

Executive Summary of Recommendations

The Colorado Evaluation and Action Lab (Colorado Lab) serves as the [Family First Evidence-Building Hub](#) on behalf of the Colorado Department of Human Services (CDHS). In this role, the Colorado Lab provides strategic guidance to meet the evidence-based aspects of Family First, coordinates rigorous evaluation efforts, and ensures strategic investments in evidence building.

This strategy report contains seven recommendations for growing the Family First Service Array, maximizing federal drawdown, and strengthening cross-system partnerships. To inform these recommendations, the Colorado Lab relies on the co-developed long-term [Strategy for the Evidence-Based Aspects of the Family First Service Continuum](#), a [set of June 2023 recommendations](#) from the [Delivery of Child Welfare Services Task Force](#), and ongoing partnership with the CDHS Office of Children, Youth, and Families (OCYF) Division of Child Welfare (DCW), [Colorado Implementation Science Unit](#) (CISU), and key partner groups such as the [Child Welfare Prevention Task Group](#) (CWPTG) and the Colorado [Child Abuse Prevention \(COCAP\) Trust Fund](#).

Prioritizing Additional Programs and Services for Evidence Building

The annual allocation to the Family First Evidence-Building Hub (the Hub) is being fully utilized, yet there are additional evidence-building activities that would benefit the Family First Service Array. The first three recommendations focus on leveraging adjacent resources, opportunities, and planning for onboarding future evaluations into the Hub.

Recommendation 1: Secure funding for rigorous evaluation of high-priority programs/services.

High Fidelity Wraparound (HFW). CDHS explores with the Behavioral Health Administration (BHA) and the Department of Health Care Policy and Financing's (HCPF's) Medicaid System of Care the opportunity to resource an evaluation to support cross-system investment in evidence building for HFW. The Hub provides letters of support as needed and provides consultation on design.

Telehealth-Enhanced Multisystemic Therapy (TE-MST, *adaptation*). CDHS connects with BHA and HCPF to explore opportunities to build evidence for TE-MST. Kempe Center develops a proposal for bridge funding to begin study design and maintain site engagement and applies for federal funding to execute the full study. The Hub provides letters of support as needed and provides consultation on design.

Recommendation 2: Monitor mid-priority programs/services for evidence-building opportunities.

Eye Movement Desensitization and Reprocessing (EMDR). The Hub continues monitoring EMDR for evidence-building opportunities or new research that may warrant a Clearinghouse re-review of evidence.

Child-Centered Play Therapy (CCPT). The Hub supports Dr. Sheesley in aligning Regis University's clinic data collection with the information needed to evaluate CCPT.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). The Hub continues monitoring TF-CBT for more viable evidence-building opportunities or new research that may warrant a Clearinghouse re-review of evidence.

Telehealth-Enhanced Functional Family Therapy (TE-FFT, *adaptation*). CDHS connects with BHA and HCPF to explore opportunities to build evidence for TE-FFT. The Hub continues monitoring TE-FFT for evidence-building opportunities or new research that may warrant a Clearinghouse re-review of evidence.

Recommendation 3: Identify additional programs/services for possible consideration in the evidence-building pipeline.

Family Spirit. CISU runs Family Spirit through the conceptual framework and explores opportunities with key partner groups to see if there is appetite for lifting the program in Colorado. CDHS identifies potential state intermediaries to support implementation.

Nurturing Parenting Program for Parents & Their School Age Children 5 to 11 Years (NPP 5-11). CISU runs NPP 5-11 through the conceptual framework and explores opportunities with key partner groups (particularly counties and the Colorado Department of Early Childhood [CDEC]) to see if there is appetite for making this a Family First service. CDHS identifies potential state intermediaries to support implementation.

Family Connects. The Hub runs Family Connects through the conceptual framework and explores opportunities with key partner groups (particularly CDEC and CWPTG) to see if there is appetite for making this a Family First service. If so, the Hub adds Family Connects to the evidence-building pipeline and facilitates a request for an evidence review by the Clearinghouse so Family Connects can be rated.

Circle of Parents®. The Hub connects with Illuminate Colorado to better understand recent study results, plans for ongoing service delivery, and what is needed for evidence building.

Explore county-designed services for evidence-building opportunities. CDHS reviews Core Services Program Plan plans to identify programs/services with high potential for inclusion in Colorado's Plan.

Advancing Colorado's Prevention Strategy

The next three recommendations aim to advance Colorado's Prevention Strategy by maximizing federal draw down, which in turn allows the Child Abuse Prevention Trust Fund to reinvest in prevention.

Recommendation 4: Maximize federal drawdown for existing populations currently eligible for programs/services in Colorado's Plan.

Ensure strategic referral systems are in place to match Family First populations currently eligible for drawdown with programs/services in the Array. CISU supports Healthy Families America and Parents As Teachers in identified needs around referral systems. CDHS connects with the COCAP Trust Fund Board to discuss opportunities to resource outreach coordinators. CISU provides a mini training on the decision-making tool with key partner groups as appropriate.

Expand programs/services to non-Medicaid eligible populations, so that more families can be reached and federal funds can be drawn down.

- Review all programs/services in the Family First Service Array for percent and dollar amount of service delivery currently being paid for through Medicaid.
- Consult with state intermediaries to determine total cost of service delivery (direct and infrastructure costs) and calculate the gap between Medicaid funding and actual costs, if any.
- For programs/services with high percentages and dollar amounts paid for by Medicaid, determine, in consultation with state intermediaries, if the program/service can benefit non-Medicaid eligible families and the barriers to increasing reach and access.

Prioritize resourcing reach and access of programs/services based on feasibility of expanding to non-Medicaid populations and maximizing drawdown.

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

- CDHS considers an OCYF memo, townhall, and/or related mechanism to issue guidance to county child welfare departments on improving use of the Family First Service Array and appropriate documentation in Trails.
- Colorado Lab creates a matrix that shows maintenance of effort with and without reimbursement. CDHS leverages this information to inform the resourcing of programs/services within the Family First Array for children/youth not currently eligible for drawdown.

Recommendation 5: Maximize federal drawdown by expanding populations eligible for drawdown (Community Pathways).

Implement a Community Pathways approach for each program/service in the Family First Array.

- With federal approval, CDHS launches the SafeCare community pathways pilot. A first priority should be establishing an inter-agency data sharing agreement with CDEC to provide the necessary data to allow CDHS to claim for reimbursement on children and families that receive SafeCare but are not documented in Trails.
- CDHS and the Colorado Lab discuss implications of community pathways for evidence building, continuous quality improvement (CQI), and fidelity monitoring. Following, the

Colorado Lab consults with the SafeCare evaluation team (CSU) to identify alignment opportunities with the pilot.

- In collaboration with CDEC and the Kempe Center as a state intermediary, CDHS documents SafeCare’s implementation of a community pathway approach so that it can be replicated and adapted for other programs/services in Colorado’s Plan.
- CDHS connects with the COCAP Trust Fund Board to discuss collaboration opportunities in expanding allowable claiming.

Explore the role of PA3 in Family First. CDHS continues to explore PA3 potential as an avenue for Family First claiming. CDHS consults with the Colorado Lab to inform this strategy.

Recommendation 6: Leverage key partnerships to create alignment in the Prevention Services Continuum.

Align key partners. CDHS, the Colorado Lab, and CDEC staff for the Colorado Child Abuse Prevention Trust Fund Board meet to identify roles and responsibilities, and map alignment and communication pathways.

Recommendation 7: Build capacity to use the Statewide Fidelity Monitoring Dashboard to support high-quality delivery of programs/services.

The final recommendation focuses on building capacity to include prevention services beyond those in Colorado’s Plan in the Statewide Fidelity Monitoring Dashboard to support CQI efforts.

Statewide Fidelity Monitoring Dashboard.

- CDHS Family First leadership and staff members workshop how to best leverage and resource the dashboard to align with above recommendations and other opportunities identified in partnership with CDHS.
- CDHS and the Colorado Lab create a plan by January 2025 to transition dashboard maintenance and evolution to DCW’s Prevention and Core Services Administrator.

Each recommendation is expanded upon throughout the report, and a detailed table of recommendations is included in [Appendix A](#).

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Acknowledgements

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Introduction

Colorado's Family First Strategy

The Family First Prevention Services Act (Family First) provides an opportunity to think differently about prevention within child welfare by providing oversight (e.g., Title IV-E Prevention Services Clearinghouse) and resources (e.g., use of Title IV-E funds to prevent out-of-home placement) to build a service array targeted at families at risk for initial or deeper child welfare involvement. Colorado has developed a [Five-Year Family First Prevention Services Plan](#) (Colorado's Plan) that reflects a broader strategy to further evolve the child welfare system into one that truly improves the safety, permanency, and well-being of all children, youth, and families through a continuum of community-based prevention services and supports. The value of Colorado's Family First strategy is not limited to only programs/services in Colorado's Plan. Strategies explored, developed, and resourced through Family First can catalyze and strengthen the full Prevention Services Continuum in Colorado, so that evidence-based practices can be made widely accessible to all Colorado families.

"Array" Versus "Continuum"

Family First Service Array: Select programs/services included in Colorado's Plan and approved by the [Title IV-E Prevention Services Clearinghouse](#) (Clearinghouse) as evidence-based practices.

Colorado Prevention Services Continuum: All programs/services in Colorado that contribute to primary, secondary, or tertiary prevention to strengthen families. This includes programs/services that cross state agencies—including the Colorado Department of Early Childhood (CDEC), the Colorado Department of Human Services (CDHS) Office of Children, Youth, and Families (OCYF) Division of Child Welfare (DCW), the Behavioral Health Administration (BHA), the Colorado Department of Public Health and Environment (CDPHE), and the Colorado Department of Education (CDE)—as well as those that are county-designed and community-based. These programs/services may be approved by one or more clearinghouses as evidence-based and/or may be at the early stages of evidence building.

Family First Evidence-Building Hub

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

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

A Pipeline for Family First Evidence-Building

The Colorado Lab created an evidence-building pipeline for programs/services to advance toward a Clearinghouse evidence designation and eventual approval in Colorado's Plan ([Figure 1](#)). Advancing programs/services through this pipeline will help to promote high-quality service delivery and increase the amount of Family First reimbursement dollars returned to the [Colorado Child Abuse Prevention Trust Fund](#) (Trust Fund) for reinvestment in child maltreatment prevention.

Programs/services included in the pipeline must meet one of three criteria:

- The program/service is currently in Colorado's Plan and requires ongoing rigorous evaluation as a *promising or supported* practice.
- The program/service is not yet in Colorado's Plan but is prioritized for evidence building through the Hub or aligned funding to support the vision of adding more programs/services to Colorado's Plan.
- The program/service was previously identified in Colorado's [Strategy for the Evidence-Based Aspects of the Family First Service Continuum](#) (long-term strategy), and ongoing evidence building allows continuity with previous partner recommendations.

As the Family First Evidence-Building Hub, the Colorado Lab facilitates movement of programs/services through the pipeline by coordinating rigorous evaluation efforts, tracking Clearinghouse designations, and supporting CDHS in requesting initial or re-review of evidence.

Recommendations Development

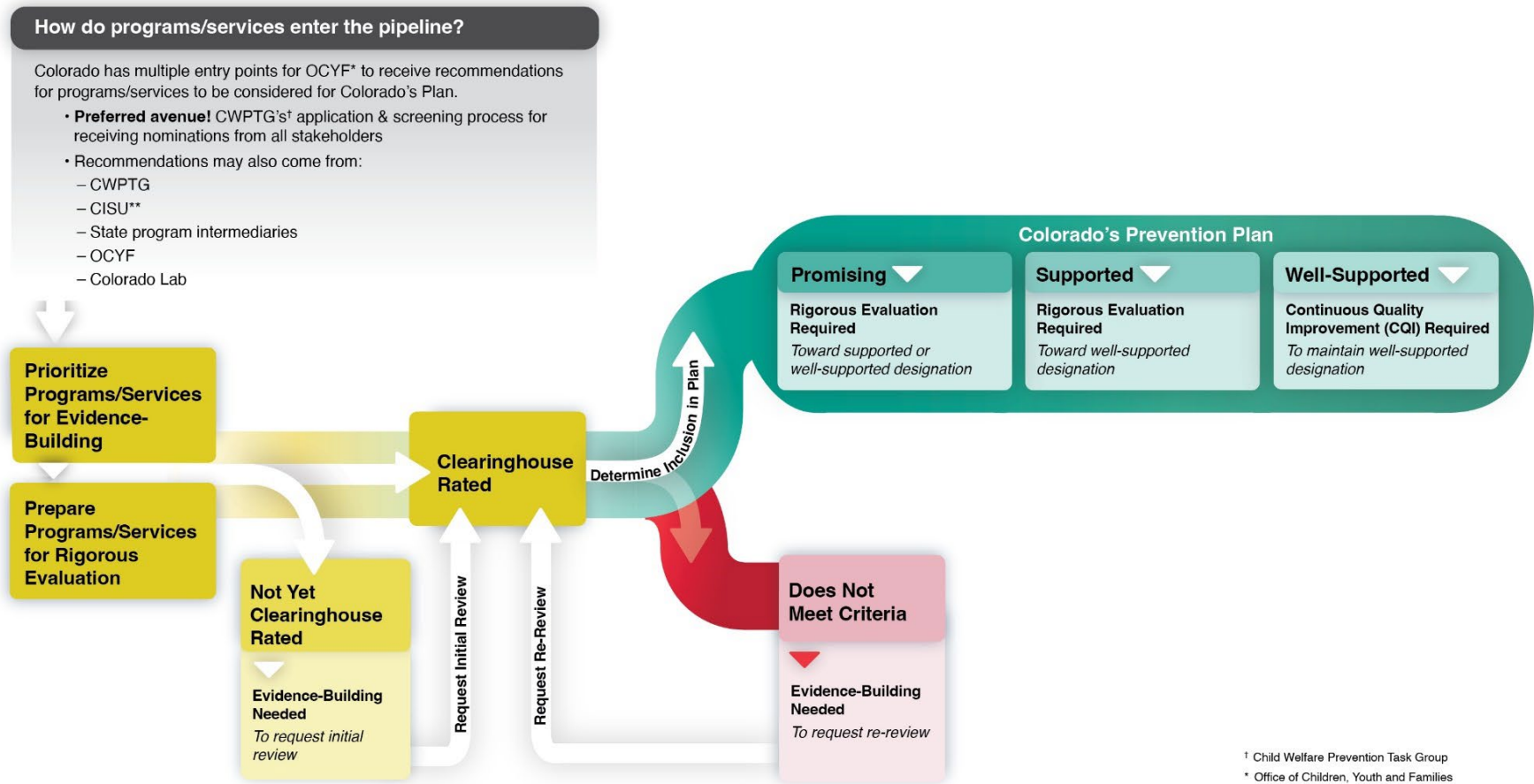
To support decision making for whether to include additional programs/services in the next iteration(s) of Colorado's Plan, the Colorado Lab and Family First subject matter experts co-developed a [conceptual framework](#). The Colorado Lab partnered with the [Colorado Implementation Science Unit](#) (CISU) to begin applying the conceptual framework to the ten¹ programs/services eligible for drawdown of Family First funds through meetings with state intermediaries. In addition, the Colorado Lab conducted a [scan of all Clearinghouse programs/services](#) and, in collaboration with DCW partners, identified leading programs/services that already have a presence in Colorado and fill gaps in the current Family First Service Array.

To inform recommendations presented in this report, the Colorado Lab relies on the co-developed [long-term strategy](#), a [set of June 2023 recommendations](#) from the [Delivery of Child Welfare Services Task Force](#), and ongoing partnership with DCW, CISU, the [Child Welfare Prevention Task Group](#) (CWPTG), and the Colorado [Child Abuse Prevention Trust Fund](#).

In addition to recommendations for prioritizing evaluation of additional programs/services, this strategy report provides recommendations for utilizing evidence to maximize federal drawdown, expand eligible populations, and leverage partnerships to advance Colorado's prevention strategy.

¹ There are nine traditionally approved services in Colorado's Plan, as well as the addition of Colorado Kinnected.

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



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



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Family First Evidence Requirements



Family First Evidence Requirements

To be considered for inclusion in Colorado’s Plan, programs/services must have an evidence designation of “promising,” “supported,” or well-supported.” Programs/services approved in Colorado’s Plan that have a *promising* or *supported* evidence designation have a federal requirement of ongoing rigorous evaluation. Once a program/service earns the *well-supported* designation, Colorado can apply for a waiver of rigorous evaluation and implement only federal requirements for continuous quality improvement (CQI).

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

The evidence designation has implications for the resources required to include a program/service in Colorado’s Plan (i.e., rigorous evaluation is required for *supported* and *promising* program/services; CQI is required for *well-supported* programs/services). In addition, programs/services that have not yet been rated, and those that have been reviewed but received a rating of *does not meet criteria*, may be worth prioritizing for evidence building if there is value to including them in Colorado’s Plan and if preliminary data suggest that a rigorous evaluation may yield favorable results.

Relationship between the Clearinghouse and Colorado’s Plan

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

A program/service must be rated as *promising*, *supported*, or *well-supported* to be included in Colorado’s Plan. Colorado must meet multiple additional requirements for a Clearinghouse-approved program/service to formally be added to Colorado’s Plan and eligible for drawdown. Additionally, 50% of claims must be for *well-supported* programs/services.

Clearinghouse Handbook of Standards and Procedures, Version 2.0

In July 2024, the Clearinghouse released the [Handbook of Standards and Procedures, Version 2.0](#) (Handbook 2.0). Handbook 2.0 guides how the evidence review process is done. It intends to be responsive to community needs and expert consultation, enhance the transparency of the Clearinghouse’s standards and procedures, and update the standards to align with current best practices for systematic reviews.

Key revisions include:

- **Program/Service Identification and Selection:** Clarifies how programs/services can be recommended and defined, particularly for kinship navigator and mental health services.
- **Literature Search:** New databases were added to ensure comprehensive literature reviews, especially regarding studies with tribal populations.
- **Study Eligibility:** Expanded criteria for study designs, comparison conditions, and outcomes, allowing for greater flexibility and inclusivity in evaluations.
- **Impact Estimates:** More details on how impact estimates are recorded and characterized, including statistical significance and effect sizes.
- **Program/Service Ratings:** Revised criteria for program/service ratings and definitions for usual care settings, enhancing clarity on assessments of programs/services.

In its role as the Family First Evidence-Building Hub, the Colorado Lab leverages opportunities to provide the Clearinghouse feedback, including providing direct expert consultation on design and execution standards and actionability.

Summary of Evidence Designations

There are ten approved programs/services eligible for federal drawdown. Nine of the programs/services are in Colorado’s Plan and subject to the full set of Family First requirements (e.g., ongoing rigorous evaluation, fidelity monitoring). Colorado Kinnected is eligible for drawdown but not currently in Colorado’s Plan.ⁱⁱ The Colorado Lab monitors and updates the evidence designations in each strategy report to inform evidence-building priorities.

Table 1 summarizes 1) evidence designation, 2) date the research base was last reviewed by the Clearinghouse, 3) action required based on evidence designation, and 4) current evidence-building status in Colorado for each program/service in Colorado’s Plan. Table 2 summarizes the same for prioritized programs/services undergoing evidence building but not yet in Colorado’s Plan. [This map](#) shows the reach of each program/service.

Table 1. Evidence Designations for Programs/Services Approved in Colorado’s Plan

Program/Service Name	Evidence Designation	Last Reviewed	Action Required	Colorado Status
Functional Family Therapy	Well-supported	June 2019	CQI only	Data in statewide fidelity dashboard

ⁱⁱ Now that Colorado Kinnected is in the Clearinghouse, Colorado can draw down Family First funds. As a Kinship program, Colorado Kinnected is reimbursed differently than other Family First programs/services and not currently subject to Family First requirements.



Program/Service Name	Evidence Designation	Last Reviewed	Action Required	Colorado Status
Healthy Families America	Well-supported	February 2020	CQI only	Data in statewide fidelity dashboard
Multisystemic Therapy	Well-supported	February 2020	CQI only	Data in statewide fidelity dashboard
Nurse-Family Partnership	Well-supported	June 2019	CQI only	Onboarding to statewide fidelity dashboard in on hold*
Parent-Child Interaction Therapy	Well-supported	February 2020	CQI only	Onboarding to statewide fidelity dashboard in process
Parents as Teachers	Well-supported	June 2019	CQI only	Data in statewide fidelity dashboard
Child First	Supported	May 2021	Rigorous evaluation toward well-supported; CQI	Rigorous evaluation underway (MDRC); data in statewide fidelity dashboard
Fostering Healthy Futures for Preteens	Supported	June 2022	Rigorous evaluation toward well-supported; CQI	Rigorous evaluation underway (DU**); data in statewide fidelity dashboard
SafeCare	Supported	March 2024	Rigorous evaluation toward well-supported; CQI	Rigorous evaluation underway (CSU**); data in statewide fidelity dashboard
Colorado Kinnected Kinship Navigator Program	Supported	March 2024	Evidence building to request re-review	Rigorous evaluation underway (HSRI & CSU**); onboarding to statewide fidelity dashboard in process

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

**Abbreviations: DU: University of Denver; CSU: Colorado State University; and HSRI: Human Services Research Institute.

Note: Rigorous evaluations resourced by the Hub are bolded.

Table 2. Evidence Designations for Prioritized Programs/Services Undergoing Evidence Building but Not Yet in Colorado’s Plan

Program/Service Name	Evidence Designation	Last Reviewed	Action Required	Colorado Status
Trust-Based Relational Intervention® – Caregiver Training	Promising	December 2020	Evidence building to request re-review.	Rigorous evaluation underway (CSU*)
Screening, Brief Intervention, and Referral to Treatment	Promising	April 2023	Evidence building to request re-review	Feasibility study underway (OMNI*)
Fostering Healthy Futures for Teens	Does not meet criteria	June 2022	Evidence building to request re-review	Preliminary analysis underway (DU*)
Fostering Opportunities	Not yet rated	N/A	Evidence building to request initial review	Rigorous evaluation underway (Colorado Lab)

*Abbreviations: CSU: Colorado State University; OMNI: OMNI Institute; and DU: University of Denver.

Note: Rigorous evaluations resourced by the Hub are bolded.

Building Evidence for Adaptations

Commonly, a program/service will receive a Clearinghouse evidence designation, but to improve reach or equitable access or meet a unique need, an adaptation is envisioned. When this happens, evidence building is required on the adaptation when there is enough of a change that one should not assume it would work similarly to the originally researched program/service. The Clearinghouse provides guidance on what constitutes an adaptation. Evidence building for adaptations is important because:

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

The Colorado Lab makes recommendations for evidence building on adaptations positioned to address gaps in the Family First Service Array and mitigate implementation barriers to maximize reach. Several resources exist in Colorado to inform evidence building on adaptations, including a recent report from the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect

(Kempe Center) on [Readying an Adaptation for Consideration in Family First](#) and a [newsletter series](#) by *Blueprints for Healthy Development* on what it takes to accomplish this work.

Readying an Adaptation for Consideration in Family First

The Kempe Center's report provides a framework for researchers and program developers to think about how to build evidence for an adaptation of a psychosocial intervention, particularly within the context of Family First. The report highlights strategies to test adaptations and offers guidance that crosses the evidence continuum, including:

- Adaptations of existing programs/services can be an important part of the Family First Service Array. However, substantial adaptations need a robust evaluation.
- Consider study design options such as hybrid effectiveness, multi-arm trials, or Sequential Multiple Assignment Randomized Trial (SMART) designs to speed the development of an evidence base for adaptations.
- Using a framework such as the Framework for Reporting Adaptation and Modifications to Evidence-Based Interventions (FRAME) helps ensure consistent reporting and assists in determinations about whether an adaptation is substantial or not substantial.

Requesting Re-Review of Evidence

Periodically, the Clearinghouse will re-review the research for a given program/service if compelling new evidence is published that could change the evidence designation. The Colorado Lab tracks evidence designations and dates of reviews to identify opportunities for Colorado to ask the Clearinghouse to re-review programs/services towards an advanced evidence designation.



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Prioritizing Additional Programs and Services for Evidence Building



Prioritizing Additional Programs and Services for Evidence Building

Summary of Recommendations:

1. Secure funding for rigorous evaluation of high-priority programs/services.
2. Monitor mid-priority programs/services for evidence-building opportunities.
3. Identify additional programs/services for possible consideration in the evidence-building pipeline.

Recommendation 1: Secure funding for rigorous evaluation of high-priority programs/services.

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

- When this outside funding is through CDHS, the Colorado Lab recommends building in a contractual requirement for the Colorado Lab to review evaluation team analysis plans and final reports to ensure alignment with Family First evidence-building requirements and investments. There are no new costs associated with this service.
- When resourced outside of CDHS, the Colorado Lab will offer consultation to those evaluation teams to help strengthen design and optimize alignment. Cross-system partners championing Family First are encouraged to consider embedding contractual requirements for evaluation teams to consult with the Colorado lab.

High Fidelity Wraparound: Promising

- **Program/Service Area:** Mental health.
- **Prioritization:** High Fidelity Wraparound (HFW) uses an individualized, team-based process to provide coordinated care. It typically targets children and youth with complex emotional, behavioral, or mental health needs, and their families. HFW was recommended by Colorado's American Indian/Alaska Native Family First workgroup and prioritized in Colorado's [long-term strategy](#) to further meet the family functioning needs of families with younger children and bolster service options for families with older youth. HFW is widespread in Colorado and highly used as part of Colorado's Trauma Informed System of Care, administered by the BHA and the Department of Health Care Policy and Financing (HCPF).
- **Evidence Status:** Rated as *promising* by the Clearinghouse and requires ongoing rigorous evaluation.

- **Recommended Next Steps:** CDHS explores with BHA and HCPF’s Medicaid System of Care the opportunity to resource an evaluation to support cross-system investment in evidence building for HFW. The Hub provides letters of support as needed and provides consultation on design.

Partnership with Colorado’s Behavioral Health Administration

The initial development of Colorado’s Plan intentionally focused on programs/services in the in-home parenting and mental health arrays. At the time of early visioning and development, the new BHA was just forming. To allow time for the BHA to launch, programs/services in the substance use disorder array were not included in Colorado’s Plan.

With the passage of House Bill 22-1278, the BHA was officially within CDHS, acting largely as an independent state agency in practice. This provides an opportunity to build up the substance use array in alignment with BHA’s Behavioral Health Administrative Service Organizations framework. HFW can serve as a test case in this regard.

Furthermore, the BHA recently selected the Colorado Lab as their vendor to conduct behavioral health evaluations. Thus, the Hub is well positioned to activate further evidence building in partnership with the BHA.

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

- **Program/Service Area:** Mental health.
- **Prioritization:** Multisystemic Therapy (MST) is a *well-supported* intensive treatment for youth that aims to reduce criminal activity, mental health symptoms, out-of-home placements, and illicit substance use. It is considered an anchor service within Colorado’s [mental health service array](#) and is currently in Colorado’s Plan. Telehealth-Enhanced MST (TE-MST) is an adaptation to the delivery method with potential to reach more families.
- **Evidence Status:** The TE-MST adaptation is not yet rated by the Clearinghouse and requires rigorous evaluation. A Hub-resourced feasibility and acceptability study was successfully completed in State Fiscal Year (SFY) 24, and the Kempe Center is seeking federal funding to begin a randomized controlled trial (RCT) or quasi-experimental design (QED). It is expected that RCT or QED studies that would ready this program for Clearinghouse rating would cost more than what is available through the Hub’s allocation. Bridge funding to begin study design would help maintain sites’ engagement in evidence building and increase competitiveness of the Kempe Center’s application for federal grant funds. The Kempe Center has released a [report on how to approach evidence building for adaptations](#) to ready them for rating by the Clearinghouse. Highlights from this new report are presented in the [adaptations section](#) of this strategy report.
- **Recommended Next Steps:** CDHS connects with BHA and HCPF to explore opportunities to build evidence for TE-MST. Kempe Center develops a proposal for bridge funding to begin study design and maintain site engagement and applies for federal funding to execute the

full study. The Hub provides letters of support as needed and provides consultation on design.

Recommendation 2: Monitor mid-priority programs/services for evidence-building opportunities.

The following programs/services are being considered by the Colorado Lab, CDHS, and other key partners for evidence-building potential. They reflect opportunities to expand the Family First Service Array and increase drawdown. The feasibility and cost of evaluating these programs/services, paired with results of applying the [conceptual framework](#), are used to prioritize investments in evidence building resourced through the Hub.

Eye Movement Desensitization and Reprocessing: Supported

- **Program/Service Area:** Mental health.
- **Prioritization:** Eye Movement Desensitization and Reprocessing (EMDR) targets both children and adults experiencing traumatic memories and other adverse life experiences, with no age restriction. There is substantial research behind it with multiple positive effects for a wide range of mental health conditions. It is currently available in Colorado, and it can bolster the [mental health service array](#) given its broad base of application and reach.
- **Evidence Status:** Rated as *supported* by the Clearinghouse and requires ongoing rigorous evaluation. The Colorado Lab included EMDR in its SFY24 [Call for Letters of Interest](#) (LOIs) to identify the next evidence-building opportunity. EMDR was not selected for this opportunity but will be monitored for potential future inclusion.
- **Recommended Next Steps:** The Hub continues monitoring EMDR for evidence-building opportunities or new research that may warrant a Clearinghouse re-review of evidence.

Child-Centered Play Therapy: Promising

- **Program/Service Area:** Mental health.
- **Prioritization:** Child-Centered Play Therapy (CCPT) fills the gap in the [mental health service array](#) for younger children. Colorado has providers with the qualifications needed to deliver this service, and it is effective in improving both adult (family functioning) and child well-being.
- **Evidence Status:** Rated as *promising* by the Clearinghouse and requires ongoing rigorous evaluation. The Colorado Lab included CCPT in its SFY24 Call for LOIs to identify the next evidence-building opportunity. CCPT was not selected for this opportunity but will be monitored for potential future inclusion. The Colorado Lab has also provided consultation to Dr. Alison Sheesley at Regis University. Dr. Sheesley received funding from the Colorado Trust to train and supervise Spanish-bilingual play therapists. The Colorado Lab is supporting Dr. Sheesley in building capacity to collect data for a future RCT.

- **Recommended Next Steps:** The Hub supports Dr. Sheesley in aligning Regis University’s clinic data collection with the information needed to evaluate CCPT (e.g., baseline measures, consent for participation in research). This aligns with [recommendation #1](#) to provide consultation to evaluation teams resourced outside of the Hub to help strengthen design and optimize alignment with Family First evidence-building requirements.

Trauma-Focused Cognitive Behavioral Therapy: Promising

- **Program/Service Area:** Mental health.
- **Prioritization:** Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a clinical intervention designed to treat children and youth who have post-traumatic stress disorder symptoms, dysfunctional feelings or thoughts, or behavioral problems. It was prioritized as an anchor service within Colorado’s [mental health service array](#) to ensure wide availability of a service that targets an expansive age range with multiple access options.
- **Evidence Status:** Rated as *promising* by the Clearinghouse and requires ongoing rigorous evaluation. Resourced through the Hub, the Center for Policy Research (CPR) began rigorous evaluation of TF-CBT in school-based settings in June 2022. Due to external constraints and implementation challenges, CPR and the Colorado Lab, in consultation with CDHS, paused the study in early 2024. The Colorado Lab then included TF-CBT in its SFY24 Call for LOIs to identify if there was a more viable evidence-building opportunity. While no new opportunities were presented, there is value in monitoring TF-CBT for potential future inclusion.
- **Recommendations & Next Steps:** The Hub continues monitoring TF-CBT for more viable evidence-building opportunities or new research that may warrant a Clearinghouse re-review of evidence.

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

- **Program/Service Area:** Mental health.
- **Prioritization:** Functional Family Therapy (FFT) is a *well-supported* short-term prevention program for older at-risk youth (11 to 18 years old) and their families. FFT was prioritized as a complementary service within Colorado’s [mental health service array](#) to help improve family functioning and is currently in Colorado’s Plan. Adaptations of existing services in Colorado’s Plan are a low-lift, high-impact way to expand reach and access. A telehealth/hybrid version of FFT could help bolster service availability in rural areas of Colorado and expand its reach to the balance of state counties.
- **Evidence Status:** Not yet rated by the Clearinghouse and requires evidence building from the ground up. The Colorado Lab included Telehealth-Enhanced FFT (TE-FFT) in its SFY24 Call for LOIs to identify the next evidence-building opportunity. TE-FFT was not selected for this opportunity but will be monitored for potential future inclusion.

- **Recommended Next Steps:** CDHS connects with BHA and HCPF to explore opportunities to build evidence for TE-FFT. The Hub monitors new research that may warrant a Clearinghouse re-review of evidence.

Recommendation 3: Identify additional programs/services for consideration in the evidence-building pipeline.

Evidence building and expanding Colorado's Plan is an iterative process. The following programs/services have identified potential for evidence building but need to undergo additional consideration by partners to determine value in adding them to Colorado's Plan.

Family Spirit: Promising

- **Program/Service Area:** In-home parent skill-based.
- **Prioritization:** Family Spirit is a culturally specific home visiting program designed for young American Indian mothers/pregnant persons that targets both adult and child well-being. The program was identified as part of Colorado's [long-term strategy](#) to expand culturally responsive service options and further meet the needs of tribal communities. Family Spirit is not yet in Colorado and would require implementation support to lift and ready the program for rigorous evaluation.
- **Evidence Status:** Rated as *promising* by the Clearinghouse and requires evidence building from the ground up.
- **Recommended Next Steps:** CISU runs Family Spirit through the conceptual framework and explores opportunities with key partner groups to see if there is appetite for lifting the program in Colorado. CDHS identifies potential state intermediaries to support implementation.

Nurturing Parenting Program for Parents & Their School Age Children 5 to 11 Years: Does Not Meet Criteria

- **Program/Service Area:** In-home parent skill-based.
- **Prioritization:** Nurturing Parenting Program for Parents & Their School Age Children 5 to 11 Years (NPP 5-11) is a group-based program designed for families with children between 5 and 11 years old who are referred for parenting education by Social Services/Mental Health for child abuse and neglect and/or family dysfunction. Through a CDHS review of Maltreatment Plans provided by CDEC, NPP 5-11 was identified as having high potential for Colorado's Family First Service Array, as most in-home parenting programs focus on children aged 5 and under. While NPP 5-11 is a manualized, replicable program, there is not an identified intermediary organization, and coverage across the state and reach for underserved populations needs to be determined.
- **Evidence Status:** Not yet rated by the Clearinghouse and requires evidence building from the ground up.

- **Recommended Next Steps:** CISU runs NPP 5-11 through the conceptual framework and explores opportunities with key partner groups (particularly counties and CDEC) to see if there is appetite for making this a Family First service. CDHS identifies potential state intermediaries to support implementation.

Family Connects: Not Yet Rated

- **Program/Service Area:** In-home parent skill-based.
- **Prioritization:** Family Connects is an evidence-based, universally offered, population-based home visiting program that aims to ensure families have access to the right services at the right time. Families are offered Family Connects while in the hospital post-birth, and participants who accept then receive an in-home visit around three weeks postpartum to complete a comprehensive assessment and receive indicated referrals. While not initially prioritized in Colorado's [long-term strategy](#), Family Connects has potential as a universal service with rapidly expanding coverage across the state.
- **Evidence Status:** Not yet rated by the Clearinghouse and requires ongoing rigorous evaluation. Through the Colorado Family Support through Primary Prevention (FSPP) Demonstration Project, resourced by the Administration for Children and Families through CDEC, the OMNI Institute and Colorado Lab are exploring feasibility and acceptability of implementing this evidence-based practice in the Colorado context.
- **Recommended Next Steps:** The Hub runs Family Connects through the conceptual framework and explores opportunities with key partner groups (particularly CDEC and CWPTG) to see if there is appetite for making this a Family First service. If so, the Hub adds Family Connects to the evidence-building pipeline and facilitates a request for an evidence review by the Clearinghouse so Family Connects can be rated.

Circle of Parents®: Not Yet Rated

- **Program/Service Area:** Mental health and substance use.
- **Prioritization:** The Circle of Parents program offers free, confidential peer support groups for anyone in a parenting and/or caregiving role. Administered by Illuminate Colorado, the program has a strong presence in the state. In Colorado, participants typically represent parents and caregivers of children aged 0 to 8, with many experiencing substance use disorders or in recovery. Through a CDHS review of Maltreatment Plans provided by CDEC, Circle of Parents was identified as having high potential for Colorado's Family First Service Array, as a trusted program from the community perspective with good coverage.
- **Evidence Status:** Not yet rated by the Clearinghouse and requires evidence building from the ground up. A recent study was conducted in Colorado on Circle of Parents. Results should be used to identify opportunities for meaningful outcomes evaluation that is aligned with Clearinghouse standards.

- **Recommended Next Steps:** The Hub connects with Illuminate Colorado to better understand recent study results, plans for ongoing service delivery, and what is needed for evidence building.

Explore county-designed services for evidence-building opportunities

In addition to the statewide programs/services explored above, programs/services designed and implemented at the county and community levels also provide opportunity for evidence building, scale, and inclusion in Colorado’s Plan. During an April 2024 CWPTG meeting, the task group recommended exploring what counties—especially rural counties—are already doing, whether there is value to Colorado’s Family First Service Array, and how the state can support evidence building toward an eventual Clearinghouse rating.

Recommended Next Steps: CDHS reviews Core Services Program Plan plans to identify programs/services with high potential for inclusion in Colorado’s Plan.

Recommendations for Additional Ongoing Evaluations

The following programs/services have active evidence building occurring through or aligned with the Hub. See the [SFY24 Rigorous Evaluation Annual Report](#) for more information about each of these ongoing evaluations.

Continue supporting evaluations resourced by the Hub.

- Child First (*supported*): Continue funding the evaluation until re-review can be requested (estimated SFY28).
- Fostering Healthy Futures for Preteens (*supported*): Continue funding the evaluation until re-review can be requested (estimated SFY26).
- Trust-Based Relational Intervention® – Caregiver Training (*promising*): Continue funding evaluation until re-review can be requested (estimated SFY27).
- Screening, Brief Intervention, and Referral to Treatment (*promising*): Fund the full study if favorable results from SFY25 feasibility study.
- Fostering Healthy Futures for Teens (*does not meet criteria*): Complete preliminary analysis in SFY25, then secure external funding to execute the full study outside of the Hub.

Continue supporting existing evaluations resourced outside of the Hub in aligning with Family First requirements.

- SafeCare (*supported*): Consult with CSU on new evaluation design that is both aligned with CDEC's learning and decision-making goals and, as feasible, can achieve a *well-supported* designation.
- Colorado Kinnected (*supported*): Request re-review of evidence towards a *well-supported* designation (SFY25).
- Fostering Opportunities (*not yet rated*): Request review of evidence for initial rating (SFY25).



Colorado Evaluation & Action Lab
UNIVERSITY OF DENVER

Advancing Colorado's Prevention Strategy



Advancing Colorado's Prevention Strategy

Summary of recommendations:

4. Maximize federal drawdown for existing populations currently eligible for programs/services in Colorado's Plan.
5. Maximize federal drawdown by expanding populations eligible for drawdown (Community Pathways).
6. Leverage key partnerships to create alignment in the Prevention Services Continuum.
7. Build capacity to use the Statewide Fidelity Monitoring Dashboard to support high-quality delivery of programs/services.

Adding Programs/Services to Colorado's Plan

In addition to maximizing drawdown for existing populations and expanding eligible populations (Recommendations [4](#) and [5](#) below), adding new programs/services to Colorado's Plan is another strategy for maximizing federal reimbursement (see Recommendations [1](#), [2](#), and [3](#)).

Recommendation 4: Maximize federal drawdown for existing populations currently eligible for programs/services in Colorado's Plan.

Maximizing federal drawdown requires both expansion of the Family First Service Array and attention to systemic levers that can ensure reach for approved programs/services is maximized for eligible Family First populations (i.e., families with open child welfare and juvenile justice cases). Four systemic levers have high potential for moving the needle on drawdown:

- Ensure strategic referral systems are in place to match Family First populations currently eligible for drawdown with programs/services in the Family First Service Array.
- Expand programs/services to non-Medicaid eligible populations so that more families can be reached and federal funds can be drawn down.
- Encourage county child welfare departments to use the Family First Service Array for all children/youth, regardless of eligibility for drawdown.

Ensure strategic referral systems are in place to match Family First populations currently eligible for drawdown with programs/services in the Array.

This recommendation comes from information generated through state intermediary discussions, alongside a review of Family First-eligible expenses for drawdown between October 1, 2021, and August 31, 2023. Results from this work show that current programs/services in the Family First Array are being underutilized for families involved in child welfare. Ongoing conversations with Family First partners emphasize the continued need for this recommendation.

In addition, the Colorado Child Abuse Prevention (COCAP) Trust Fund Board, in collaboration with CDEC and the Colorado Lab, recently released a [Prevention Investment Strategy](#). This strategy outlines eight actionable recommendations for aligning and accelerating child maltreatment prevention and family strengthening in Colorado. Two of these recommendations are specific to the Family First strategy.

Increasing utilization rates of all programs/services in the Family First Array is a key component of increasing the pot of eligible expenses for drawdown. Intermediary discussions identified referral and outreach as key strategies to increase utilization. This need was also identified by CISU in their [Scaling Family First Prevention Services: Needs of State Program Intermediaries \(SFY23-24\)](#) report.

Key mechanisms to build strategic referral systems include:

- Increase reach of Healthy Families America (HFA) in counties currently served by building a pipeline of eligible referral sources (CISU-aligned recommendation).
- Improve referrals to Parents as Teachers (PAT) for child welfare involved families by establishing relationships with county departments of human services (CISU-aligned recommendation).
- Resource outreach coordinator(s) that could support regional referral systems for programs/services in the Family First Array (COCAP-aligned recommendation).
- Promote caseworkers' and community organizations' use of a [decision-making tool](#)ⁱⁱⁱ that helps them make appropriate referrals to programs/services within the Family First Array. This tool equips caseworkers with a resource that quickly matches family needs to potential Family First programs/services in or near their geographic area. Then once a referral is made, providers can ensure fit and eligibility (CISU-aligned recommendation).

Recommended Next Steps: CISU supports HFA and PAT in identified needs around referral systems. CDHS connects with the COCAP Trust Fund Board to discuss opportunities to resource outreach coordinators. CISU provides a mini training on the decision-making tool with key partner groups as appropriate.

Expand programs/services to non-Medicaid eligible populations, so that more families can be reached and federal funds can be drawn down.

This recommendation comes from information generated through state intermediary discussions and other Family First partner meetings. Some programs/services are currently only or primarily being delivered to Medicaid populations (e.g., MST and Child First). Thus, there is currently limited financial benefit to them being included in the Family First Service Array. The Colorado Lab recommends considering opportunities to resource delivery of programs/services to non-Medicaid, Family First-eligible populations when the program/service eligibility criteria and provider/state intermediary capacity support it.

ⁱⁱⁱ This tool may be updated or discontinued as additional decision-making aids become available.

Recommended Next Steps:

- Review all programs/services in the Family First Service Array for percent and dollar amount of service delivery currently being paid for through Medicaid.
- Consult with state intermediaries to determine the total cost of service delivery (i.e., direct and infrastructure costs) and calculate the gap between Medicaid funding and actual costs, if any.
- For programs/services with high percentages and dollar amounts paid for by Medicaid, determine, in consultation with state intermediaries, if the program/service can benefit non-Medicaid eligible families and the barriers to increasing reach and access.
- Prioritize resourcing reach and access of programs/services based on feasibility of expanding to non-Medicaid populations and maximizing drawdown.

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

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

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

Key mechanisms to maximize ability to meet MOE requirement include:

- Issuing guidance to county child welfare departments to utilize the Family First Service Array to meet the needs of children/youth in child welfare, *regardless of eligibility for drawdown*. This includes using service authorizations for Family First programs/services in Colorado's Plan and making child welfare the payer (versus another county funding stream, such as a community mental health pot).

- Promoting caseworkers' use of a [decision-making tool](#)^{iv} that helps them make appropriate referrals to programs/services within the Family First Array. This tool equips caseworkers with a resource that quickly matches family needs to potential Family First programs/services in or near their geographic area. Then once a referral is made, providers can ensure fit and eligibility.

Recommended Next Steps:

- CDHS considers an OCYF memo, townhall, and/or related mechanism to issue guidance to county child welfare departments on improving use of the Family First Service Array and appropriate documentation in Trails.
- Colorado Lab creates a matrix that shows MOE with and without reimbursement. CDHS leverages this information to inform the resourcing of programs/services within the Family First Array for children/youth not currently eligible for drawdown.

Partnership with Regional Accountable Entities

[Regional Accountability Entities](#) (RAEs) are critical partners in expanding reach of programs/services as they set the Medicaid reimbursement rates for each program/service delivered in their area. State intermediaries have indicated that the Medicaid reimbursement rates can make it difficult to serve families, particularly when there are substantial travel time and costs. For some programs/services, the gap between the true cost of delivery and the reimbursement rate has led to providers discontinuing the delivery of services (e.g., FFT), thus creating more of a reach and access gap in some communities.

Recommendation 5: Maximize federal drawdown by expanding populations eligible for drawdown (Community Pathways).

Colorado's bold vision and definition of candidacy for Family First has remained intact since the beginning: "A child/youth is a candidate to receive Title IV-E prevention services when they are at serious risk of entering or re-entering foster care and who can remain safely at home or with kin, with the support and provision of mental health, substance use treatment, or in-home parenting services for the child/youth, parent, or kin caregiver. Youth in foster care who are pregnant or parenting are also candidates." However, operationalizing this definition in a way that meets the service, tracking, and reporting requirements of Family First required Colorado to limit the initial population eligible for federal drawdown and institute a phased approach:

- In Phase I (initial implementation), Colorado limits claims to those families with open child welfare or juvenile justice involvement.
- In Phase II (expanding implementation), Colorado will allow claims for non-child welfare and non-juvenile justice involved families.

^{iv} This tool may be updated or discontinued as additional decision-making aids become available.

To this end, CDHS—in partnership with CWPTG and Child Welfare Sub Policy Advisory Committee (SubPAC)—is exploring the systems and processes necessary to expand Colorado’s approach to candidacy. The Colorado Lab is positioned to support this Phase II exploration and pilot implementation.

Key mechanisms to expand populations eligible for drawdown include:

- Implementing a Community Pathways approach for each program/service in the Family First Array, beginning with SafeCare as a pilot.
- Exploring opportunities to include families served by Program Area (PA) 3 in Colorado’s Family First strategy.

Implement a Community Pathways approach for each program/service in the Family First Array.

“Community pathways” refers to families accessing services outside of traditional child welfare service delivery and case management. These pathways can help ensure that families who meet the candidacy criteria, but do not have open child welfare or juvenile justice involvement, are able to proactively access evidence-based prevention services. Establishing community pathways involves coordinating with state intermediaries and their sites/providers to meet Family First claiming requirements, while respecting the needs and rights of families who are not currently system-involved.

The Hub has supported early strategic efforts in building community pathways in Colorado, including [convening cross-system meetings](#), providing recommendations based on approaches used in [other states](#), and uplifting [best practice guidance nationally](#) (see [SFY24 Annual Evidence-Building Strategy Report](#)). These early efforts helped inform a community pathways pilot for SafeCare Colorado, with the goal of building community pathways for each program/service in Colorado’s Plan based on pilot learnings. SafeCare is an important service to focus on for maximizing drawdown because the service is largely paid for by state funding, making it eligible for federal reimbursement. Understanding what works in community pathways for SafeCare and as a state-funded service can act as a model process for maximizing drawdown in other services in the plan. In October 2024, CDHS resubmitted Colorado’s Plan to the Administration for Children and Families for approval of the pilot and is awaiting feedback.

Partnership with the Colorado Department of Early Childhood

When Colorado's Plan was first created, all programs/services named in Colorado's Plan were under the same state agency—CDHS. House Bill (HB) 22-1295 established the new CDEC, effective July 1, 2022. At that time, the previous CDHS Office of Early Childhood moved to CDEC, which also transitioned several of the in-home parenting programs/services named in Colorado's Plan to CDEC oversight and coordination. Collaborating with CDEC provides an opportunity to consider cross-system investment in the Family First Service Array. This partnership opportunity is being exemplified through the community pathways pilot with SafeCare.

Recommended Next Steps:

- With federal approval, CDHS launches the SafeCare community pathways pilot. A first priority should be establishing an inter-agency data sharing agreement with CDEC to provide the necessary data to allow CDHS to claim for reimbursement on children and families that receive SafeCare but are not documented in Trails.
- CDHS and the Colorado Lab discuss implications of community pathways for evidence building, CQI, and fidelity monitoring. Following, the Colorado Lab consults with the SafeCare evaluation team (CSU) to identify alignment opportunities with the pilot.
- In collaboration with CDEC and the Kempe Center as state intermediary, CDHS documents SafeCare's implementation of a community pathway approach so that it can be replicated and adapted for other programs/services in Colorado's Plan.
- CDHS connects with the COCAP Trust Fund Board to discuss collaboration opportunities in expanding allowable claiming.

Explore the role of PA3 in Family First.

Through conversations with Family First subject matter experts, the PA3 population—those at risk of child welfare involvement—was identified as a strong potential to expand populations eligible for drawdown. This is because PA3 families are at-risk for child welfare involvement and already identified in Trails, making this population both strategically and practically suitable to Family First. In addition, should PA3 families not be deemed eligible for Family First drawdown, expenditures from PA3 may help Colorado meet the [MOE requirement](#).

Steps to further inform PA3 potentials include:

- Explore if adjustments to the Colorado Code of Regulations (2509-1-7.000) may need to occur so families with an active PA3 can be deemed part of the eligible Family First population and meet claiming requirements. Some modifications to Trails (e.g., requiring a safety and risk assessment) would be needed to meet requirements for claiming on these families.

- PA3 is being implemented very differently across Colorado. Documentation of these diverse practices to inform potential for Family First is needed.

Recommended Next Steps: CDHS continues to explore PA3 potential as an avenue for Family First claiming. CDHS consults with the Colorado Lab to inform this strategy. CDHS consults with the Colorado Lab to inform this strategy.

Recommendation 6: Leverage key partnerships to create alignment in the Prevention Services Continuum.

Alignment within the Family First strategy and between the Family First strategy and the [full Prevention Services Continuum](#) in Colorado is critical. Alignment will help improve the collaborative process of evidence building, strengthen implementation of Family First programs/services, and accelerate investments in prevention for all communities and families.

The key partners necessary for alignment are:

- Division of Child Welfare (CDHS)
- Colorado Implementation Science Unit (CDHS)
- The Child Welfare Prevention Task Group (CDHS)
- The Family First Evidence-Building Hub (Colorado Lab)
- The Colorado Child Abuse Prevention Trust Fund (CDEC). Title IV-E dollars reimbursed to Colorado from the federal government are deposited into a Family First subaccount held by the Trust Fund, for reinvestment in prevention efforts.

Building on prior partner efforts around Family First is also important, including the work of [Colorado's Family First Implementation Team](#), the [Delivery of Child Welfare Services Task Force](#), and the [Family First Transition Act Program](#).

Recommended Next Steps: CDHS, the Colorado Lab, and CDEC staff for the COCAP Trust Fund Board meet to identify roles and responsibilities, and map alignment and communication pathways.

Recommendation 7: Build capacity to use the Statewide Fidelity Monitoring Dashboard to support high-quality delivery of programs/services.

One of the federal requirements for programs/services included in Colorado's Plan is that CDHS ensures the program/service is being implemented consistently with the evidence-based model approved by the Clearinghouse. The Colorado Lab recommends building capacity to include prevention services *beyond* those in Colorado's Plan in the Statewide Fidelity Monitoring Dashboard. In doing so, information will be available to CDHS to direct resources toward supporting

high-quality service delivery and to inform counties about referring families to providers who are delivering prevention programs/services as they were designed.

Statewide Fidelity Monitoring Dashboard

The Statewide Fidelity Monitoring Dashboard was developed by the Colorado Lab. The dashboard visualizes fidelity data by program/service, geographic region, and organization. State intermediaries for each program/service in Colorado's Plan upload data each quarter that describes the degree to which organizations are delivering the programs/services with fidelity. Fidelity to the model is presented on a standardized scale of "met," "approaching," and "not met."

Dashboard timeline:

- The dashboard build was resourced by Transition Fund Act dollars and completed in SFY23.
- Most work with state intermediaries to translate their fidelity processes to a three-point scale occurred in SFY23.
- In SFY24, state intermediaries submitted their fidelity data for families served by their program/service each quarter. By the end of SFY24, programs/services with a three-point fidelity scale and who had been onboarded to the dashboard had each submitted seven quarters of fidelity data (SFY23 Q2 through SFY24 Q4).
- Now, the value of the dashboard is ready to be fully realized as the Family First Service Array has been onboarded and there is ample data to begin using the information to support high-quality service delivery to families.

The dashboard is accessible by CDHS OCYF leadership, state intermediaries, and other approved users. The Colorado Lab recommends:

- Collaborating with OCYF and state intermediaries to make the data accessible and actionable for a broader use. Specifically, targeting geographic areas and organizations that may benefit from additional support to deliver programs/services with fidelity. Local child welfare agencies could also use the dashboard to inform their referrals (e.g., to determine what organizations in their area are delivering a given program/service with fidelity).
- Considering the varying levels of investment required for programs/services, depending on resources dedicated to the state intermediary. In situations where state intermediaries are underfunded or exist for the sole purpose of Family First without additional infrastructure, data collection, reporting, and providing CQI support to sites can be especially challenging. For example, the Parent-Child Interaction Therapy (PCIT) state intermediary may not have the resources to collect and submit fidelity data to the dashboard or provide CQI support once their funding for pilot testing fidelity measures ends in SFY25.
- Exploring expansion of the fidelity dashboard to accommodate programs/services that are part of the broader [Colorado Prevention Services Continuum](#). Position CDHS team members to lead this aspect of fidelity monitoring as it aligns with their role (e.g., Fostering

Opportunities Program, Core Services Program Plan Services, Tony Grampsas Youth Services, CISU).

- Leveraging the dashboard to meet CQI requirements for MST providers who are not under the umbrella of the state intermediary, so that these services have the potential to be claimed for.

Recommended Next Steps:

- CDHS Family First leadership and staff members workshop how to best leverage and resource the dashboard to align with above recommendations and other opportunities identified in partnership with CDHS.
- CDHS and the Colorado Lab create a plan by January 2025 to transition dashboard maintenance and evolution to DCW's Prevention and Core Services Administrator.

Appendix A: Recommendations Table

Table 1. Recommendations and Action Items

Recommendations	Next Steps	Specific Action Items
1. Secure funding for rigorous evaluation of high-priority programs/services.	High Fidelity Wraparound (HFW). CDHS* explores with BHA* and HCPF's* Medicaid System of Care the opportunity to resource an evaluation to support cross-system investment in evidence building for HFW. The Hub* provides letters of support as needed and provides consultation on design.	CDHS connects with COACT* for an initial conversation and to align with existing implementation of HFW.
	Telehealth-Enhanced Multisystemic Therapy (Adaptation). CDHS connects with BHA and HCPF to explore opportunities to build evidence for TE-MST. Kempe Center develops a proposal for bridge funding to begin study design, maintains site engagement, and applies for federal funding to execute full study. The Hub provides letters of support as needed and provides consultation on design.	When ready, Kempe Center team (lead: Dr. Kerns) reaches out with opportunities to support.
2. Monitor mid-priority programs/services for evidence-building opportunities.	Eye Movement Desensitization and Reprocessing (EMDR). The Hub continues monitoring EMDR for evidence-building opportunities or new research that may warrant a Clearinghouse re-review of evidence.	The Hub conducts an annual review of evidence designations each fall. Through CWPTG* and others, Colorado EMDR implementation will be tracked for evidence-building opportunities.
	Child-Centered Play Therapy (CCPT). The Hub supports Dr. Sheesley in aligning Regis University's clinic data collection with the information needed to evaluate this service.	The Hub conducts an annual review of evidence designations each fall. Through CWPTG and others, Colorado CCPT implementation will be tracked for evidence-building opportunities.

Recommendations	Next Steps	Specific Action Items
	<p>Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). The Hub continues monitoring TF-CBT for more viable evidence-building opportunities or new research that may warrant a Clearinghouse re-review of evidence.</p>	<p>The Hub conducts an annual review of evidence designations each fall. Through CWPTG and others, Colorado TF-CBT implementation will be tracked for evidence-building opportunities.</p>
	<p>Telehealth-Enhanced Functional Family Therapy (TE-FFT; Adaptation). CDHS connects with BHA and HCPF to explore opportunities to build evidence for TE-FFT. The Hub continues monitoring TE-FFT for evidence-building opportunities or new research that may warrant a Clearinghouse re-review of evidence.</p>	<p>The Hub conducts an annual review of evidence designations each fall. Through CWPTG and others, Colorado TE-FFT implementation will be tracked for evidence-building opportunities.</p>
<p>3. Identify additional programs/services for possible consideration in the evidence-building pipeline.</p>	<p>Family Spirit. CISU* runs Family Spirit through the conceptual framework and explores opportunities with key partner groups to see if there is appetite for lifting the program in Colorado. CDHS identifies potential state intermediaries to support implementation.</p> <p>Nurturing Parenting Program for Parents & Their School Age Children 5 to 11 Years (NPP 5-11). CISU runs NPP 5-11 through the conceptual framework and explores opportunities with key partner groups (e.g., counties, CDEC*) to see if there is appetite for making this a Family First service. CDHS identifies potential state intermediaries to support implementation.</p>	<p>CISU collaborates with local tribal communities and tribal liaisons at relative state agencies in completing the conceptual framework.</p> <p>CISU collaborates with key partners (counties, CDEC) in completing the conceptual framework.</p>

Recommendations	Next Steps	Specific Action Items
	<p>Family Connects. The Hub runs Family Connects through the conceptual framework and explores opportunities with key partner groups (particularly CDEC and CWPTG) to see if there is appetite for making this a Family First service. If so, the Hub adds Family Connects to the evidence-building pipeline and facilitates a request for an evidence review by the Clearinghouse so Family Connects can be rated.</p>	<p>CISU collaborates with Illuminate Colorado and CDEC Home Visiting team in completing the conceptual framework.</p>
	<p>Circle of Parents®. The Hub connects with Illuminate Colorado to better understand recent study results, plans for ongoing service delivery, and what is needed for evidence building.</p>	<p>Colorado Lab identifies where Circle of Parents is in the Steps to Building Evidence and opportunities for outcomes evaluation given any plans for ongoing service delivery.</p>
	<p>Explore county-designed services for evidence-building opportunities. CDHS reviews the Core Services Program Plan to identify programs/services with high potential for inclusion in Colorado’s Plan.</p>	<p>CDHS leverages CORE meetings and CWPTG in identifying potential county-designed services.</p>
<p>4. Maximize federal drawdown for existing populations currently eligible for programs/services in Colorado’s Plan.</p>	<p>Ensure strategic referral systems are in place to match Family First populations currently eligible for drawdown with programs/services in the Family First Service Array. CISU supports HFA* and PAT* in identified needs around referral systems. CDHS connects with the COCAP* Trust Fund Board to discuss opportunities to resource outreach coordinators. CISU provided a mini training on the decision-making tool with key partner groups as appropriate.</p>	<p>CISU leverages existing state intermediary meetings to explore HFA and PAT needs, connects with CDEC staff for COCAP Trust, connects with CHSDA* staff to get on an upcoming CHSDA meeting, and connects with Illuminate Colorado to get on the agenda for CPTF.</p>

Recommendations	Next Steps	Specific Action Items
	<p>Expand programs/services to non-Medicaid eligible populations, so that more families can be reached and federal funds can be drawn down.</p> <ul style="list-style-type: none"> • Review all programs/services in the Family First Service Array for percent and dollar amount of service delivery currently being paid for through Medicaid. • Consult with state intermediaries to determine total cost of service delivery (direct and infrastructure costs) and calculate the gap between Medicaid funding and actual costs, if any. • For programs/services with high percentages and dollar amounts paid for by Medicaid, determine, in consultation with state intermediaries, if the program/service can benefit non-Medicaid eligible families and the barriers to increasing reach and access. • Prioritize resourcing reach and access of programs/services based on feasibility of expanding to non-Medicaid populations and maximizing drawdown. 	<p>Once the MOE and funding matrix is complete (see below), the Hub consults with CDHS on possible starting places for expanding programs/services to non-Medicaid populations.</p>
	<p>Encourage county child welfare departments to use Family First Service Array for all children/youth (regardless of eligibility for drawdown).</p> <ul style="list-style-type: none"> • CDHS considers an OCYF* memo, townhall, and/or related mechanism to issue guidance to county child welfare departments on improving use of the Family First Service Array and appropriate documentation in Trails. • Colorado Lab creates a matrix that shows MOE* with and without reimbursement. CDHS leverages this information to inform the resourcing of programs/services within the Family First Array for children/youth not currently eligible for drawdown. 	<p>CDHS elevates internal opportunities to training county child welfare departments and connects with CHSDA to get on the agenda for an upcoming meeting. The Hub engages a consultant to begin process of developing an MOE and funding matrix.</p>

Recommendations	Next Steps	Specific Action Items
<p>5. Maximize federal drawdown by expanding populations eligible for drawdown (Community Pathways).</p>	<p>Implement a Community Pathways approach for each program/service in the Family First Array.</p> <ul style="list-style-type: none"> • With federal approval, CDHS launches the SafeCare community pathways pilot. A first priority should be establishing an inter-agency data sharing agreement with CDEC to provide the necessary data to allow CDHS to claim for reimbursement on children and families that receive SafeCare but are not documented in Trails. • CDHS and the Colorado Lab discuss implications of community pathways for evidence building, CQI*, and fidelity monitoring. Following, the Colorado Lab consults with the SafeCare evaluation team (CSU*) to identify alignment opportunities with the pilot. • In collaboration with CDEC and the Kempe Center as state intermediary, CDHS documents SafeCare’s implementation of a community pathway approach so that it can be replicated and adapted for other programs/services in Colorado’s Plan. • CDHS connects with COCAP Trust Fund Board to discuss collaboration opportunities in expanding allowable claiming. <p>Explore the role of PA3 in Family First. CDHS continues to explore PA3 potential as an avenue for Family First claiming. CDHS consults with the Colorado Lab to inform this strategy.</p>	<p>Awaiting federal feedback on SafeCare Colorado community pathways.</p>
<p>6. Leverage key partnerships to create alignment in the Prevention Services Continuum.</p>	<p>Align key partners. CDHS, the Colorado Lab, and CDEC staff for the COCAP Trust Fund Board meet to identify roles and responsibilities, and map alignment and communication pathways.</p>	<p>CDHS schedules an initial alignment meeting with Colorado Lab and CDEC to map roles and responsibilities.</p>



Recommendations	Next Steps	Specific Action Items
<p>7. Build capacity to use the Statewide Fidelity Monitoring Dashboard to support high-quality delivery of programs/services.</p>	<p>Statewide Fidelity Monitoring Dashboard.</p> <ul style="list-style-type: none"> • CDHS Family First leadership and staff members workshop how to best leverage and resource the dashboard to align with above recommendations and other opportunities identified in partnership with CDHS. • CDHS and the Colorado Lab create a plan by January 2025 to transition dashboard maintenance and evolution to DCW’s Prevention and Core Services Administrator. 	<p>Colorado Lab schedules meeting with CDHS to initiate CQI next steps.</p>

*Abbreviations: CDHS: Colorado Department of Human Services; BHA: Behavioral Health Administration; The Hub: Family First Evidence-Building Hub; COACT: Colorado’s Trauma Informed System of Care; CISU: Colorado Implementation Science Unit; CDEC: Colorado Department of Early Childhood; CWPTG: Child Welfare Prevention Task Group; HCPF: Colorado Department of Health Care Policy and Financing; HFA: Healthy Families America; PAT: Parents as Teachers; COCAP: Colorado Child Abuse Prevention; OCYF: CDHS Office of Children, Youth, and Families; CHSDA: Colorado Human Services Directors Association; MOE: maintenance of effort; CQI: continuous quality improvement; CSU: Colorado State University; PA3: Program Area 3; SubPAC: Child Welfare Sub Policy Advisory Committee.

Appendix B: Previous Reports

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

Table 1. Previous Reports

Report Name	What It Covers	Dated
Strategy for the Evidence-Based Aspects of the Family First Services Continuum	Recommendations for evidence-based services matched to the needs of Colorado families, opportunities for fiscal drawdown, and ongoing rigorous evaluation and continuous quality improvement.	7/1/2021
Evidence-Building for Family First: Rigorous Evaluation Annual Report SFY22	Summary of evidence-building activities and progress in SFY22, recommendations for prioritizing evidence-building activities in SFY23 and beyond, and lessons learned and opportunities to inform sustainability, scaling, and expansion of Colorado’s Prevention Services Continuum.	06/30/2022
Family First: Annual Evidence-Building Strategy Report SFY23	Strategy with evidence designations for each program/service, a conceptual approach to prioritizing additional programs/services, federal aspects important to Colorado’s prevention continuum, and opportunities to expand the Prevention Services Continuum.	11/01/2022
Evidence-Building for Family First: Rigorous Evaluation Annual Report SFY23	Reports on rigorous evaluation efforts underway for programs/services currently in Colorado’s Family First evidence-building pipeline.	04/14/2023
Family First: Annual Evidence-Building Strategy Report SFY24	Strategy with evidence designations for each program/service; a conceptual framework and recommendations for prioritizing additional programs/services; federal requirements, including fidelity monitoring; and opportunities to maximize federal drawdown.	11/01/2024
Evidence-Building for Family First: Rigorous Evaluation Annual Report SFY24	Reports on rigorous evaluation efforts underway for programs/services currently in Colorado’s Family First evidence-building pipeline.	05/01/2024