoods where people watch out for each other and know where to go to for help; only about half ([53.4%](#)) live in a neighborhood that contains a park, recreation center, sidewalks, and a library.
- [17.2%](#) of households with infants or toddlers are experiencing low or very low food security.
- Parenting people with higher incomes and those who have another adult to help with child rearing report [more positive relationships](#) with their children.

Background: As [previously described](#), the Child Maltreatment Prevention Framework for Action serves as a statewide roadmap to guide investments in child abuse prevention and work collectively to strengthen families. To date, about 28 communities have engaged local planning using the Prevention Framework, with several also revising their original plans to stay responsive. In 2024, the Prevention Framework is undergoing a refresh in light of the changing prevention ecosystem. CDEC has historically made investments to support local planning through Trust Fund grants using [community-based child abuse prevention](#) (CBCAP) dollars. Development of local plans leverages a community-based prevention lens to help shift responsibility from individual systems and families (i.e., burden of blame) to the necessity for collaboration and the importance of [reciprocal relationships](#) between individual caregivers, children and the larger [neighborhood, environment, and cultural context](#). [Mobilizing community resources](#) is especially essential to reach vulnerable and underserved communities, where disparities have widened since the COVID-19 pandemic.

Recommendation 4 leverages the long-standing investment in local child maltreatment planning to move vision into action and address those risk and protective factors most prevalent in a given locale.

The research behind local child maltreatment plans: The child maltreatment prevention framework is anchored in the [literature](#) on risk and protective factors for child maltreatment—and the necessity for a multi-prong approach that integrates direct service, system collaborations, policy change, and uses data to inform planning and progress. This multi-prong approach emphasizes a community-based lens that [research demonstrates](#) is critical to [upstream prevention](#) and that has improved sustained effects for families. The Prevention Framework acts as a roadmap that can be applied at a local level to drive change.

Since inception, communities have been provided [tools](#) to identify leading risk and protective factors in their locale and the solutions to help address, which can coalesce into a [community profile](#) for change. As part of planning, communities are encouraged to integrate [family voice data](#) and [partnership](#) at every step. They are also provided tools to measure [progress on shared outcomes](#), given the collaborative focus of community-based planning. Together, this has allowed the planning process to be bookended by data.

Focus Areas

Below, we provide details on the focus for this recommendation and provide guidance for activating.

Implement Strategies Identified in Local Child Maltreatment Plans. The purpose of the planning process is not to create a static document that sits on a shelf. To help ensure plans move toward action, invest in:

- Funds to implement identified strategies that are matched to the [community's profile](#) of leading risk and protective factors in their locale—and available service array and community resources.
- Resourcing (i.e., not just funds, but also coaching) to help communities identify where and how local planning could be rolled up to create regional “prevention floors” of services and supports

Strengthen Established Collaborations. A primary purpose of local planning is to build cross-system community champions and infrastructure to advance child maltreatment prevention efforts. As such, the greatest success of planning manifests when collaborations are sustained and can be improved upon in a rapid cycle overtime. To help sustain collaborations, invest in:

- [Skill-building](#) among cross-system leadership to grow the network of community champions and advance the [effectiveness of collaborations](#). This includes a focus on braided funding, policy and advocacy, [community engagement](#), and [shared measurement](#)

Elevate Family Voice and Leadership. Prevention planning, implementation, and understanding success should always be done in shared power with families. To help elevate family voice, invest in:

- [Tools and infrastructure](#) that center [family voice data](#) and promote [family partnership](#) at every step of community-based planning and implementation.

Priority Populations

For this recommendation, advancing equity looks like targeted investments in:

- Addressing [local social determinants of health](#) identified during the [community planning process](#).

- Black and Hispanic/Latinx children: Black and Hispanic/Latinx children are [overrepresented](#) in Colorado’s child welfare system, given their proportion of the state’s child population.
- Black youth: Black youth in Colorado experience [significant inequities in school](#); social connectedness and educational achievement are generally [lower](#) among individuals of color.
- Hispanic parents/caregivers: 70.2% of Hispanic parents/caregivers report having someone they can turn to for day-to-day emotional support with parenting or raising children, compared to [84.7% of non-Hispanic White parents/caregivers](#).
- Black and multiracial youth: Black and multiracial youth are [less likely](#) to have an adult to go to for help compared to students of other races/ethnicities. These youth are also [more likely](#) to experience hunger and homelessness at higher rates.

Priority Geographic Areas

For this recommendation, advancing equity looks like targeted investments in the areas of the San Luis Valley and the Southeast Region:

- Across Colorado’s regions, rates of child maltreatment are [highest](#) in the San Luis Valley.
- Alongside the San Luis Valley, the Southeast Region experiences the most [concentrated disadvantage](#) in the social determinants of health.
- Counties in the San Luis Valley and the Southeast Region experience the [lowest educational attainment](#) among parents/caregivers.
- [6 of the 10 counties](#) with the highest rates of low-income individuals who do not live near a grocery store are located in the Southeast Region or the San Luis Valley. Costilla County has the highest rate at 49.2%.
- The San Luis Valley’s has the [highest cross county average](#) of households with children receiving food stamps/Supplemental Nutrition Assistance Program (SNAP), followed by the Southeast Region (22%). Similar [trends](#) are true for children under five who are enrolled in WIC and children receiving Temporary Assistance for Needy Families (TANF) basic cash assistance.
- Kids in the Southeast Region feel more unsafe in their communities. Pueblo County has the [lowest percentage](#) of students (81%) who most of the time or always feel safe in their neighborhood.

Activating this Recommendation

Activating this recommendation goes beyond just direct investments. The cross-system nature of the COCAP Board is fertile ground for helping local communities establish collaborations. For example, [housing is a key risk factor](#) for child maltreatment and an identified [social determinant of health](#) for many Colorado communities. To flip the script and make housing security a protective factor for child maltreatment, the DOLA representative can use their sphere of influence to advocate for local and state housing partnerships and programs that serve caregivers with young children. Specifics around what this looks like can align with local child maltreatment plans—accelerating progress for all. This same logic is true for all partners on the COCAP Board as they look to advise from their unique role and make recommendations aligned with local community needs.

In addition, the COCAP Board can encourage local communities to consider the focus areas embedded throughout this Investment Strategy report in developing and iterating on their local plans. Acting as state

and local ambassadors for the importance of the Prevention Framework is also a concrete way the COCAP Board can help fulfill their statutory focus on primary and secondary prevention.

To help maximize use of prevention funds controlled by CDEC, CBCAP funds can be used to match (25% match rate) investments made from the Trust Fund principal in implementation of local plans and advancing collaborations, including family leadership and engagement. The Colorado Lab recommends direct investments from the Trust Fund principal should range from \$25,000 to \$250,000, with recognition of the 25% match potential. This is a recommended range that should be adjusted based on need and forecasting.

Considerations When Activating this Recommendation: Partnership Opportunities

- Local planning can inform regional efforts to create a health care infrastructure that prioritizes quality, access, and collaborations. Planning for the [Accountable Care Collaborative Phase III](#) is underway and is a timely opportunity to think about how local child maltreatment plans can be accelerated by the new RAE structure, including building regional prevention floors.
- The Colorado Partnership for Thriving Families is heavily focused on [building cross-system partnerships](#) to advance child maltreatment prevention. They have also built intentional infrastructure around supporting communities in [integrating family leadership](#). The learning spaces and working groups lifted by the Partnership can be used to inform investments in this recommendation and strengthen local collaborations.
- A public health approach to primary and secondary prevention is at the heart of many local plans. Cross-walking local child maltreatment plans with the [Maternal-Child Health Framework of CDPHE](#) can help strengthen collaborations and drive at shared outcomes.

Driver of Change: Raise Capital

The **Raise Capital** recommendations are about designing for sustainability. Increasing funding for the Trust Fund is important for a multi-year strategy to be responsive and prevent the loss of critical infrastructure built by investments.

Recommendation 5: Position the Trust Fund to be a Depositing Ground for Unspent Prevention Funds

Focus Areas: State resources dedicated to child maltreatment prevention that are aligned with target outcomes and focus areas of the Investment Strategy. To enact: raise awareness, identify potential funds, and establish internal processes.

Driver of Change: Raise Capital.

Priority Populations and Geographic Areas: The initially designated priority populations or geographic areas of the unspent funds.

Funding Stream: Replenish the Trust Fund principal.

Actions to Implement: Establish the Trust Fund as a depositing ground for unspent state prevention funds via an interdepartmental fund transfer protocol at the end of each state fiscal year. As needed, contract with a strategy officer to help implement.

Key Data Points: Why this Recommendation?

- Sprint interviews with COCAP Board members revealed two themes that are the “why” behind this recommendation:
 - Strategic desire to grow the funds that are under the advisement of the COCAP Board.
 - Commitment to sustainability of investments.
- As of June 30, 2024, the reserve fund has about \$2.5 million. This is simply not enough dollars to ensure ongoing sustainability. Ensuring an intentional plan to replenish is essential to success.

Background: Positioning the Trust Fund as a depositing ground for unspent child maltreatment prevention funds will give state agencies the opportunity to ensure all dollars they steward go toward the original intent of the state allocation. The Trust Fund is not swept annually; therefore, if it becomes a depositing ground for unspent funds that are aligned in purpose, the door is open to use those state dollars for prevention over time. Unspent funds can occur for a variety of reasons that are NOT a reflection of mismanagement of public dollars. Here are just a couple of examples:

- Staff vacancies, particularly at the end of a fiscal year or grant cycle.
- Contracts to local agencies or vendors coming in under budget.

Sometimes these funds are encumbered until fairly late in the fiscal year, making it difficult to use them wisely before June 30 of a given year. Positioning the Trust Fund as a depositing ground would provide agencies with an alternative to rush spending or returning of funds.

Recommendation 5 responds to the COCAP Board’s request to ensure sustainability planning is embedded in this Investment Strategy. Growing funding streams that flow to the Trust Fund is necessary for a multi-year strategy to be sustainable and responsive to emergent needs. Ensuring that there is a sustainability plan for investments made is a way to proactively avoid losing critical infrastructure built and pulling resources from families that they have come to rely on.

Focus Areas

Below, we provide details on the focus areas for this recommendation and provide guidance for activating.

Raise Awareness: Using the Trust Fund to deposit unspent funds relies on agency partners knowing this is an option. To raise awareness, engage in:

- Generating talking points to accurately convey this strategy and how it is potentially a mutually beneficial pathway for agencies who steward prevention dollars; and
- Training the COCAP Board on using these talking points to ensure that raising awareness of the Trust Fund becoming a depositing ground is well-executed and set up for success.

Identify Potential Funds: Not all unspent funds will be eligible for this pathway. To create clarity and inform messaging with state agency partners, engage in:

- Creating an inventory of funds and programs to identify state resources that are potentially eligible for transferring unspent funds to the Trust Fund. Prioritize funds with target outcomes around child maltreatment prevention similar to and aligned with those identified in this Investment Strategy.
- Prioritizing agencies that have COCAP Board member representation or other clear pathways for communication and influence.

Establish Internal Processes: Processes and timelines must be established to a) move funds between other agencies and CDEC; b) identify how other CDEC unspent funds can move to the Trust Fund. Engage in:

- Advising CDEC to establish a timeline and procedures that make it practical to deposit unspent funds (e.g., interagency agreement needs to be initiated by X date; how alignment in original purpose of funds and target outcomes of this Investment Strategy will be confirmed);
- Setting up interagency agreements, if not already in place, to transfer funds to CDEC for agencies that steward state dollars for child maltreatment prevention aligned with target outcomes;
- Exploring feasibility of within-CDEC programs depositing funds into the Trust Fund.

Priority Populations and Geographic Areas

For this recommendation, advancing equity looks like:

- Ensuring that unspent funds deposited to the Trust Fund, which were earmarked for specific communities or areas to reduce disparities, remain intact during reinvestment;

- If no equity-related considerations were named in the original purpose of the unspent funds, reinvest those dollars to align with the priority populations identified in this Investment Strategy.

Activating this Recommendation

This recommendation will require thoughtful implementation and skilled support from someone familiar with state government operations. The COCAP Board may contract with a strategy officer to help establish the process and messaging needed to execute this recommendation. As part of activation, an early test case should be identified and explored. A strong initial example of feasibility will have clear face validity with alignment in purpose and likely be a transfer from an agency where there is already an interagency agreement in place. Learnings from this test case will inform messaging and the policies and procedures necessary for success.

Considerations When Activating this Recommendation: Partnership Opportunities

- Divide agencies into Tier 1 and 2 when establishing this recommendation to scaffold the approach and put lower effort, higher return potentials first.
- Tier 1 agencies should be those with larger prevention funds and interagency agreements already in place. Examples: Colorado Department of Human Services, Colorado Department of Public Health and Environment.
- Tier 2 agencies should be those with smaller prevention funds and where interagency agreements may be new. Examples: Colorado Department of Local Affairs, Office of Respondent Parents' Counsel.

Recommendation 6: Increase Endowments and Other Gifts to the Trust Fund

Focus Areas: Workplace giving; estate planning and endowment interest; philanthropic partnerships for innovation in target outcomes.

Driver of Change: Raise Capital.

Priority Populations: Colorado Combined Campaign (CCC); high-net-worth individuals; and philanthropic organizations that have spend down funds or history of charitable contributions that approach the minimum required distributions.

Priority Geographic Areas: Colorado-specific philanthropic organizations, but consider national philanthropic organizations.

Funding Stream: Replenish the Trust Fund principal.

Actions to Implement: COCAP Board advises CDEC to write the Trust Fund into workplace giving campaigns. COCAP Board contracts with a fiscal advisor to create and implement a fund development plan to secure endowments and other gifts into the Trust Fund.

Key Data Points: Why this Recommendation?

- According to [Empower](#), Colorado is among the top 15 states for average net worth of individuals.
- The [5% Payout Rule](#) mandates that private foundations distribute 5% of their assets annually for charitable purposes.
- The [Colorado Combined Campaign](#) facilitates workforce giving among state employees and retirees.

Background: Increasing endowments and other gifts to the Trust Fund is a sustainability strategy. COCAP Board actions to raise capital can focus on relatively low-lift activities or be a higher-touch endeavor. The funds raised can target specific aspects of the Trust Funds purpose (e.g., sexual abuse training, substance exposed newborns, focus areas in this report) or the funds raised can remain broader and aligned to the overall goal of preventing child maltreatment.

Recommendation 6 responds to the COCAP Board’s request to ensure sustainability planning is embedded in this Strategy. Growing funding streams that flow to the Trust Fund is necessary for a multi-year strategy to be sustainable and responsive to emergent needs. Ensuring there is a sustainability plan for investments made is a way to proactively avoid losing critical infrastructure built and pulling resources from families that they have come to rely on.

Focus Areas

Below, we provide details on the focus areas for this recommendation and provide guidance for activating.

Workplace Giving: The [Colorado Combined Campaign](#) (CCC) is a workplace giving campaign that enables Colorado state employees (current and retirees) to easily donate to charities that benefit Coloradans, such as through a paycheck deduction. Such automatic, incremental contributions make it easier for individuals to donate and can result in a larger sum donated overtime, than one-time contributions can achieve. Since 1987, the CCC has raised over \$36.8 million through workplace giving. There are over 400 non-profits that can benefit from CCC funds. Currently, the Trust Fund is not one of the listed entities. The Trust Fund can apply (via CDEC staff) to be on the CCC giving list for the next year by completing [the application](#). Other workplace giving campaigns should also be explored, using knowledge entrusted in the COCAP Board. This is a low-lift endeavor within Recommendation 6.

Estate Planning and Endowment Interest: High-net-worth individuals may be interested in naming the Trust Fund as a recipient during estate planning, including through an [endowment](#) as a unique form of planned gift giving. In the case of an endowment, the entire donation is kept in an investment portfolio to continuously earn money. Contributions to the endowment fund can be made during the individual's lifetime or with assets after death. Most endowments allow the beneficiaries to use only interest earned on the fund's principal (or interest and a very small amount of the principal investment). Endowments are typically set up to target specific outcomes and areas, which can include family strengthening and the prevention of child maltreatment. The COCAP Board should contract with a fiscal advisor to create and implement a fund development plan to secure endowments or other gifts to the Trust Fund. Specific objectives of the fund development plan might include creating legal language templates for wills and estates and promoting with potential parties; establishing a plan to grow the investment portfolio of an endowment; and providing guidance on tax implications for giving to the Trust Fund, which a state agency stewards compared a traditional 501(c)3. This is a high-lift endeavor within Recommendation 6.

Philanthropic Partnerships for Target Outcomes: Developing partnerships with specific philanthropic funders to grow endowments, support the sustainability of direct investments, and promote innovation is a pathway to grow Trust Fund accounts. Establishing ongoing relationships with specific funders that have fundamental, long-term interest in the target outcomes can be a more effective approach than one-off, reactive funding applications. Much like state agencies may have unspent funds that may be directed at the end of a fiscal year to the Trust Fund, some philanthropic organizations may have a need to disperse funds to meet their obligations, including the [5% payout rule](#) for private foundations. The Trust Fund should leverage the social capital and collective expertise of the COCAP Board to help establish relationships with philanthropy, so that the Trust Fund becomes a go-to depositing ground for meeting end of year gifting objectives. Use of a fiscal advisor with expertise in this area can help accelerate implementation, and establishing philanthropic partnerships a strategy named in the fund development plan (see above). This is a high-lift endeavor within Recommendation 6.

Priority Populations

For this recommendation, priority populations are less about the "who" of the investment and more about the "who" of raising capital. For workplace giving, the CCC is the initial target. For estate planning and endowment interest, high-net-worth individuals are the target. For philanthropic partnerships, foundations that have spend down funds or history of charitable contributions that approach the minimum required distributions (as identified in this report for direct investments) are the target. In both endowment planning and in establishing philanthropic partnerships, the priority populations identified throughout this Investment Strategy should be uplifted.

Priority Geographic Areas

Similarly, priority geographic areas focus on donors for this recommendation. Colorado-specific philanthropic organizations are the most promising target. National philanthropic organizations can be considered when focus areas align directly with this Investment Strategy.

Activating this Recommendation

During sprint interviews, there was no evidence that individual COCAP Board members were well-positioned to lead activation of this recommendation. Contracting with a financial advisor to develop a fund development plan is thus recommended for the two high-lift activities. Fundraising goals should be matched to anticipated dollars being expended by the Trust Fund. The minimum and maximum funding amounts identified in the direct investment recommendations provide a starting place for this input-output formula.

By [statute](#), the Trust Fund can “accept grants from the federal government, as well as to solicit and accept contributions, grants, gift, bequests, and donations from individuals, private organizations, and foundations.” However, the Trust Fund is ultimately housed within a state agency and does not have traditional 501(c)3 non-profit status. As such, there could be problematic implications for charitable giving. This may indicate the need to establish a new non-profit arm of the Trust Fund dedicated to planning giving

Considerations When Activating this Recommendation: Partnership Opportunities

- Once the Trust Fund is an approved recipient with the Colorado Combined Campaign, Board members should promote this opportunity at their respective agencies. Any issues encountered in this process (e.g., denial) should be used to inform learnings around workplace giving and barriers to the Trust Fund receiving gifts and other contributions.
- Contracting with a financial advisor is likely to be a successful strategy if COCAP Board members can dedicate time to informing their work and lending their social capital to implementing the fund development plan. The financial advisor should use this report in creation of the plan.
- It will important that raising capital strategies do not cannibalize other efforts (e.g., Colorado Partnership for Thriving Families) or non-profits (e.g., La Cocina) also raising funds for family strengthening from similar investors. Listening sessions can help inform what others are seeking funding for, and where there are gaps. Smaller non-profits may also not have the capacity to seek bigger funding opportunities or invest in fund development planning. The Trust Fund can act as an intermediary to secure larger resources and then re-invest in local communities.
- Given many COCAP Board members are state employees, it will be important to clarify upfront what is allowable (and not) of state government employees when implementing the fund development plan and related raising capital recommendations.

Recommendation 7: Promote Strategies to Maximize Federal Drawdown in Family First and Expand Allowable Claiming

Focus Areas: Increase use rates of current Family First Service Array; add new services to Colorado’s Plan; expand populations eligible for drawdown (i.e., community pathways).

Driver of Change: Raise Capital.

Priority Populations: Families involved in child welfare at risk for removal (current); families at risk for initial or re-involvement in child welfare (future).

Priority Geographic Areas: Locations where gaps in availability of Family First services exist; where services exist, but there is underutilization; rural/frontier communities.

Funding Stream: Replenish the Family First subaccount.

Actions to Implement: COCAP Board coordinates with CDHS’ Office of Children, Youth, and Families (OCYF); the Child Welfare Prevention Task Group; and the Transition Act Funds Steering Committee to enact this recommendation and build ongoing capacity for Family First. Consider establishing Board liaisons for each partnership.

Key Data Points: Why this Recommendation?

- The Family First subaccount is an ongoing account, replenished annually through federal reimbursement claimed by CDHS as the Title IV-E agency.
- Direct investments from this subaccount (in line with [Recommendation 2](#)) will be most effective and obtain maximum coverage when the subaccount is adequately funded.
- The sustainability of investments made from the Family First subaccount relies on maximizing federal drawdown to replenish the account.

Background: The Family First Prevention Services Act enables a 50% reimbursement of federal funds for approved evidence-based services that keep children and youth safely with their families. Reimbursement is claimed annually by CDHS as the Title IV-E Agency and transferred to the Trust Fund for reinvestment through an [RFP process](#). The intent of the Family First subaccount is to strategically build ongoing capacity to implement Family First, including: a) expanding reach of current evidence-based practices in Colorado’s Plan; and b) building the Family First service array. See [Recommendation 2](#) for more details.

Recommendation 7 responds to the COCAP Board’s request to ensure sustainability planning is embedded in this Investment Strategy. Growing funding streams that flow to the Trust Fund is necessary for a multi-year strategy to be sustainable and responsive to emergent needs. Ensuring there is a sustainability plan for investments made is a way to proactively avoid losing critical infrastructure built and pulling resources from families that they have come to rely on.

Focus Areas

Below, we provide details on the focus areas for this recommendation and provide guidance for activating.

Increase Use Rates of Current Service Array: The more Colorado families that access evidence-based practices in the Family First Service Array, the greater the potential for claiming becomes. In reviewing trends in Family First-eligible expenses for drawdown between October 1, 2021, and August 31, 2024, it became clear that increasing utilization rates of Family First services is needed (i.e., the services are being under-utilized for child welfare involved families and/or are not being adequately captured as service authorizations in Trails so claiming can happen). The need to better match families involved in child welfare to evidence-based practices in the Family First Service Array was further confirmed in conversations with state program intermediaries. Scaling existing services to more communities can also promote increased utilization. More guidance on maximizing federal drawdown by expanding reach of the current service array can be found in the [annual Family First strategy report](#) produced by the Colorado Lab.

Add New Services to the Plan: When new services/programs are approved in Colorado’s Plan, Colorado can better meet the unique needs of children, youth, and families. An expanded Family First Service Array also means more services for which a 50% reimbursement may be claimed on for eligible populations. New services prioritized for Colorado’s Plan should fill identified gaps in family needs, known disparities, and underserved geographic areas. The Child Welfare Prevention Task Group has developed an [application and screening process](#) for receiving nominations of services/programs that may be added to Colorado’s Plan and the Colorado Lab provides support in meeting the [evidence-based aspects](#) of Family First.

Expand Populations Eligible for Drawdown (community pathways): Currently, [Colorado’s Plan](#) only allows drawdown for child welfare involved families and youth involved in the juvenile justice system. Colorado is currently exploring the potential to expand eligible populations to those at-risk for initial or re-involvement through a “[community pathways](#)” approach. Colorado is [proposing to pilot](#) the community pathways approach through SafeCare Colorado. If the Administration for Children and Families approves this and the pilot is successful, then the state will begin expanding the community pathways approach to all evidence-based practices in Colorado’s Plan. This will enable an expanded population for which claiming is possible.

Priority Populations

The priority population for this recommendation is children/youth who meet Colorado’s definition of candidacy, as this recommendation is focused on replenishing the Family First subaccount. For the purposes of Family First, Colorado’s [definition of candidacy](#) is both bold and broad: “A child/youth is a candidate to receive Title IV-E prevention services when they are at serious risk of entering or re-entering foster care and who can remain safely at home or with kin, with the support and provision of mental health, substance use treatment, or in-home parenting services for the child/youth, parent or kin caregiver. Youth in foster care who are pregnant or parenting are also candidates.” Currently, Colorado limits drawdown to families involved in child welfare at risk for out-of-home placement. As the community pathways approach is explored, drawdown may be extended to families at risk for initial or re-involvement in child welfare. This will enable the Family First subaccount to advance investments in secondary and tertiary prevention.

Priority Geographic Areas

The Colorado Lab has produced an [interactive map](#)³ showing the availability of evidence-based practices currently approved in Colorado’s Plan. This map can be a jumping off point to identify where there are service availability gaps. The map can also be used to inform where services exist and utilization maximized.

³ By early 2025, this map will sunset, and a new map created and managed by OCYF. The map link will redirect to the new site.

The Colorado Implementation Science Unit has produced a [report on the needs of state program intermediaries](#), as well as an [implementation framework](#) for expanding the service array. These are excellent resources to understand concrete opportunities for Trust Fund investment and influence. Counties engaging in [local prevention planning](#) can also inform opportunities to increase use of existing services, as well as identify gaps in the service array. Rural and frontier communities could especially benefit from innovations that improve uptake of services and fill gaps, such as [tele-health delivery of MST](#). Together, these levers can improve opportunities for drawdown to replenish the Family First subaccount annually.

Activating this Recommendation

Family First implementation is being led by OCYF, in collaboration with cross-system and community partners. The Trust Fund should support efforts of partners to maximize drawdown and available dollars in the Family First subaccount. The Colorado Lab recommends identifying a Board liaison for each of the major partnerships noted in the box below; the liaison would be responsible for staying abreast of the Family First work by each partner so that appropriate opportunities for support or advisement can occur.

Considerations When Activating this Recommendation: Partnership Opportunities

- The Trust Fund should support CDHS and other partners in activating the strategic levers for maximizing drawdown, as named in the annual Family First strategy reports produced by the Colorado Lab's [Family First Evidence-Building Hub](#).
- The [Child Welfare Prevention Task Group](#) helps advise on three key areas of Family First (expand candidacy, scale existing services, expand the service array). These are directly aligned with the focus areas of recommendation 7 and 2. A reciprocal advising relationship should be established between the Task Group and the Trust Fund, where each are able to make recommendations and support activities that further Family First in Colorado.
- The Family First Transition Act passed in December 2019 to provide support for the rollout of Family First. Funds from the Transition Act are [awarded periodically](#) through a RFP process. Direct investments and maximizing drawdown should build upon investments made through the Transition Act. The Steering Committee can act as a point of coordination.

Driver of Change: Align and Accelerate

The **Align and Accelerate** recommendations leverage the COCAP Board’s expertise to boost collaboration between different systems. The aim is to speed up high-investment solutions and align progress when tackling major issues like child care, housing, and behavioral health.

Recommendation 8: Endorse and Advise on Recommendations by Aligned Prevention Partners

Focus Areas: Recommendations dedicated to child maltreatment prevention that are aligned with the target outcomes and focus areas of this Investment Strategy.

Driver of Change: Align and Accelerate.

Priority Populations and Geographic Area: Those named in this Investment Strategy and those with demonstrable disparity or disproportionality as identified by prevention partners.

Funding Stream: N/A (this is about supporting and aligning with the work of prevention partners, not direct investments by the Trust Fund).

Actions to Implement: COCAP Board develops a system to monitor new recommendations in the Colorado prevention landscape and, as appropriate, advises on development and endorses final versions. COCAP Board members use their influence to promote existing partner recommendations aligned with this Investment Strategy.

Key Data Points: Why this Recommendation?

- No one system is responsible for preventing child maltreatment and communities play a key part in building protective factors with families.
- Colorado risks inefficiencies and redundancy in investments without attention to collaboration and opportunities for alignment.
- The COCAP Board is [legislatively tasked](#) with advancing “alignment of standards, rules, policies, and procedures across programs and agencies that support families.”
- During sprint interviews, COCAP Board members wanted to lean away from trying to directly tackle the big issues and instead, endorse and support others best positioned to implement.

Background: Many task forces, steering committees, collaboratives, and state agencies have put forward recommendations to strengthen families and prevent child maltreatment in Colorado. Given the wide system and community representation of the COCAP Board, there is significant opportunity for members to help advise on the development of new recommendations overtime and align existing ones toward shared outcomes named in this report.

Recommendation 8 reflects the need for the Trust Fund to lean away from “doing” the big issues and align with existing efforts to maximize effectiveness. Endorsing partners who work on the big issues like housing, child care, and behavioral health helps to build momentum for cross-systems collaborations in tackling high-investment solutions.

Focus Areas

Below, we provide details on the focus areas for this recommendation and provide guidance for activating.

Align with and Promote Existing Recommendations: Several sets of recommendations—dedicated to child maltreatment prevention and aligned with target outcomes—were reviewed as part of Investment Strategy development. These recommendations are summarized below. The COCAP Board should consider opportunities to promote and lend support to these partner recommendations. This includes establishing familiarity with the recommendations so that they can be organically uplifted in spaces and places where COCAP Board members interact or influence, as well as responding to requests by prevention partners for visible endorsement (such as during legislative session).

Delivery of Child Welfare Services Task Force: The Delivery of Child Welfare Services Task Force developed a [set of recommendations](#) to inform the broader prevention continuum that includes, but is not limited to, services in the Colorado’s Plan. The three recommendations focus on: equity and access to prevention services; collaboration and implementation to lift and scale prevention services; and raising awareness among communities and families while removing barriers to access.

SuPPoRT Colorado (Supporting Perinatal Substance Use Prevention, Recovery, and Treatment in Colorado): SuPPoRT’s Colorado’s [four priority areas](#) seek to reduce substance use during pregnancy and improve outcomes for families. These focus on: 1) reducing stigma around treatment and recovery access; 2) ensuring systems support warm handoffs and address inequities; 3) building statewide capacity to align efforts and respond to emerging needs; and 4) building statewide capacity to identify fetal alcohol spectrum disorders and support impacted families.

Home Visiting Investment Task Force, Early Childhood Leadership Commission: The Home Visiting Investment Task Force seeks to increase home visiting by 20% by 2026. The five buckets of recommendations focus on: 1) increasing availability, collaboration, and innovation for expanded services; 2) advocacy for expanded services; 3) increased and diversification of funding; 4) matching engagement to need through outreach and awareness; and 5) supporting a qualified workforce.

Child Welfare Prevention Task Group (CWPTG) and Colorado’s Family First Plan: The [CWPTG](#) launched in May 2021 to promote Colorado’s Family First Plan and to strengthen the state’s ongoing commitment to a prevention-oriented child welfare system. The three focus areas of the Task Group are: 1) expand Family First candidacy; 2) expand the Family First Service Array; and 3) scale existing services. Colorado’s Plan is supported by the [Family First Evidence-Building Hub](#), led by the Colorado Lab through an annual appropriation given to CDHS. Recommendations are made annual through strategy and evaluation [reports](#).

CDPHE Child Fatality Prevention System: The Child Fatality Prevention System’s (CFPS) statewide network focuses on preventing child deaths. To promote safety and well-being of children, CFPS recommends strategies within the following [nine focus areas](#): 1) overdose prevention; 2) suicide prevention; 3) behavioral health; 4) gun violence prevention and firearm safety; 5) child

maltreatment prevention; 6) infant safe sleep environment; 7) motor vehicle safety; and 8) drowning prevention.

CDHS Child Fatality Review Team: CDHS' Child Fatality Review Team (CFRT) reviews child maltreatment within families previously involved in the child welfare system. Recent [recommendations](#) focus on overdose prevention, prenatal substance use prevention, the child welfare screening processes, and mandatory reporter training needs.

Illuminate Colorado Sexual Abuse Prevention: Illuminate Colorado Sexual Abuse Prevention identifies four [recommendations](#) to further prevent child sexual abuse statewide. These focus on: 1) shifting norms related to child sexual abuse prevention through a multi-year public awareness campaign; 2) training adults to recognize and respond to abuse; 3) expanding learning opportunities for adults on how to approach conversations; and, 4) continued policy and systems improvements to prevent child sexual abuse.

Colorado Partnership for Thriving Families: The [Colorado Partnership for Thriving Families](#) is a cross-system collaboration between state and county departments of public health and human services, families, and communities. Using a collective impact approach, the Partnership aims to create conditions where children and the adults in their lives—parents, family members, caregivers, and educators—can thrive. The Partnership is guided by three priority areas: systems alignment, early touch points, and community norms. The overarching goal of the Partnership is to prevent child maltreatment and promote family well-being, with a special focus on prenatal to age one.

Advise on the Development of New Recommendations by Prevention Partners: Recommendations noted above are likely to be updated on a periodic basis, and new recommendations created by prevention partners. The COCAP Board should advise on recommendations at the stage of development and, as appropriate, endorse final recommendations. To make feasible, focus on:

- Ensuring COCAP Board members are familiar with all recommendations in this Investment Strategy, including focus areas, priority populations, and priority geographic areas. Identify a process for orienting new members to this multi-year Investment Strategy.
- Identifying which focus areas best align with individual COCAP Board member expertise and areas of influence. Consider creating “teams” that will track recommendations being developed that are aligned with focus areas, and can lead out on identifying opportunities for Trust Fund advising.
- Developing an internal process for formally endorsing recommendations by prevention partners. Qualities to consider for endorsement include: a) the recommendation must be aligned with target outcomes of this Investment Strategy; b) the recommendation must advance one or more focus areas of this Investment Strategy; c) the recommendation should reduce disparities and advance equity in clear way; d) the recommendation should have a clearly articulated rationale that fills known gaps or accelerates existing strengths.

Priority Populations and Geographic Areas

For this recommendation, advancing equity looks like:

- Making visible diversity, equity, and inclusion impacts—positive, negative, or neutral—when advising on and endorsing recommendations;

- Prioritizing recommendations from partners that focus on reducing disparities for target populations and geographic areas identified in this Investment Strategy.

Activating this Recommendation

This recommendation relies on COCAP Board members being fluent in this Investment Strategy, so that they can appropriately identify opportunities to advise others in an aligned way. This includes developing initial shared understanding by the current COCAP Board, revisiting recommendations regularly, and integrating the Investment Strategy into onboarding of new members.

Considerations When Activating this Recommendation: Partnership Opportunities

- COCAP Board members should actively identify those recommendations and focus areas in this Investment Strategy that they are well positioned to champion with partners, by nature of the member's experience and roles. Using naturally occurring spaces and meetings will accelerate progress.
- Invite prevention partners to COCAP Board meetings for periodic presentations on their recommendations to build shared fluency and identify collaboration opportunities. These presentations can also help inform content of RFP processes for direct investments the COCAP Board advises on.
- Clarify the rules that govern [Type II](#) advisory boards and other prevention partners regarding policy and advocacy, especially legislative advocacy. Consider positioning the COCAP Board in an "inform and educate" role, versus aiming to take direct stances on sensitive issues.

Recommendation 9: Support Policies and Practices that Expand Economic and Concrete Support for Families

Focus Areas: Affordable, stable housing; adequate nutrition/food security; physical and behavioral health care coverage; workforce development and economic mobility; affordable child care; tax credits for families.

Driver of Change: Align and accelerate.

Priority Populations: Native American/Alaska Native, Black, and Hispanic/Latinx children and postpartum families.

Priority Geographic Areas: Rural; Southwest region, Southeast region; the Western Slope.

Funding Steam: N/A (this is about supporting and aligning with the momentum being built around financial well-being for Colorado families, not direct investments).

Actions to Implement: COCAP Board develops a process to actively advise on economic mobility initiatives and economic/concrete support policies for parenting people and families.

Key Data Points: Why this Recommendation?

- [73% of child maltreatment allegations](#) in Colorado are due to neglect, and neglect is the primary reason associated with removal and placement into foster care.
- Poverty-related factors can [impede](#) a parent's ability to provide for basic needs, such as food, housing, and health care, and place children at greater risk of maltreatment, including: caregivers' unemployment, associated loss of benefits, housing instability, lack of childcare, single, and/or young parenthood.
- [One in eight](#) Colorado children under five live in poverty.
- Strengthening families in need through policy packages aimed at alleviating child poverty has the potential to [reduce](#) Child Protective Services investigations by 11.3% to 19.7% annually.

Background: Connecting families to economic and concrete supports [reduces child maltreatment](#). The COCAP Board should support efforts to align and accelerate financial well-being for families by actively advising on policies and practices with this expressed focus. This recommendation is focused on policy and practice efforts, beyond direct investments. Actions in this recommendation should dovetail with and complement direct investment recommendations focused on economic and concrete supports, such as those in [Recommendation 1](#) on Family Resource Centers.

Recommendation 9 acknowledges that advancing concrete and economic supports—as a leading protective factor for child maltreatment—cannot occur through individual service provision alone. Major policy reform is needed to put structures and practices in place that support families in economic mobility and that delink poverty from neglect in the child welfare system.

Focus Areas

Below, we provide details on the focus areas for this recommendation and provide guidance for activating.

Affordable, Stable Housing: One fifth of Colorado owners and nearly half of Colorado renters are [spending more than 30%](#) of their income on housing. This is higher than the national average. Nearly one fifth of Coloradans are [living at a different location](#) than they were a year ago. The high housing cost burden is impacting some families more than others: Black and Black multiracial youth [experience homelessness](#) at higher rates. A housing cost burden greater than 50% is [most prevalent](#) in the Denver Metro, Northwest, and Southwest regions of the state. The COCAP Board should seek to promote housing assistance initiatives (e.g., [Family Unification Program](#)) and policies through partnership work with the DOLA Division of Housing and local legislative actions (e.g., [HB22-1304](#)) that prioritize affordable housing for families with young children.

Adequate Nutrition, Food Security: [One in seven children](#) face hunger in Colorado. Some populations and geographic regions of the state experience greater food insecurity. Nearly [7%](#) of postpartum Coloradans are unable to get food when they need it; Native American/Alaska Native, Black, and Hispanic/Latinx families are 1.5 times as likely to experience food insecurity. Rural areas experience [greater](#) food insecurity, with the San Luis Valley and the Southeast regions containing the greatest percentage of low-income people that do not live close to a grocery store. Colorado Healthy Kids determined that the Southeast region, particularly Pueblo County, has the [highest percentage](#) of youth who went hungry in the past month because of a lack of food at home. The COCAP Board should promote efforts to address food insecurity for families and children, with a focus on ensuring SNAP benefits are used by all eligible (i.e., addressing the EBNE population); addressing [linguistic barriers](#) in accessing SNAP due to limited interpreters; and passing policies that improve SNAP benefits for families (e.g., [HB21-1105](#) “Heat and Eat” program).

Physical and Behavioral Healthcare Coverage: While the uninsured rate for Colorado kids under 19 [declined](#) from 2019 to 2021, [5%](#) of kids remain without health insurance. Some families have [less access](#) to health services, including non-English speakers and those living in rural or frontier regions of the state. Currently, Health First Colorado providers billing behavioral health services are concentrated along the front range, with some rural/frontier counties having [no providers](#). The Northwest region of the state has the [highest percentages](#) of eligible adults not enrolled in Medicaid. The COCAP Board should actively advise on the expansion of access to [Health First Colorado](#), including expansion toward target populations such as [postpartum families](#). This includes building up the provider workforce as well as ensuring eligible Coloradans are enrolled in coverage.

Workforce Development and Affordable Child Care: For families that sought services at a Family Resource Center, upon intake more than half of them lacked full-time employment and employment was identified as a [top need](#) across all races and ethnicities. Urban communities are [more satisfied](#) with employment options than those living in rural communities. During workforce development efforts across Colorado, the COCAP Board should advise on the needs of families with young children, including the [intersections of workforce participation and affordable child care](#). [36.7%](#) of Colorado’s workforce earned less than \$12.31/hour once hourly costs of childcare were accounted for; this is more pronounced in rural areas of the state. Efforts to strengthen the [Colorado Child Care Assistance Program](#) and workforce development investments such as

[Colorado Equitable Economic Mobility Initiative](#) are prime opportunities for the COCAP Board to advise on. The COCAP Board is also well-positioned to support the convening of task forces dedicated to cross-system issues such as affordable child care.

Tax Credits: Tax Credits (such as the earned income tax credit and the child tax credit) are a [highly effective](#) way to reduce child poverty and involvement in child welfare. For states that implemented the expanded child tax credit, a 41.4% reduction in childhood poverty was observed. Campaigns such as “[Get Ahead Colorado](#)” by the CDPHE are tangible practices the COCAP Board can help promote. Related policies, such as [SB22-182](#) (Economic Mobility Program) show the importance of pairing policy with practice as the COCAP Board informs efforts around economic and concrete supports.

Priority Populations

For this recommendation, advancing equity looks like expanded reach to:

- **Native American/Alaska Native, Black, and Hispanic/Latinx Postpartum Families:** These postpartum families [are less likely](#) to obtain key concrete support resources when needed.
- **Native American/Alaska Native, Black, and Hispanic/Latinx Children:** Native American/Alaska Native and Black children are about [three times more likely](#) to live in poverty than white children and Hispanic/Latinx children are more than [twice as likely](#) to live in poverty than white children.
- **Native American/Alaska Native, Black, and Hispanic/Latinx Caregivers:** Hispanic/Latinx Coloradans are [three times as likely](#) as white Coloradans to not have health insurance coverage. Native American/Alaska Native, Black, and Hispanic/Latinx families are at least [1.5 times](#) as likely to experience food insecurity compared to the overall population.

Priority Geographic Areas

For this recommendation, advancing equity looks targeted investments in the areas of the San Luis Valley, Southeast region, Southwest region, and Western Slope:

- **Rural Communities:** across all races and ethnicities, [rural communities](#) have higher rates of child poverty, including persistent poverty over time, compared to urban communities. In Colorado:
 - Rural parents have [greater concerns](#) about access to healthcare providers, expressed greater childcare needs, and are less satisfied with employment options than their urban counterparts.
 - Rural communities are [less likely](#) to be within walking distance to a grocery store (43% of rural families compared to 63% of those in the Denver metro).
- **Southern Colorado:** The Southern part of the state is the most food insecure; in 14 counties in the southern part (e.g., Southeast region, Southwest region, San Luis Valley) of the state, [at least 10%](#) of the population are low-income *and* do not live close to a grocery store.
 - The Southeast region of the state has the [most](#) youth who sometimes, most of the time, or always go hungry because of a lack of food at home.
 - The Southwest region has [more expensive health insurance and higher uninsured rates](#).

Activating this Recommendation

Because investments in economic and concrete supports require cross-system action, activating this recommendation requires the COCAP Board to develop and use a process to: a) stay abreast of statewide efforts that could increase family economic well-being; and b) inform and promote those efforts as an advisory body. The Colorado Lab recommends this process be developed in parallel to the process developed for advising on and endorsing prevention recommendations by partners ([Recommendation 8](#)).

Considerations When Activating this Recommendation: Partnership Opportunities

- CPTF Financial Well-Being Working Group: The Colorado Partnership for Thriving Families hosts a [Financial Well-Being Working Group](#) to help align and accelerate economic and concrete supports for families, including a [focus on delinking poverty from neglect](#).
- [CDPHE Maternal-Child Health \(MCH\) Plan](#): Increasing economic mobility is identified as a [MCH priority](#) for FY21-25, with [strategies](#) targeted toward the childbearing population.
- Polis-Primavera Administration [Economic Mobility Initiative](#): Established in 2021, partners in the initiative work to increase enrollment in tax credits and provide direct support around financial literacy, benefit enrollment, and related strategies.
- The [Colorado Equitable Economic Mobility Initiative](#) (CEEMI): CEEMI is a partnership of public, private, and philanthropic stakeholders that push for an evidence-based approach to strengthen the workforce development ecosystem.
- Other State Agencies: Many state agencies (e.g., DOLA, CDEC) are working to advance programs and policies that improve financial well-being for Coloradans. These efforts are prime places to champion the needs of children and families.

Toward Implementation

This report outlines a Prevention Investment Strategy for the Trust Fund to use in fulfilling statutory obligations and working toward [target outcomes](#) in family strengthening. This Investment Strategy is meant to be a living document with implementation over several years. Investments and actions should build upon one another and be responsive to the state’s prevention ecosystem. A focus on COCAP Board uptake of recommendations, and evidence building to measure progress, concludes this report.

COCAP Board Uptake: Roles and Responsibilities

The COCAP Board is positioned to lead implementation of this Investment Strategy. The expectation is not to directly “do” each recommendation, but rather, advise, champion, and inform implementation in collaboration with contractors and other system, community, and family partners. For each recommendation, the Colorado Lab has provided guidance for activating the recommendation, including:

- “Actions to Implement” summary: The core actions that should be taken to move the recommendation forward.
- “Activating this Recommendation” description: Expanded considerations on the core actions to guide the COCAP Board’s next steps.
- “Partnership Opportunities” highlight boxes: Identifies key partnerships that the COCAP Board should leverage to help achieve the goal of alignment and accelerate effort in the state.

Using the guidance provided, the COCAP Board should identify key tasks within each recommendation to tackle annually. Recommendations are interrelated and engage different drivers of change; as such, the Colorado Lab recommends identifying priorities within each recommendation concurrently, versus sequentially or only tackling a certain number per year. Paying close attention to the complementary nature of each recommendation will help maximize efficiency and effectiveness during implementation.

Recommendations are interrelated and complementary. To maximize effectiveness, recommendations should be implemented concurrently with feasible priorities for each identified annually.

Specifically, the COCAP Board should:

1. **Individually**, dedicate time to reviewing this report and become familiar with the recommendations, focus areas, priority populations and geographic areas, and activation guidance. It is vital that new members—or those with prolonged absences—are adequately onboarded to the Investment Strategy as the core document guiding Trust Fund work. COCAP Board members are also expected to build fluency in the subject of prevention, family strengthening, and related efforts.
2. **Together**, identify which recommendations and focus areas align with COCAP Board member passions, expertise, and spheres of influence. Rather than having to hold “the whole” of the Investment Strategy, individual COCAP Board members should take responsibility for specific areas that they can help track, advance, and contribute to. A [RACI matrix](#) may be used to help document results and can be refined as priorities (see below) are agreed to.
3. **Annually**, decide on concrete priorities within each recommendation that enables a “bite size” approach to implementation. Priorities should be aligned with Board member expertise and spheres of influence, partnership opportunities with high feasibility, and landscape efforts with strong

momentum. Priorities chosen should reflect a balance of low-lift and high-lift efforts, using an [impact-to-effort matrix](#).

4. **Quarterly**, the COCAP Board should review two to three recommendations to: a) refresh/reground in the full recommendation; b) discuss progress made on current priorities for that recommendation; and c) revisit next steps and who should be involved.
5. **Ongoing**, COCAP Board members are expected to support implementation of recommendations via the spaces and work they already engage. Monthly COCAP Board meetings can be used as time for thought partnership and to workshop priorities. This includes advising contractors retained for implementation, as well as guest presentations by prevention partners—as noted in this report.

Measuring Progress and Building Evidence

Evidence can inform effective and sustainable investments by the Trust Fund. On the front end, a data-informed approach was used to develop this Investment Strategy, from identifying needs to matching strategies. On the back end, progress on recommendations should be measured and contributions toward target outcomes assessed. To achieve this, the Colorado Lab recommends:

- **Embed evidence-building requirements into RFPs:** The evidence-building requirements should not be overly burdensome for fund recipients and should match the learning goals of the proposal. Data points and sources used to inform the initial recommendation serve as a starting point to identify relevant metrics. When possible, shared metrics should be identified across grantees contributing to similar focus areas, target populations, and/or recommendations. The Colorado Lab uses a [hub model](#) to coordinate evidence-building investments on behalf of local and state partners and align learnings across investments for ongoing learning, scalability, and sustainability.
- **Identify outcomes to measure overtime:** The [target outcomes](#) anchoring this Investment Strategy align with the Child Maltreatment Prevention Framework for Action, enabling the Trust Fund to assess changes in population-level outcomes overtime (see the [measurement guide](#)). Five to eight key metrics should be selected; these should be aligned with the priorities chosen by the COCAP Board for each recommendation. The Colorado Lab recommends this list as a starting point:
 - Mental health of children and youth;
 - Substance use of caregivers, including prenatal substance exposure;
 - Perinatal health for maternal-infant dyads;
 - Economic security and concrete supports;
 - Family functioning;
 - Access to community-based services;
 - Workforce expansion to include peer supports and community health workers; and
 - Child welfare involvement.

For each outcome, a consistent way to measure should be established, [linking data](#) where needed to show a comprehensive picture. A [data equity lens](#) should be applied when assessing each outcome, including understanding differential need, reach, and impacts for priority populations and geographic areas. Where feasible, visualizing target outcomes through a public dashboard can help communicate Trust Fund contributions achieved through this Investment Strategy.

The Board should consider contracting with a skilled evaluator(s) to support evidence-building efforts, both within and across specific investments (i.e., RFPs) and for key indicator trends in target outcomes.

Keeping the Prevention Investment Strategy Responsive

The needs of Colorado children and families evolve overtime, as does the prevention ecosystem and resources available. The data-informed approach used to develop recommendations can be replicated over time, with new data points and sources added as they come available. As the COCAP Board [selects and refreshes priorities](#) within each recommendation, the [Before Action Review and After Action Review tools](#) should be considered. The aim is to understand what progress is being made, why, and what needs to sustain or pivot to achieve target outcomes.

Learnings from Trust Fund investments and ongoing evidence building should be shared with cross-system partners to accelerate and align child maltreatment prevention and family strengthening in Colorado.

Conclusion

This **Data-Informed Prevention Investment Strategy** outlines nine **policy and practice recommendations** to guide direct investments for resources that flow to the Trust Fund and CDEC, build Trust Fund resources long-term, and align and accelerate progress in the prevention ecosystem across Colorado.

Table 1. Recommendations Synthesis

Inform Direct Investments	Raise Capital	Align and Accelerate
Invest in Family Resource Centers.	Position the Trust Fund to be a depositing ground for unspent prevention funds.	Endorse and advise on recommendations by aligned prevention partners.
Invest in evidence-based practices and their state intermediaries.	Increase endowments and other gifts to the Trust Fund.	
Invest in strategies to match families to appropriate services and decrease barriers to access.	Promote strategies to maximize federal drawdown in Family First and expand allowable claiming.	Support policies and practices that expand economic and concrete supports for families.
Invest in implementing strategies identified in local Child Maltreatment Prevention Plans.		

Focus areas within each recommendation center the most pressing needs of Colorado families and where the Trust Fund is uniquely positioned to contribute, build on existing efforts, and provide value-add to the prevention ecosystem. Ensuring investments are aligned with target populations and geographic areas will help to achieve equitable approaches and opportunities in family strengthening.

Achieving this multi-year strategy will require co-ownership and collaboration across the COCAP Board, CDEC staff, and cross-system partners and contractors. This report provides the data, guidance, and tools necessary to be successful in this endeavor—in common commitment to thriving families and communities.

Appendix A: Family First Service Array

See the most recent [Family First: Annual Evidence-Building Strategy Report](#) for further details.

Colorado's Plan includes ten approved programs/services eligible for federal drawdown. A program/service must have a Title IV-E Prevention Services Clearinghouse rating of promising, supported, or well-supported to be included in Colorado's 5-Year Prevention Services Plan (Colorado's Plan).

- Functional Family Therapy,
- Healthy Families America,
- Multisystemic Therapy,
- Nurse-Family Partnerships,
- Parent-Child Interaction Therapy,
- Parents as Teachers,
- Child First,
- Fostering Healthy Futures for Preteens,
- SafeCare
- Colorado Kinnected.

The following are being resourced by the Colorado Lab's Family First Evidence-Building Hub and are undergoing evidence building for inclusion in Colorado's Plan:

- Fostering Healthy Futures for Teens;
- Fostering Healthy Futures for Preteens;
- Multisystemic Therapy – Telehealth Enhanced (adaption);
- Screening, Brief Intervention, and Referral to Treatment (SBIRT); and
- Trust-Based Relational Intervention (Caregiver Training).

Appendix B: Locating the Best Available Research Evidence

Synthesis of leading clearinghouses to help locate the best available research evidence, including their subject matter focus and outcomes prioritized in the evidence reviews.

Table B1. Summary of Leading Clearinghouses for Evidence-Based Practices

Clearinghouse Name	Website	Subject Matter/Focus	Targeted Outcomes	Notes
Title IV-E Prevention Services Clearinghouse	https://preventionse rvices.acf.hhs.gov/	Prevention practices for strengthening families and preventing child welfare involvement.	<ul style="list-style-type: none"> • Child Well-Being (multiple) • Adult Well-Being (multiple) • Child Safety (multiple) • Child Permanency (multiple) 	Created for the Family First Prevention Services Act, but with much broader implications for evidence-based practices in the child/youth/family prevention space.
Blueprints for Healthy Youth Development	https://www.blueprintsprograms.org/	Youth and young adult maturity.	<i>(for youth)</i> <ul style="list-style-type: none"> • Problem Behavior • Education • Emotional Well-Being • Physical Health • Positive Relationships 	Initially focused on youth interventions to prevent violence, delinquency, and drug use; expanded scope now includes mental and physical health and education.
CEBC: California Evidence-Based Clearinghouse for Child Welfare	https://www.cebc4cw.org/	Interventions for children and families involved in the child welfare system.	<ul style="list-style-type: none"> • Domestic Violence • Substance Abuse • Behavior Management • Parent Trainings • Mental Health • Prevention and Early Intervention • Youth Support Services • Placement & Reunification Services 	Not CA specific, despite the name. Widely used nationally.



Clearinghouse Name	Website	Subject Matter/Focus	Targeted Outcomes	Notes
HomeVEE: Home Visiting Evidence of Effectiveness	https://homvee.acf.hhs.gov/	Early childhood home visiting models.	<ul style="list-style-type: none"> • Child Development & School Readiness • Family Economic Self-Sufficiency • Maternal Health • Child Maltreatment • Positive Parenting Practices • Child Health • Care Coordination, Referrals • Juvenile Delinquency, Family Violence, & Crime 	Used in MIECHV funding specifically, but great source for home visiting models writ large.
Crime Solutions (from National Institute of Justice)	https://crimesolutions.ojp.gov/	Criminal and juvenile Justice, victims assistance, school safety, youth mentoring.	<ul style="list-style-type: none"> • Drugs & Substance Use • Juvenile Problems & At-Risk Behaviors • Victimization (e.g., bullying) • Mental & Behavioral Health • Attitudes & Beliefs (e.g., bystander efficacy) • Crime & Delinquency (e.g., violence offenses) • Education (e.g., dropout) • Family Functioning 	Prevention and intervention foci within criminal justice space, heavily youth focused.
WWC: What Works Clearinghouse	https://ies.ed.gov/nc/ee/wwc/FWW	Education (primarily K-12).	<ul style="list-style-type: none"> • Children & Youth with Disabilities • College Readiness & Completion • English Learners • High School Completion • Literacy • School Choice • Social, Emotional, Learning, & Behavior 	Intervention reports as well as practice guides for educators.



Clearinghouse Name	Website	Subject Matter/Focus	Targeted Outcomes	Notes
			<ul style="list-style-type: none"> • STEM • Teachers & School Leaders 	
SAMHSA Evidence-Based Practices Resource Center	https://www.samhsa.gov/resource-search/ebp	SAMHSA Evidence-Based Practices Resource Center.	<ul style="list-style-type: none"> • Opioid Use Disorder • Serious Mental Illness • Stimulant Use Disorder • Co-occurring Disorders • Depression • Suicide • Marijuana Use Disorders • Opioid Overdose Prevention • Severe Emotional Disturbance • Schizophrenia • Pain Management • Posttraumatic Stress Disorder • Alcohol Use Disorder • Anxiety & Phobias • First Episode Psychosis 	Not a traditional clearinghouse with rated evidence-based practices, but rather, a site of resources for incorporating evidence-based practices into community and clinical settings.
Results First Clearinghouse Database	https://evidence2impact.psu.edu/what-we-do/research-translation-platform/results-first-resources/clearinghouse-database/	Effectiveness of social policy programs from nine national clearinghouses (or clearinghouse-like resources) (broad subject matter).	<ul style="list-style-type: none"> • Crime & Delinquency • Child & Family Well-Being • Education • Employment & Job Training • Mental Health • Public Health • Sexual Behavior & Teen Pregnancy • Substance Use 	Originally funded by the Pew foundation to catalyze evidence-based policymaking. “Clearinghouses” include: Blueprints, CBEC, Arnold Foundation, WWC, EBCCP (cancer focused), Teen Pregnancy Evidence Review, Crime Solutions, SAMHSA, RWJ County Health Rankings, Military Family Readiness.

Appendix C: Detailed Data Findings and Data Sources

Data was sourced and thematically grouped within each of the five outcomes named in statute and aligned with the [Colorado Child Maltreatment Prevention Framework for Action](#). Within each, key measures were used to better understand how to move the needle on the outcomes. Findings are detailed below.

Table C1. Data Findings, organized by Outcomes in the Colorado Child Maltreatment Prevention Framework for Action

1. Increases in child well-being and achievement.

Measure	Findings
Special needs of children	<ul style="list-style-type: none"> Colorado’s rate of children and youth with special health care needs is comparable to the nationwide rate. Colorado babies have had lower birth weights. Colorado babies have lower rates of receiving recommended vaccinations.
Childhood sexual abuse	<ul style="list-style-type: none"> From 2014 to 2020, the number of Colorado children that were sexually abused steadily rose. Most substantiated sexual abuse allegations were for female children. Hispanic/Latinx children were disproportionately overrepresented in substantiated reports.
Childhood and youth mental health	<ul style="list-style-type: none"> There are statewide gaps in early childhood mental health services. Statewide, less than 10% of children aged zero to eight received mental health services. 23% of children who need mental health counseling or care are not receiving it. Acute childhood mental health needs are present in the Southeast region of the state and Adams County. For older youth, depression has increased. Feelings of sadness and hopelessness are higher among youth of color and LGBTQ identifying youth. Black youth are more likely to have attempted suicide. Youth mental health needs are most prevalent in the Southwest region of the state.

2. Increases in parent/caregiver well-being and achievement.

Measure	Findings
Substance use	<ul style="list-style-type: none"> ● 13.1% of individuals responsible for child maltreatment deaths were drug impaired at time of incident and 10.1% were alcohol impaired. ● Substance use is impacting all youth and adults across races/ethnicities throughout the state. ● 18.3% of adults in Colorado binge drink. ● 15.1% of surveyed mothers drank alcohol during the last three months of pregnancy. ● Drug overdoses are increasing while Coloradans face barriers to behavioral health care due to cost, insurance issues, scheduling, and transportation difficulties. ● Over half (52.1%) of insured Coloradans did not seek treatment for substance use since they believed their insurance would not cover it. ● Of adults that needed but did not get substance use services, 72.8% were not comfortable talking about personal problems, and 72.4% were concerned about someone finding out they had a problem. ● Overdose rates are highest among Black and Native American/Alaska Native individuals. ● The San Luis Valley has the highest rates of overdose deaths.
Mental health needs	<ul style="list-style-type: none"> ● 18.1% of Coloradan adults have been told that they have a depressive disorder. ● Statewide prevalence of adult suicide has increased. ● Multiracial identified individuals are nearly twice as likely to experience poor mental health. ● 17% of Coloradans said they could not get the mental health care they needed. 13.5% of Coloradans did not access this care due to cost, being uninsured, or difficulty in getting an appointment. ● People of color are less likely than White people to get the behavioral health services they need. ● 15.7% of mothers had depression during the three months before pregnancy and 11.5% had postpartum depression. ● Individuals with depression during pregnancy were twice as likely to not have enough money to make ends meet at the end of the month.

Measure	Findings
	<ul style="list-style-type: none"> ● 37% of postpartum people said they wanted or needed mental health care or counseling services; just over six in 10 were able to get the care they needed or wanted. ● Individuals living in rural and frontier counties have higher rates of poor mental health. The age-adjusted rate of mental health diagnosed hospitalizations is highest in the Northeast region, followed by the San Luis Valley. ● Most of the counties in the San Luis Valley, the Southeast region, and the Southwest region had age-adjusted rates of suicide deaths higher than state average.
Educational attainment	<ul style="list-style-type: none"> ● 9.8% of Coloradan mothers have less than a high school diploma or GED. ● White mother’s education (84.2% have some college) is higher than that of Black mothers (82.6%) and Black Multiracial (78.9%) mothers. ● The San Luis Valley, followed by the Southeastern region, has the lowest educational attainment in Colorado (estimated % of population [age 25+] with no high school diploma).
Economic security	<ul style="list-style-type: none"> ● In 2023 the rate of Coloradan children living in poverty is similar to what it was in 2019: 12.1% of children under 18 live in families with incomes below the poverty level. ● The five counties with the highest child poverty rates were Costilla (36%), Saguache (35%), Huerfano (32%), Crowley (31%), and Las Animas (29%) (compared to the national rate of 17%). ● Both Native American/Alaska Native and Hispanic/Latinx parents/caregivers experience lower economic security than White ones. ● In Colorado, one quarter of postpartum people experience resource insecurity (32% of birthing individuals were at or below 185% of the federal poverty line). Women of color less likely to have access to all the resources they need, such as food, housing, utilities, clothing, transportation, and health care: 57% of Black postpartum people, 58% of Native American/Alaska Native postpartum people, and 66% of Hispanic postpartum people were likely to get all resources when they needed them as compared to 82% of White postpartum people. ● The highest rates of families living with incomes below the poverty level are in the San Luis Valley and the Southeast region (along with Moffat County). ● Full time employment continues to be a top need across Coloradan families. ● San Luis Valley and the Southeast region: five of the eight counties within the highest bracket of unemployment (from 6.2% to 32.1% of the population 16 years and older) are located in these two geographic regions.

Measure	Findings
	<ul style="list-style-type: none"> ● Six of the 10 counties that have the greatest percent of the population that is low-income <i>and</i> does not live near a grocery store are located in the Southeast region. Costilla County, in the San Luis Valley, has the highest statewide rate (49.2%).
Other measures to assess parent / caregiver well-being and achievement	<ul style="list-style-type: none"> ● Across Colorado 36.9% of pregnancies resulting in live birth were unintended. ● Across several regions, both urban and rural, at least 20% of households are single family households. ● The Eastern part of the state, along with the San Luis Valley have more counties with a higher percentage of young mothers.

Other large scale issues and protective factors to promote parent/caregiver well-being and achievement, as identified by the United States [Centers for Disease Control and Prevention](#).

Measure (Protective)	Findings
Health care	<ul style="list-style-type: none"> ● 4.6% of Coloradans lacked health insurance in 2023, however 19.8% could not get care they needed due to high costs. ● 81.9% of birthing individuals received care within the first trimester of pregnancy. ● Of postpartum individuals needing or wanting care, just over six in 10 were able to access services. ● Health First Colorado providers are most saturated along the front range and some rural/frontier counties have no provider. ● Families whose primary language is one other than English have less access to health services. ● Of adults who received health care in 2023, 7.1% felt they were treated with less respect than others, up from 3.8% in 2021. ● In 2019, 12.1% of working-age adults were eligible but not enrolled (EBNE) in Medicaid. ● Medicaid enrollment rates were higher in the San Luis Valley, the Southeast region, and the Metro region, and lower in some counties in the Northwest region.



Measure (Protective)	Findings
Nutrition	<ul style="list-style-type: none"> ● 17.2% of households with infant or toddlers are experiencing low or very low food security. ● Nearly 7% of postpartum people across the state reported being unable to get food when they needed it (2018-2020), this was especially true among Native American/Alaska Native, Black, and Hispanic/Latinx families, who were at least 1.5 times as likely to experience food insecurity. ● The San Luis Valley, Southeast and Southwest regions contain the greatest percentage of people who are low-income and do not live close to a grocery store. ● The Southeast region, particularly Pueblo county, has the highest percentage of students who sometimes, most of the time, or always went hungry in the past 30 days because of a lack of food at home.
Childcare	<ul style="list-style-type: none"> ● Families across the state have unmet child care needs. Disparities exist by race/ethnicity with higher rates of Black and Asian individuals having expressed unmet needs (one in three of these families have unmet needs). Needs were also greater for those who speak a primary language other than English and/or those with low household incomes.
Early education	<ul style="list-style-type: none"> ● 49% of Coloradan children aged three and four are enrolled in school, which is higher than the national average. ● The regions with the highest cross-county average of children ages three and four enrolled in preschool are the Southwest (66%) followed by the Metro region (50%). ● The lowest rates were in the eastern part of the state: both the Northeast and Southeast regions.
Housing	<ul style="list-style-type: none"> ● 20% of Colorado owners and 49% of Colorado renters are spending more than 30% of their income on housing, rates that are higher than national averages. ● 17% of Colorado residents are living in a different location than they were a year ago and this rate is higher (34.2%) for prenatal women who report having moved in the year before delivery. ● In most counties across the state at least 10% of the population have an average housing cost burden greater than 50%. The highest percentages are in the Metro, Northwest, and Southwest regions.



3. Increases in consistent high-quality caregiving.

Measure	Findings
Parents/caregivers thoughts and emotions, parenting skills, and stress	<ul style="list-style-type: none">● Parenting people with higher incomes and those who had another adult to help with child rearing report more positive relationships with their children.● 73.6% of mothers experience at least one stressor during the 12-months before delivery.● 6.4% of parents/caregivers either usually or always feel aggravated by parenting (2020-2021 two-year estimates), which is up from 4.4% in 2017-2018.● Most parents/caregivers believe they are handling the daily demands of raising children somewhat or very well.● 85% of children live in families where the family demonstrates family resilience during difficult times all the time.● 70.2% of Hispanic parents/caregivers have someone they can turn to for day-to-day emotional support with parenting or raising children as compared to 84.7% of non-Hispanic White parents/caregivers.
Child monitoring and presence of caring adults	<ul style="list-style-type: none">● Most parents/caregivers always or usually uphold household rules and routines and 89.5% of children have at least one other adult they can rely on for advice (2017-2018 two-year estimates).● Black and Black multiracial students were less likely to have an adult to go to for help.● At school, students of color were less likely to feel connected and cared for, less likely to participate in extracurricular activities, and more likely to experience racism compared to their White counterparts.

4. Increases in safe, supportive neighborhoods and communities.

Measure	Findings
Community violence	<ul style="list-style-type: none"> • Juvenile violent crime was highest in the Northeast and Metro regions (highest in Cheyenne, Mesa, and Baca counties). • Adult violent crime was highest in the Metro area and the Southeast (e.g., Las Animas, Denver, Baca, Alamosa). • Hispanic/Latinx and Native American/Alaska Native individuals are overrepresented in the criminal justice system. • Across regions, 7-9% of students did not go to school on one or more of a 30 day period because they felt they would be unsafe at school or on their way to or from school and kids in the Southeast region feel more unsafe in their communities compared to other regions. Among counties with data available, Pueblo county has the lowest percentage of students (81%) who most of the time or always feel safe in their neighborhood.
Concentrated disadvantage	<ul style="list-style-type: none"> • 8% of Coloradans are accessing SNAP benefits, compared to 13% nationally and 43% of students (within 178 selected school districts) access reduced or free lunch. • Concentrated disadvantage is most present in the Southeast region and the San Luis Valley. • The San Luis Valley has the highest percentage (28%) of households with children receiving food stamps/SNAP, followed by the Southeast region (22%). • The San Luis Valley region has the highest percentage of children under five years of age enrolled in WIC (50%). • The San Luis Valley and the Southeast region have the highest percentage of children receiving TANF basic cash assistance (8%).



Measure	Findings
Built communities	<ul style="list-style-type: none">● Just over half of Colorado children (57.2%) live in supportive neighborhoods and just over half (53.4%) live in a neighborhood that contains a park, recreation center, sidewalks, and a library.● The rate of children that live in healthy built communities increases with higher familial income.● Access to community-based services are more limited in communities with concentrated low-income households.● Hispanic/Latinx parents/caregivers rate their communities more positively than respondents of other races/ethnicities. Non-Hispanic/Latinx parents/caregivers of color rated their communities lowest, however these parenting people use a wider range of public or community services than either their White or Hispanic/Latinx counterparts.
Social connections and support	<ul style="list-style-type: none">● Most parents/caregivers (79%) say that during the past year they had someone they could turn to for day-to-day emotional support with parenting or raising children.● Hispanic/Latinx families ask for all types of instrumental support more frequently than respondents of other races/ethnicities.● Rural Coloradans were more likely than their urban counterparts to know where to get help if they were in trouble.● The Metro, Northeast, Northwest, and San Luis Valley regions of the state contain linguistically isolated communities. In each region, 5% to 8% of the population over five years of age speaks English less than very well.



5. Decreases in the incidence of child maltreatment and child maltreatment fatalities.

Measure	Findings
Maltreatment	<ul style="list-style-type: none">● Most child maltreatment in Colorado is in the form of neglect and the state's rate of neglect is higher than the national average.● Sexual abuse is the second most prevalent form of child maltreatment, followed by physical abuse.● Across the state, for children and youth under 18 years old, there are 9 per 1,000 incidences of maltreatment, including physical abuse, sexual abuse, emotional abuse and/or neglect.● Black and Hispanic/Latinx children are overrepresented among maltreated children given their proportion of the state's child population.● Regionally, rates of child maltreatment are highest in the San Luis Valley.
Maltreatment fatalities	<ul style="list-style-type: none">● Currently, across Colorado, there are 4.8 infant deaths (for children less than one year of age) per 1,000 live births.

Table C2. Leading Data Sources Used in Analysis

“Living” Data Sources	Curated Evaluation and Data Reports
Casey Family Programs Community Opportunity Map	CDHS* Behavioral Health Needs Assessment
CDHS Community Performance Center	Casey Family Programs Report Compilation
CDPHE* Community Health Equity Map	Colorado's 5-Year Prevention Services Plan
CDPHE Community Level Estimates	Child Maltreatment Prevention Framework Literature Review
CDPHE Data by Topic	Child Maltreatment Prevention Framework: Measurement Guide
CDPHE Health eMoms Reports	Colorado Children and Family Services Plan 2020-2024
CDPHE Healthy Kids Colorado	Colorado Home Visiting Best Practices Inventory (2022)
CDPHE Population Density	Colorado Lab Family First Strategy and Evaluation Reports
CDPHE Colorado Public Health Indicators	Colorado Shines Brighter Family Needs Assessment Survey 2020
CDPHE Pregnancy Risk Assessment Monitoring System (PRAMS)	DCW* 2020 Colorado Program Improvement Plan
CFPS* Child Maltreatment Deaths	ECMH* Risk & Reach
Colorado Lab Family First Services Map	FRCA* Annual Evaluation Report 2022-2023
Colorado Health Access Survey	FRCA Impact Study
County Health Rankings & Roadmaps	Health Kids Colorado—Shared Risk and Protective Factor Report
HUD* Categorical Estimates	Illuminate Colorado Issue Brief: Prevention of Child Sexual Abuse 2021
MIECHV* Needs Assessment	Implementing Evidence-Based Child Welfare
National Survey of Children’s Health	Kids Count Report—County Level Data
State of Babies Yearbook	MIECVH 2020 Needs Assessment Full Report
U.S. Census ACS 5-Year Estimates	OCYF* 2022 Annual Progress and Services Report
U.S. Bureau of Labor Statistics	OEC* Racial Disparities in Perceptions of Community Supports

*Abbreviations: CDHS: Colorado Department of Human Services; CDPHE: Colorado Department of Public Health and Environment; CFPS: Colorado Child Fatality Prevention System; DCW: Colorado Division of Child Welfare; ECMH: Early Childhood Mental Health; FRCA: Family Resource Center Association; HUD: U.S. Department of Housing and Urban Development; MIECHV: Maternal, Infant and Early Childhood Home Visiting; OCYF: Colorado Office of Children, Youth and Families; and OEC: Office of Early Childhood (now, the Colorado Department of Early Childhood).