



Colorado Evaluation & Action Lab
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Using data to drive action

Family First: Annual Evidence-Building Strategy Report

State Fiscal Year 2026

STRATEGIC RECOMMENDATIONS:

1. Explore feasibility of using service-specific authorizations in Trails for ongoing rigorous evaluation.
2. Consider opportunities to apply a head-to-head study design to advance evidence designations in the Clearinghouse and meet Colorado learning goals.
3. Leverage the Hub's expertise to align evidence building in prevention services across Colorado with Family First requirements.
4. Prioritize Hub investments in evidence building toward maximizing federal drawdown.
5. Maximize federal drawdown for existing populations and services/programs in Colorado's Plan.
6. Maximize federal drawdown by expanding populations eligible for drawdown (Community Pathways).
7. Explore ways to maximize reimbursement for administrative and training costs.

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Executive Summary of Recommendations

The Colorado Evaluation and Action Lab (Colorado Lab) serves as the [Family First Evidence-Building Hub](#) (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 implementation. 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 an ongoing partnership with the [Child Welfare Prevention Task Group](#), the [Colorado Child Abuse Prevention Trust Fund](#), and the Division of Child Welfare at CDHS' Office of Children, Youth, and Families.

How to Use This Strategy Report

This report acts as a strategic roadmap to align and activate prevention partners in implementation of Family First in Colorado. Key audiences include state agency leadership and staff, implementation providers and state intermediaries, funders, and the research community. The report has four distinct sections that different partners may want to dive in to depending on their familiarity with Family First and their role in prevention. We recommend:

- If you are new to Family First implementation in Colorado or the Evidence-Building Hub: focus first on the [Introduction](#).
- If you are a researcher or need to better understand evidence-based requirements for Family First: focus first on the [Family First Evidence Requirements](#).
- If you are a researcher or are resourcing prevention evaluations: focus on [Prioritizing Additional Programs and Services for Evidence Building](#).
- If you are a state agency or implementing partner: focus on [Advancing Colorado's Prevention Strategy](#).

The Colorado Lab maintains a queue of potential programs to be included in Colorado's 5-Year Prevention Services Plan (Colorado's Plan). Program implementers, researchers, and funders are encouraged to review [Appendix A: Queue of Potential Programs and Services](#) to understand what's on the horizon and how they can contribute.

Additional background information can be found in previous reports, outlined in [Appendix B: Previous Reports](#).

Preview to the *Introduction*

The **Introduction** is repeated in every Family First Strategy Report to build a shared understanding across prevention partners on what Family First is, the basics of Colorado’s Plan, and the role of the Hub in strategy development and execution. Without a shared understanding, Colorado risks missing opportunities for aligning state and county resources and talking past—rather than with—one another when advancing prevention efforts.

The Introduction includes:

- Understanding Colorado’s Plan.
- How the Family First Array contributes to Colorado’s full Prevention Services Continuum.
- The Colorado Lab’s pipeline for evidence building in Family First.
- How recommendations for the strategy are developed.

Preview to the *Family First Evidence Requirements*

The **Family First Evidence Requirements** are repeated in every Family First Strategy Report to create a common mental model of what it takes to meaningfully build evidence for services/programs in Family First. A common mental model helps to dispel myths and create a basis for more efficient and effective investments in evidence building that meet the needs of Colorado’s children, youth, and families.

The Family First Evidence Requirements review:

- Understanding the Title IV-E Prevention Services Clearinghouse.
- What evidence-based requirements applied to each service in Colorado’s Plan.
- How to approach building evidence for program adaptations—and why this is important.
- The Colorado Lab’s approach to requesting Clearinghouse review of evidence for programs.

Preview to the *Prioritizing Additional Programs and Services for Evidence Building*

The **Prioritizing Additional Programs and Services for Evidence Building** outlines three recommendations for evidence-building that strategically expand services/programs included in Colorado’s Plan, meet Colorado’s learning goals, and ensure smart use of state investments in evaluation. The recommendations are responsive to new developments in the CDHS data system (Trails) and with the Clearinghouse *Handbook of Standards and Procedures 2.0*, as well pay close attention to reducing duplication of evaluation resources.

The Prioritizing Additional Programs and Services for Evidence Building recommendations include:

- Explore feasibility of using service-specific authorizations in Trails to conduct ongoing rigorous evaluation.
- Consider opportunities to apply a head-to-head study design to advance evidence designation in the Clearinghouse and meet Colorado learning goals.
- Leverage the Hub's expertise to align evidence building in prevention services across Colorado with Family First requirements.

Preview to the *Advancing Colorado's Prevention Strategy*

The **Advancing Colorado's Prevention Strategy** outlines four recommendations for maximizing federal drawdown and ensuring a robust continuum of available services matched to the needs of Colorado families. The recommendations pay close attention to the complex interplay of Maintenance of Effort requirements, eligible drawdown costs beyond direct service delivery, and how reach of programs and services in Colorado's Plan matters for both dollars and service impact.

The Advancing Colorado's Prevention Strategy recommendations include:

- Prioritize Hub investments in evidence building toward maximizing federal drawdown.
- Maximize federal drawdown for existing populations and services/programs in Colorado's Plan.
- Maximize federal drawdown by expanding populations eligible for drawdown (Community Pathways).
- Explore ways to maximize reimbursement for administrative and training costs.

We encourage partners to connect with the Colorado Lab to discuss opportunities to get involved and make connections across prevention and evidence-building efforts.



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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 [5-Year Prevention Services Plan](#) (Colorado's Plan) that reflects a bold strategy to further evolve the child welfare system into one that improves the safety, permanency, and well-being of 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's 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 Division of Child Welfare (DCW) at the Colorado Department of Human Services' (CDHS) Office of Children, Youth, and Families (OCYF); 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](#) (Hub) on behalf of CDHS. In this role, the Colorado Lab provides ongoing strategic guidance to meet the evidence-based aspects of 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 actions, 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 expanding the Family First Service Array (i.e., services in 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.

Through the 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 on what programs/services to include in the next iteration(s) of Colorado's Plan, the Colorado Lab and Family First subject matter experts co-developed a [conceptual framework](#). The conceptual framework was applied to the nineⁱ programs/services currently in Colorado's Plan through meetings with state intermediaries.ⁱⁱ In addition, the Colorado Lab regularly conducts a scan of Clearinghouse programs/services and, in collaboration with DCW partners, identifies leading services that already have a presence in Colorado and fill gaps in the current Family First Service Array (see [Appendix A: Queue of Potential Programs](#)).

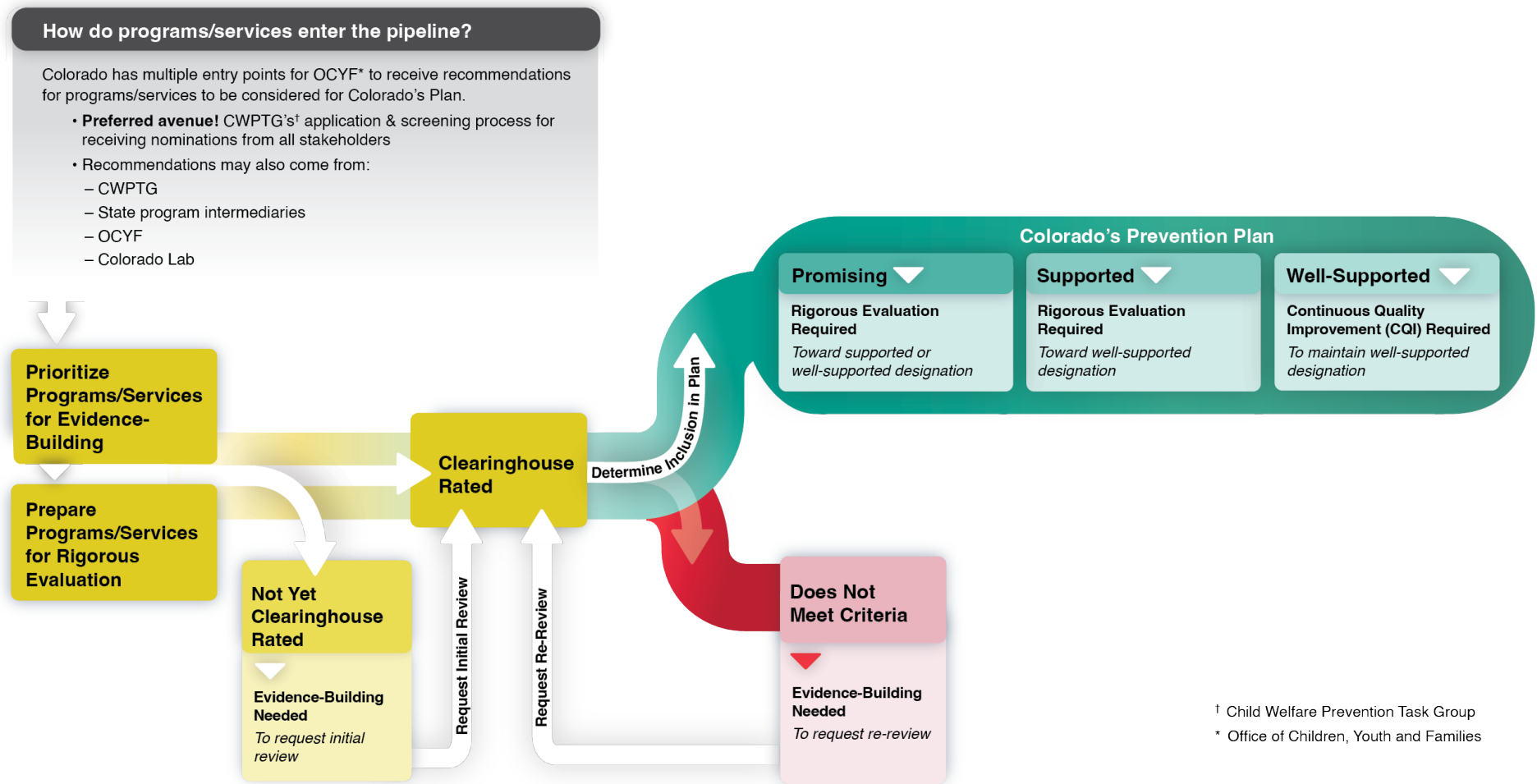
To inform recommendations, the Colorado Lab relies on the co-developed [long-term strategy](#); a [set of June 2023 recommendations](#) from the [Delivery of Child Welfare Services Task Force](#); and an ongoing partnership with DCW, the [Child Welfare Prevention Task Group](#) (CWPTG), and [the Trust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

In addition to recommendations for prioritizing program/service evaluations, this strategy report applies a data-informed approach to maximize federal drawdown, expand eligible populations, and leverage partnerships to advance Colorado's prevention strategy.

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

ⁱⁱ This work was done in collaboration with the Colorado Implementation Science Unit (2022 to 2025).

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



[†] Child Welfare Prevention Task Group
^{*} Office of Children, Youth and Families



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Family First Evidence Requirements

The **purpose of this section** is to synthesize the Family First requirements for evidence building so that the information is readily available to readers. This information is intentionally repeated in every strategy report to create a common mental model over time. New guidance, requirements, or interpretations are highlighted with implications for the strategy.

Notable updates include:

- Clearinghouse Handbook of Standards and Procedures, Version 2.0
- Summary of Evidence Designations
- Building Evidence for Adaptations
- Requesting Initial or Re-Review of Evidence



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 for 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 prioritization of evidence building for programs/services that best supports the unique needs of Colorado communities and fills gaps in research for different populations.

The evidence designation has implications for the resources required to include a program/service in Colorado’s Plan (i.e., extent of evaluation versus CQI-only). 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 use, 3) in-home parent skill-based, and 4) kinship navigation.

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 dollars claimed must come 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).ⁱ 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 to the Clearinghouse standards were summarized in the [SFY25 Annual Strategy report](#); in this report we focus on how to leverage key revisions and federal guidance toward new opportunities for evidence-building and increasing drawdown.

Three new key possibilities for evidence-building were identified:

1. **Eligible study design of head-to-head comparison:** Head-to-head comparison studies are when the comparison group has access to a treatment that is known to be effective as opposed to treatment as usual (TAU) or no treatment.ⁱⁱ Previously, eligible studies could only use a TAU design, limiting types of evaluations that could be included. In addition to expanding eligible design options, head-to-head comparison studies have the added benefit of informing Colorado's learning goals around best matching services to specific populations and outcomes of interest.
2. **Eligible outcomes and outcomes measures:** Outcomes may be defined differently across studies to reflect participant ages, family backgrounds, and geographic locations or context. This allows different outcome measures to be used when measuring the same eligible outcome (e.g., using different validated surveys to measure emotional functioning for different ages in the study population). Change in differences across populations can also now be counted as an eligible outcome measure (e.g., measuring reduction in rural/urban disparity within out-of-home placement). This is an expansion from previous Clearinghouse guidance.
3. **Federal interpretation of requirements for ongoing rigorous evaluation:** Previously, for *promising or supported plans*, rigorous evaluation had to use a casual study design (i.e., quasi-experimental or randomized controlled trial). New federal guidance allows for more flexibility in methodology. This means that study designs that align with Colorado's second and third [Steps to Building Evidence](#) can be considered, such as implementation studies and pre-post-test designs.

In its role as the Hub, the Colorado Lab leverages opportunities to provide the Clearinghouse feedback, and provided direct expert consultation on design and execution standards and actionability now reflected in Handbook 2.0.

Summary of Evidence Designations

There are 10 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 and fidelity monitoring). Colorado Kinconnected is eligible for drawdown, but not currently in Colorado's Plan.ⁱⁱⁱ 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) the 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.

ⁱⁱⁱ As a Kinship program, Colorado Kinconnected is reimbursed differently than other Family First programs/services and not currently subject to Family First requirements.

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
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 ^{iv}
Parent-Child Interaction Therapy	Well-supported	February 2020	CQI only	Not yet reporting fidelity data
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 complete; re-review to be requested (DU*)^v; data in statewide fidelity dashboard
SafeCare	Supported	March 2024	Rigorous evaluation toward well-supported; CQI	Rigorous evaluation underway (CSU*); data in statewide fidelity dashboard

^{iv} Onboarding to the fidelity dashboard is on hold because the national office owns those data, and there is minimal opportunity to claim for this service as it is restricted to pregnant and parenting youth in Colorado’s Plan.

^v Manuscript submitted for publication; re-review by the Clearinghouse will be requested following journal publication.

Program/Service Name	Evidence Designation	Last Reviewed	Action Required	Colorado Status
Colorado Kinnected Kinship Navigator Program	Supported	March 2024	Evidence building to request re-review	Rigorous evaluation underway (HSRI* & CSU); data not yet in statewide fidelity dashboard

*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 improve the evidence designation.	Rigorous evaluation underway (CSU*)
Screening, Brief Intervention, and Referral to Treatment	Promising	April 2023	Testing feasibility of evidence building to improve the evidence designation.	Feasibility study completed in SFY26 (Omni and Colorado Lab)
Fostering Healthy Futures for Teens	Does not meet criteria	June 2022	Evidence building to request re-review for an evidence designation.	Rigorous evaluation underway (DU*)
Fostering Opportunities	Not yet rated	N/A	Evidence building to request an initial review for an evidence designation.	Rigorous evaluation underway; re-review requested in November 2024, awaiting response (Colorado Lab)
Multiple Programs that Can Be Authorized in Trails	Varies	N/A	Conduct a discovery process to inform evidence-building strategy.	Discovery process underway (Colorado Lab)

*Abbreviations: CSU: Colorado State University; 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 access, an adaptation is envisioned. When this happens, evidence building may be required on the adaptation if there is enough substantial change that it should not assume the program work similarly to the original researched. The Clearinghouse provides guidance on what constitutes an adaptation. Evidence building for adaptations is important because it tell us what works, for whom, and under what conditions and expands the number of programs/services eligible for drawdown by meeting Family First evidence-based requirements.

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 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 helps ensure consistent reporting and assists in determinations about whether an adaptation is substantial or not substantial.

Requesting Initial or 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.

- The Hub will request re-review of evidence for Fostering Healthy Futures for Preteens following journal publication (manuscript submitted in September 2025).
- The Hub requested re-review of evidence for Fostering Opportunities in November 2024; awaiting Clearinghouse review and response.



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Prioritizing Additional Programs and Services for Evidence Building

The **purpose of this section** is to synthesize the Hub's recommendations for prioritizing additional programs and services for evidence building:

- Explore feasibility of **using service-specific authorizations in Trails** to conduct ongoing rigorous evaluation.
- Consider opportunities to apply a **head-to-head study design** to advance evidence designations in the Clearinghouse and meet Colorado learning goals.
- Leverage the Hub's expertise to **align evidence building in prevention services** across Colorado with Family First requirements.



Prioritizing Additional Programs and Services for Evidence Building

Summary of recommendations:

1. Explore feasibility of using service-specific authorizations in Trails for ongoing rigorous evaluation.
2. Consider opportunities to apply a head-to-head study design to advance evidence designation in the Clearinghouse and meet Colorado learning goals.
3. Leverage the Hub’s expertise to align evidence building in prevention services across Colorado with Family First requirements.

The focus of this section is a recommended strategy for prioritizing additional programs/services for evidence building. These recommendations are closely tied to how evidence-building can be leveraged to maximize federal drawdown (see next section [Advancing the Prevention Strategy](#)).

Recommendation 1: Explore feasibility of using service-specific authorizations in Trails for ongoing rigorous evaluation.

In the SFY25 Strategy Report, the Colorado Lab made [service-specific recommendations](#) for evidence building for ten services. The SFY25 recommendations were organized into categories of high, mid, and lower priority services. Table 3 maintains the prioritization of the programs and highlights new opportunities that are a result of changes to the Title-IV E Clearinghouse and federal interpretation on ongoing rigorous evaluation requirements.

Explore Outcomes Evaluation Leveraging Administrative Data

Recent changes in federal interpretation—specifically recognizing that [outcome evaluations](#) (not only impact evaluations) are acceptable under Title IV-E plans—combined with CDHS’s recent action to specify more programs and services in Trails service authorization, have expanded opportunities for study designs that leverage administrative data.

In SFY26, the Hub initiated an administrative data discovery process to align each program and service authorized in Trails with Clearinghouse eligible outcomes that prior research has demonstrated to be causally linked to improved results. Then, the Colorado Lab will determine which of these outcomes can be measured through state administrative data sources. We expect that the outcomes could be measured in multiple systems, not just Trails (e.g., Behavioral Health Administration data).

This possibility was opened by CDHS recently adding several service types to a Trails dropdown menu for county office staff to select when entering service authorizations. The Hub will leverage

these service types to identify programs/services that have a Clearinghouse evidence designation and accessible administrative data related to favorable, Clearinghouse-eligible outcomes. The Hub will create a crosswalk of programs/services in Trails and the Clearinghouse, then identify the outcomes for which we can potentially access administrative data, either through the Linked Information Network of Colorado or direct data sharing agreements with state agency partners.

After identifying what analyses will be feasible with administrative data, the Hub will run the programs/services through the conceptual framework to confirm there is value for adding them to Colorado’s Plan, in terms of benefit to children, youth, and families and ability to draw down reimbursement. Finally, the Hub will ensure the programs/services in Colorado’s Plan balance three inter-related fiscal strategy needs: a) maintain at least 50% dollars claimed come from *well-supported* programs/services; b) potential to maximize drawdown while meeting maintenance of effort (MOE) requirements; and c) leverage the ability to claim 50% administrative and training cost reimbursement from approved programs/services. Read more about achieving balance in [Recommendation 4](#).

Administrative data can be used to both meet ongoing rigorous evaluation requirements and may be leveraged for qualifying study designs that can advance program/service evidence designations. This opportunity is further made possible by the expanded outcomes that can be measured during rigorous evaluation and that are eligible during Clearinghouse review.

When administrative data are available to measure outcomes of interest, study feasibility increases and costs are often reduced. In contrast, primary data collection methods—such as surveys—can have high attrition rates and require substantial resources to support sites in new data collection efforts.

Table 3. Programs/Services Prioritized for Future Evidence Building

Program/Service Name	Evidence Designation	SFY25 Priority/ New ^{vi}
High Fidelity Wraparound	Promising	High
Telehealth-Enhanced Multisystemic Therapy (<i>Adaptation</i>)	Not Yet Rated	High
Eye Movement Desensitization and Reprocessing	Supported	Mid
Child-Centered Play Therapy	Promising	Mid
Trauma-Focused Cognitive Behavioral Therapy	Promising	Mid

^{vi} “New” means the program/service was identified via as a Trails service authorization and could be prioritized for outcomes evaluation using administrative data.

Program/Service Name	Evidence Designation	SFY25 Priority/ New ^{vi}
Telehealth-Enhanced Functional Family Therapy (<i>Adaptation</i>)	Not Yet Rated	Mid
Family Spirit	Promising	Low
Nurturing Parenting Program for Parents & Their School Age Children 5 to 11 Years	Does Not Meet Criteria	Low
Family Connects	Not Yet Rated	Low
Circle of Parents®	Not Yet Rated	Low
Motivational Interviewing	Well-supported	New
Attachment Based Family Therapy	Promising	New
Brief Strategic Family Therapy	Well-supported	New
Child Parent Psychotherapy	Promising	New
Cognitive Processing Therapy	Promising	New
Dialectical Behavior Therapy	Supported	New
Dialectical Behavior Therapy for Adolescents	Promising	New
Familias Unidas	Well-supported	New
Family Centered Treatment	Supported	New
Incredible Years - School Age Basic Program	Promising	New
Incredible Years - Toddler Basic Program	Promising	New
Mindfulness-based Cognitive Therapy	Well-supported	New
Mindfulness-based Cognitive Therapy for Parents	Supported	New
Multidimensional Family Therapy	Supported	New
Strengthening Families Program Parents Youth 10-14	Supported	New

Recommendation 2: Consider opportunities to apply a head-to-head study design to advance evidence designations in the Clearinghouse and meet Colorado learning goals.

Head-to-head comparison studies can be beneficial when it is not feasible or ethical to use a treatment-as-usual or no-intervention comparison group. The Title IV-E Clearinghouse does not allow for comparisons across variants of programs: for example, Telehealth-Enhanced MST could

not be compared to fully in-person delivery MST. Head-to-head designs can be applied to achieve or improve an evidence designation for a program/service, and to meet rigorous evaluation requirements for *promising* or *supported* practices. Across both opportunities, Colorado's learning goals can also be better informed.

Head-to-Head Comparison Study Example

Brief Strategy Family Therapy (BSFT; *well-supported*) and Attachment Based Family Therapy (ABFT; *promising*) are in the service authorizations list in Trails, showing their presence across the state and possible value to Colorado's Plan. Both are approved mental health program/services by the Clearinghouse, target adolescents (i.e., 12 to 17 years of age), target similar eligible outcomes (i.e., behavioral and emotional functioning), and have similar delivery methods (i.e., 12 to 16 weeks, therapist delivered). BSFT and ABFT are thus well-positioned to be in a head-to-head comparison study to evaluate ABFT as the *promising* practice that requires ongoing rigorous evaluation and an improved evidence designation over time. Changes in disparities around emotional functioning for certain adolescent populations could also be included in the design as an eligible outcome measure. Such a design would help ABFT move through the Steps to Building Evidence *and* inform Colorado's learning goals around what therapies are most effective for adolescent emotional and behavioral functioning, under what conditions, and for whom.

The next Letter of Interest (LOI) for evidence building funded opportunities through the Family First Hub is likely to include a focus on evaluation designs that use head-to-head comparisons and can inform Colorado's learning goals around matching services to family needs (e.g., if given a choice between two evidence-based in-home parenting services for children under 6, which one might you choose based on outcomes demonstrated for each?).

Recommendation 3: Leverage the Hub's expertise to align evidence building in prevention services across Colorado with Family First requirements.

[Colorado's Prevention Services Continuum](#) is broader than the programs/services currently listed in Colorado's Plan or prioritized for evidence building and future inclusion in the plan. It includes all programs/services in Colorado that contribute to primary, secondary, or tertiary prevention to strengthen families. This includes programs/services that cross state agencies and 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.

Alignment between evidence building for the Family First Service Array and the larger Prevention Services Continuum creates efficiencies in state investments and helps ensure that as children/youth grow and families move, there are available services to meet their needs. Alignment can be achieved in two ways: 1) when the program/service is anticipated to be part of Colorado's Plan; and 2) when the program/service is anticipated to be part of the larger

continuum, but not included in the plan. There are no new costs associated with the services described below.

When the program is part of the Colorado's Plan or prioritized for future inclusion in the plan

- **When evaluations are resourced through CDHS** (but outside of the Hub), the Colorado Lab recommends building in a contractual requirement for the Family First Evidence-Building Hub to review evaluation team analysis plans and final reports to assess alignment with Family First evidence-building requirements and investments.
- **When evaluations are resourced outside of CDHS** and the Hub, the Colorado Lab will offer consultation to those evaluation teams to help strengthen design and optimize alignment with Family First evidence-building requirements and investments. Cross-system partners championing Family First and that issue contracts for these evaluations are encouraged to embed contractual requirements for evaluation teams to consult with the Colorado Lab.

When the program/service is part of the Prevention Services Continuum, but not yet part of the Title IV-E plan and not yet prioritized for future inclusion in the plan.

- The Colorado Lab is available for consultation to **assess the value of the program/service** to Colorado's Family First Service Array using the conceptual framework. If value is high, the Colorado Lab consults with the evaluation team on study design to align the approach with Title IV-E Clearinghouse requirements.
- The Colorado Lab is available for consultation to **coordinate evaluation efforts** in prevention across Colorado, such as identifying when two evaluations may compete for similar populations or implementation partners, or when state investments in the evaluations can be aligned to reduce or maximize dollars spent.

Aligned Evidence Building Example

High Fidelity Wraparound (HFW). HFW is rated as a *promising* practice and was identified in [Colorado's long-term strategy](#). HFW was placed as a long-term goal because it requires ongoing rigorous evaluation and because no efficient opportunities to monitor fidelity and meet CQI requirements were identified. The Colorado Lab is currently monitoring the lifting of [Workforce Capacity Center \(WCC\)](#) established by the Behavioral Health Administration in 2025. One of the named initial services in HFW and providers delivering HFW will be supported by the WCC, including through fidelity monitoring. This creates a dual-efficiency opportunity to leverage WCC investments to meet multiple state agency goals and build out access for families.



Colorado Evaluation & Action Lab
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Advancing Colorado's Prevention Strategy

The **purpose of this section** is to synthesize the Hub's recommendations for advancing Colorado's Family First strategy, including:

- **Prioritize Hub investments in evidence building toward maximizing federal drawdown.**
- **Maximize federal drawdown for existing populations** and services/programs in Colorado's Plan.
- **Maximize federal drawdown for expanding populations** eligible for drawdown (Community Pathways).
- Explore ways to **maximize reimbursement for administrative and training costs.**



Advancing Colorado's Prevention Strategy

Summary of recommendations:

4. Prioritize Hub investments in evidence building toward maximizing federal drawdown
5. Maximize federal drawdown for existing populations and services/programs included in Colorado's Plan.
6. Maximize federal drawdown by expanding populations eligible for drawdown (Community Pathways).
7. Explore ways to maximize reimbursement for administrative and training costs.

Making Sense of a Complex Puzzle

There are multiple components of Family First reimbursement:

- Proper and efficient administration of the state plan to support the overall administration and management of Colorado's Plan,
- Training personnel to ensure staff and partners can identify eligible families, deliver services, and manage implementation, and
- Child specific administrative components to support activities directly connected to an individual child or family with an approved prevention plan.

Maximizing federal drawdown is a complex endeavor that requires coordinated attention to:

- How meeting **Maintenance of Effort requirements** intersects with:
 - the selection of services included in Colorado's Plan
 - investments in scaling services already on the Plan, and
- Identifying strategies for **maximizing federal reimbursement** for administrative, training costs, and service delivery.

MOE Recommendations

This May 2025 [Family First MOE Opportunities Memo](#) documents background information, opportunities, and recommendations for meeting Colorado's Family First MOE requirements and maximizing drawn down of federal funds to reimburse delivery of Family First programs and services.

Selection of Services Included in Colorado’s Plan

The Colorado Lab developed a [conceptual framework](#) to help identify value of each service included in Colorado’s Plan, and the anticipated reimbursement amounts (and avenue) for each service/program.

- CDHS’s next amendment to Colorado’s Plan will request adding Motivational Interviewing, a well-supported practice to Colorado’s Plan.
- Adding additional programs/services to Colorado’s Plan—and prioritizing evidence building to meet the evidence-based requirements of Family First—is another strategy for maximizing federal reimbursement (see Recommendations [1](#), [2](#), [3](#), and [4](#)).

Important context for selecting services to include in Colorado’s plan is The Family First Prevention Services Act has a requirement that **at least 50%** of the prevention services expenditures (reimbursed by federal funds) must be for programs that are designated as *well-supported* practices (the highest evidentiary tier).

- This requirement is about the dollars associated with the service, not the number of candidates who receive services that are *well-supported* practices and not about the percentage of services/programs that are *well-supported* in Colorado’s Plan.
- Furthermore, MOE must be met prior to claiming for reimbursement. Each year, Colorado must spend \$710,282 on foster care prevention services before any federal reimbursement for Title IV-E-eligible prevention expenses can be claimed.
- The goal is to fully meet the MOE requirement using expenditures that are NOT currently eligible for federal IV-E reimbursement. This ensures that all eligible Family First expenses can be claimed and is one key strategy in maximizing Colorado’s Title IV-E drawdown.

Investing in Scaling Programs/Services on Colorado’s Plan

Federal reimbursement from Family First is stewarded by the Trust Fund. As the amount of dollars reimbursed by Family First increases, the pool of funds available to the Trust Fund to invest in prevention grows. Recommendations four through seven advance Colorado’s Prevention Strategy by maximizing federal drawdown, allowing the Child Abuse Prevention Trust Fund to reinvest in prevention.

Trust Fund Investment Strategy

This August 2024 [Executive Summary](#) provides an overview of the strategy guiding the Trust Fund’s investments and informs the use of resources held by CDEC, other state agencies, and non-governmental (philanthropic) partners that contribute to child maltreatment prevention.

Recommendation 4: Prioritize Hub investments in evidence building toward maximizing federal drawdown.

Evidence-building toward the goal of advancing an evidence designation (i.e., *promising* or *supported* practice to *well-supported* practice) will be prioritized based on the potential return on federal drawdown. As programs are prioritized for evidence-building, it is essential to consider how the drawdown has implications at multiple points in the pipeline, including:

- how advancing an evidence-designation to **well-supported** might grow the amount dollars that can be reimbursed by helping Colorado remain the 50% balance; and
- as evidence is built go get a program **initially rated** and on Colorado’s Plan, to **advance an evidence designation**, or if already a **well-supported practice**, how that might affect MOE if the program was previously being used to meet MOE requirements and now those dollars are claimed on for reimbursement instead.

Example: Evidence Building that Could Lead to Increased Drawdown

Brief Strategic Family Therapy is currently being used in Colorado to improve the emotional and behavioral functioning of youth. This program is included in the Trails authorization dropdown list and is a *well-supported* practice by the Clearinghouse, but is not currently in Colorado’s Plan. As such, this program can currently only be used to help meet MOE requirements. Should the service be added to Colorado’s Plan, it could no longer be used for MOE, but could be claimed on under Family First reimbursement and would help Colorado better maintain the 50% *well-supported* threshold. In turn, this opens opportunity to prioritize a new service for evidence building that is not yet rated or is *promising* or *supported*.

Recommendation 5: Maximize federal drawdown for existing populations and services/programs in Colorado’s Plan.

Ensure reach for approved programs/services for currently eligible Family First populations (i.e., families with open child welfare and juvenile justice cases) is a component of maximizing federal drawdown. The more eligible Family First populations have access to service/programs that meet their needs and are in Colorado’s Plan, the more service delivery will be reimbursements.

Three systemic levers have strong potential to increase drawdown for existing populations:

- **Strategic referral systems:** Establish and strengthen referral pathways to connect eligible Family First populations with available programs and services in the Service Array.
- **Program/service expansion:** Extend programs and services to include non-Medicaid-eligible families, increasing both reach and federal reimbursement opportunities.
- **County-level implementation:** Encourage county child welfare departments to utilize the Family First Service Array for all children and youth, regardless of drawdown eligibility. By using services in the Family First Service Array, CDHS can better meet MOE requirements

when a child/youth is not eligible for drawdown, *and* should the youth become an eligible candidate under Family First, a qualifying service is already in place to be claimed on.

Recommendation 6: 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.

The key mechanism to expand populations eligible for drawdown is the Community Pathways approach. “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 [SFY25 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 was approved.

The Colorado Lab can consult on data collection priorities for the SafeCare Community Pathways pilot to ensure CDHS has the information necessary to expand the Community Pathways approach to other services in Colorado’s Plan.

Recommendation 7: Explore ways to maximize reimbursement for administrative and training costs.

In SFY26, Hub consultant Yumiko Dougherty will be building on this previous work to document a comprehensive understanding of claiming for Family First, inclusive of MOE requirements and 50% administrative and training reimbursement. This will include:

- Identifying cost categories eligible for 50% administrative and training reimbursement.
- Determining what costs may already be reimbursed through other sources (e.g., Medicaid).
- Proposing recommendations for how Colorado can maximize Family First drawdown, given MOE and administrative and training reimbursement considerations.

Case Example: Adding Motivational Interviewing to Colorado’s Plan

The strategies that guide adding new services to Colorado’s Plan, prioritizing evidence building, and maximizing federal drawdown are inexplicably linked. CDHS’s recent decision to add Motivational Interviewing to Colorado’s Plan illustrates strategic connections across recommendations in this report and previous strategy reports.

- Motivational Interviewing (MI) is a *well-supported* practice. Adding this service to Colorado’s Plan has potential to increase the amount of dollars reimbursed for well supported practices. This is important because 50% of drawdown for service delivery must be tied to the cost of delivering well supported practices.
- MI is not currently contributing to meeting MOE. This is important because if it was part of meeting MOE, the state would need to identify other allowable costs to post against MOE.
- Fidelity to MI can be monitored. CDHS submitted a proposal to the Trust Fund—that was approved—to pilot on a fidelity monitoring and CQI tool called Lyssn. Lyssn could help broach the barrier of how to efficiently monitor fidelity for this *well-supported* practice, which in turn could help CDHS meet CQI requirements for adding MI to Colorado’s Plan. Review the [SFY25 Strategy Report](#) for more on CQI requirements and recommendations to onboard new services to the Statewide Fidelity Dashboard.
- MI is used by both caseworkers and by providers in services/programs currently in Colorado’s Plan or that could be added to it. As such, this pilot will also inform what is possible for maximizing drawdown through Community Pathways.

Appendix A: Queue of Potential Programs and Services

The Family First Evidence-Building Hub (Hub) monitors a queue of programs and services for potential future inclusion in Colorado’s 5-Year Prevention Services Plan (Colorado’s Plan) and the evidence-building pipeline. These programs and services have demonstrated value through applying the [conceptual framework](#), were previously identified in Colorado’s [long-term strategy](#), or were elevated by partners (e.g., via the application and screening process). In March 2025, the Hub reached out to our network of partners with a request to identify adjacent evidence-building efforts in Colorado that may have relevance for Family First. These programs and services in this queue have varying levels of readiness for evidence building and will continue to be monitored as opportunities to add to the pipeline arise. Table A1 is organized by Clearinghouse rating, with recommended next steps.

Recommendation 1: *Explore feasibility of using service-specific authorizations in Trails to conduct ongoing rigorous evaluation.* The services that will be included in that recommendation are listed in Table A1. The SFY26 Evidence-Building Report will include an update on what is learned about feasibility of using these service-specific authorizations to conduct evaluations.

Table A1. Programs and Services in the Queue

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

Program or Service (Evidence Designation)	Program or Service Area	Key Context	Next Step
Homebuilders - Intensive Family Preservation and Reunification Services (<i>well-supported</i>)	In-Home Parent Skill-Based	Identified by partners as a way to expand reach to older ages of In-Home Parenting services. Considered for initial service array during long-term strategy development; no identified state intermediary and no known evidence-building efforts in CO.	Apply conceptual framework to explore value for Colorado’s Plan and readiness for CQI.
Motivational Interviewing (<i>well-supported</i>)	Substance Use	Identified in long-term strategy. Renewed interest due to widespread reach in CO. No identified state intermediary and no known evidence-building efforts in CO.	Support CDHS in the pilot of MI funded by the Trust Fund*, including ensuring relevant data is collected to assess feasibility of ongoing CQI requirements and value to Colorado’s Plan.
Guiding Good Choices (<i>well-supported</i>)	Substance Use	Submitted by partners via Hub’s outreach to identify adjacent evidence-building efforts in CO; two RCTs* with positive effects led by University of Washington School of Social Work. Rated as promising by Blueprints .	Coordinate with University of Washington to identify any opportunities for alignment with Hub efforts; apply conceptual framework to explore value for Colorado’s Plan and readiness for CQI.
Eye Movement Desensitization and Reprocessing (<i>supported</i>)	Mental Health	Included in the Hub’s January 2024 Call for Letters of Interest (LOIs) to identify the next program or service prioritized for rigorous evaluation; no unique evidence-building opportunities were identified.	Apply conceptual framework and continue to monitor for future evidence-building opportunities.



Program or Service (Evidence Designation)	Program or Service Area	Key Context	Next Step
Child-Centered Play Therapy (<i>promising</i>)	Mental Health	Included in the Hub’s January 2024 Call for LOIs*; no unique evidence-building opportunities were identified. The Hub is consulting on implementation efforts by a faculty member at Regis University to build data collection capacity for future evidence-building efforts.	Continue to support implementation and capacity building efforts and apply conceptual framework to explore value for Colorado’s Plan and readiness for evidence-building.
Intensive Care Coordination Using High Fidelity Wraparound/ High Fidelity Wraparound (<i>promising</i>)	Mental Health	Included in long-term strategy; widespread in CO. No identified state intermediary and no known evidence-building efforts in CO.	Apply conceptual framework to explore value for Colorado’s Plan. Consider opportunities to partner with the Workforce Capacity Center to meet rigorous evaluation and CQI requirements.
Trauma-Focused Cognitive Behavioral Therapy (<i>promising</i>)	Mental Health	The Hub coordinated rigorous evaluation (Center for Policy Research) in school-based settings starting in June 2022, which was paused in early 2024 due to external constraints. Included in the Hub’s January 2024 Call for LOIs; no unique evidence-building opportunities using secondary administrative data were identified.	Apply conceptual framework to explore value for Colorado’s Plan and readiness for evidence building; monitor for evidence-building opportunities.
Effective Black Parenting Program (<i>promising</i>)	Mental Health	Identified by partners as way to build community-tailored services in the Family First Service Array. No identified state intermediary and no known evidence-building efforts in CO.	Apply conceptual framework to explore value for Colorado’s Plan and readiness for evidence building; monitor for evidence-building opportunities.

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

Program or Service (Evidence Designation)	Program or Service Area	Key Context	Next Step
Telehealth-Enhanced Functional Family Therapy (<i>adaptation, not yet rated</i>)	Mental Health	Included in the Hub’s January 2024 Call for LOIs; no unique evidence-building opportunities were identified.	Apply conceptual framework to explore value for Colorado’s Plan and readiness for evidence building; continue to monitor for future evidence-building opportunities.
Boys Town In-Home Family Services (<i>not yet rated</i>)	In-Home Parent Skill-Based	Submitted by partners via Hub’s outreach to identify adjacent evidence-building efforts in Colorado. Implementation in Denver; rated as promising by the California Evidence-Based Clearinghouse . The Hub submitted a request for initial review of evidence to the Title IV-E Clearinghouse in November 2024.	Wait for Clearinghouse response and prepare for evidence building and/or CQI dependent on evidence designation.
Family Connects (<i>not yet rated</i>)	In-Home Parent Skill-Based	Several RCTs demonstrating proven practice. Ongoing evidence building on CO implementation by Colorado Lab and Omni (federally funded); established state intermediary (Illuminate Colorado).	Collaborate with CDEC to apply conceptual framework to explore value for Colorado’s Plan; if value, consider requesting Clearinghouse review of evidence.
Circle of Parents® (<i>not yet rated</i>)	Mental Health; Substance Use	Identified in CDEC Child Maltreatment Prevention Plans as having high potential; strong presence in CO with identified state intermediary (Illuminate). Previous QED showed null results, which may be due to methodological design; ongoing evidence building is warranted.	Apply conceptual framework to explore value for Colorado’s Plan and readiness for evidence building; continue to monitor for future evidence-building opportunities.

Program or Service (Evidence Designation)	Program or Service Area	Key Context	Next Step
Functional Family Therapy-Gangs (<i>not yet rated</i>)	Mental Health	Submitted by partners via Hub’s outreach to identify adjacent evidence-building efforts in CO. Implementation in Denver; RCT led by University of Colorado through December 2025 (dissemination anticipated in September 2027).	Coordinate with University of Colorado to identify any opportunities for alignment with Hub efforts or support for potential Clearinghouse submission; apply conceptual framework to explore value for Colorado’s Plan.
Mesa County Family Empowerment Team (<i>not yet rated</i>)	In-Home Parent Skill-Based	Originally identified through the CWPTG* New Services Screening Form. Re-elevated by partners via Hub’s outreach to identify adjacent evidence-building efforts in CO. Recently manualized with performance monitoring, but no known evidence-building efforts in CO.	Apply conceptual framework to explore value for Colorado’s Plan and readiness for evidence building; monitor for evidence-building opportunities.
Safe Families for Children (<i>supported</i>)	In-Home Parent Skill-Based	Submitted to CDHS* and the Colorado Lab by developers as a potential opportunity for Colorado’s Plan.	Developers encouraged to complete the Service/Program Screening Form so that the conceptual framework could be applied to explore value for Colorado’s Plan and readiness for evidence building.

*Abbreviations: CO: Colorado; CQI: continuous quality improvement; Trust Fund: Colorado Child Abuse Prevention Trust Fund; RCT: randomized controlled trial; LOI: letter of interest; CDEC: Colorado Department of Early Childhood; CDE: Colorado Department of Education; QED: quasi-experimental design; CWPTG: Child Welfare Prevention Task Group; and CDHS: Colorado Department of Human Services.

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 B1. 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 Services Continuum and opportunities to expand it.	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.	11/01/2023
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



Report Name	What It Covers	Dated
Family First: Annual Evidence-Building Strategy Report SFY25	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 SFY25	Reports on rigorous evaluation efforts underway for programs/services currently in Colorado's Family First evidence-building pipeline.	05/01/2025
Family First Maintenance of Effort Opportunities Memo	Documents background information, opportunities, and recommendations for meeting Colorado's Family First Maintenance of Effort requirements and maximizing drawdown of federal funds to reimburse delivery of Family First programs and services.	5/01/2025

Endnotes

ⁱ Wilson, S. J., Brown, S. R., Kerns, S. E. U., Dastrup, S. D., Hedberg, E., Schachtner, R., Jackson, C., Norvell, J., Campbell, W., & Wall, A. (2024). *Title IV-E Prevention Services Clearinghouse Handbook of Standards and Procedures, Version 2.0* (OPRE Report # 2024-127). Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

ⁱⁱ Wilson, S. J., Brown, S. R., Kerns, S. E. U., Dastrup, S. D., Hedberg, E., Schachtner, R., Jackson, C., Norvell, J., Campbell, W., & Wall, A. (2024). *Title IV-E Prevention Services Clearinghouse Handbook of Standards and Procedures, Version 2.0* (OPRE Report # 2024-127). Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.