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Strategy for the Evidence-Based Aspects of the Family First Service Continuum

REPORT HIGHLIGHTS:

This report serves as a strategy for the state as well as a framework that regions can use to develop local service arrays. Recommendations include:

- Short- and long-term recommendations for evidence-based in-home parent skill-based programs and mental health services that are matched to the needs of Colorado families.
- Short- and long-term recommendations for prioritizing services for fiscal drawdown.
- Short- and long-term recommendations for prioritizing resources for ongoing rigorous evaluation and building capacity to meet federal requirements for continuous quality improvement.

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Executive Summary

The purpose of this project is to develop a short- and long-term strategy for expanding Family First-eligible prevention services in Colorado to meet the needs of Colorado's children, youth, and families while maximizing federal drawdowns for evidence-based services.

Through review of existing data, interactive discussions, and implementation science principles, the end product will identify services for the state to pursue and offer concrete recommendations regarding strategic investments needed to build capacity for service implementation. This report reflects outcomes of this three-step iterative process.

This project generates recommendations for (1) the creation of an evidence-based service continuum matched to needs; and (2) maximizing federal drawdowns, including which services on the continuum should and should not be funded through Title IV-E prevention dollars.

Results from this project provide both a large-scale strategy to guide state-level efforts, as well as a framework that can be used on county and regional levels in developing local-level Family First strategies.

Three Iterative Steps in the Project

Step One: Synthesize existing information to identify alignment between documented needs within Colorado and evidence-based services rated by the Title IV-E Prevention Services Clearinghouse.

Step Two: Engage stakeholders in review of recommended programs to scale or implement in Colorado. Integrate local and national expert guidance to ensure culturally responsive adaptations and investments.

Step Three: Incorporate information gleaned from previous steps with recommendations from state and national working groups. Focus on fiscal considerations and Colorado's readiness to meet federal requirements to claim for a given service.



Evidence-Based Recommendations for an Initial Comprehensive Prevention Service Continuum

A comprehensive prevention service continuum is made up of service arrays that align with each of the four eligible domains identified within Family First: (1) Mental Health; (2) In-home Parent Skill-based; (3) Substance Use; and (4) Kinship Navigator. As outlined in the table below, initial evidence-based service recommendations reflect a short list that aligns to identified needs in Colorado as well as articulate future fiscal opportunities. These findings are based on Step One of the project.

Recommended Models for the Initial Service Continuum

	Services Matched to Needs	Fiscal Opportunities
SHORT LIST	In-home Parent Skill-based <ul style="list-style-type: none"> • Nurse-Family Partnership • SafeCare • Child First* • Parents as Teachers 	<ul style="list-style-type: none"> • Colorado Community Response via Motivational Interviewing • Differential Response
	Mental Health Array <ul style="list-style-type: none"> • Child First* • Fostering Healthy Futures Preteen • Functional Family Therapy • Multisystemic Therapy • Parent-Child Interaction Therapy • Trauma-Focused Cognitive Behavioral Therapy 	
	Kinship Navigator <ul style="list-style-type: none"> • N/A** 	
	Substance Use <ul style="list-style-type: none"> • TBD*** 	

*Child First is an eligible practice in the Title IV-E Clearinghouse for both the mental health domain and the in-home parent skill-based domain.

** No short list was developed for the kinship navigator domain because no kinship navigator services/programs have been approved by the Title IV-E Prevention Services Clearinghouse.

*** No short list of recommendations was developed for the substance use domain because substance use capacity-building in Colorado is set to be catalyzed by a new Behavioral Health Administration and other behavioral health recovery efforts that will result from the 2021 legislative session.



Recommendations: A Phased Strategy for Implementation and Capacity-Building

Recommendations that reflect a short- and long-term phased strategy to implementation and capacity-building are provided below. The strategies recommended are informed by the three-step iterative process for this project. For all recommended models in the initial service continuum, a future step is to assess the fiscal benefit of building capacity to claim for each of these services.

In-home Parent Skill-based Programs

Short-Term

- Position **Nurse-Family Partnership** as the anchor service for the in-home parent skill-based array.
- Invest in expanding **SafeCare** to additional counties (e.g., site setup costs) and improving referrals, outreach, and program retention for existing sites.
- Support bringing **Child First** to Colorado through ongoing partnerships with Invest in Kids.
- Prioritize **Parents as Teachers** for federal drawdowns to strengthen the early childhood home visiting service array while maximizing fiscal benefits and piloting claiming for a service not in Trails or Salesforce.
- Make necessary **investments to claim for in-home parent skill-based programs** that are prioritized for short-term fiscal drawdowns and to create infrastructure for services that future phases of this project indicate are likely to yield a fiscal return.

Long-Term

- If federal requirements can be met without substantial new costs, **Nurse-Family Partnership** should be considered for fiscal drawdowns for the purpose of requesting reimbursement for **pregnant and parenting youth in foster care**.
- Prioritize standing up **Family Spirit** in Colorado to expand culturally responsive service options and further meet the needs of tribal communities.
- Consider bringing to Colorado in-home parent skill-based programs (**i.e., Brief Strategic Family Therapy, Family Spirit, Family Check-Up**) designed to meet the parenting needs of families with **older children and youth**.
- Leverage initial capacity-building already underway to lift **Healthy Families America** in Colorado and prioritize this service for federal fiscal drawdowns to maximize return on investment.

Mental Health Services

Short-Term

- Position **Trauma-Focused Cognitive Behavioral Therapy** as the anchor service for the mental health of children/youth track within the mental health service array, to ensure wide availability of an evidence-based service that targets an expansive age range and has multiple access options.
- Support bringing **Child First** to Colorado through ongoing partnerships with Invest in Kids.



- Scale **Parent-Child Interaction Therapy** in counties where Child First is not expected to be available soon, to expand mental health service options for families with younger children.
- Prioritize expanding **Fostering Healthy Futures Preteen** in high need geographic areas.
- Position **Multisystemic Therapy** as the anchor service for the family functioning track within the mental health service array.
- Ensure coordinated investments are made across Colorado Department of Human Services programs (e.g., Family First Transition Act Funds; Tony Grampsas Youth Services Awards) in standing up new **Multisystemic Therapy** and **Functional Family Therapy** teams to maximize fiscal opportunities and achieve balanced scaling.
- Make necessary **investments to claim for mental health services** that are prioritized for short-term fiscal drawdowns and to create infrastructure for services that future phases of this project indicate are likely to yield a fiscal return.
- Consider opportunities to **build evidence for telehealth or hybrid delivery** adaptations to broaden reach and improve access.
- Build the capacity for **remote/distance supervision of clinicians**. This will be particularly important for geographic areas with limited workforce resources as high-quality supervision is necessary to support delivering interventions with fidelity and reduce provider burnout.

Long-Term

- Support implementation of **Fostering Healthy Futures Teen** in Colorado to expand mental health supports for older youth through ongoing partnerships with program implementers.
- Explore expanding **Trust-Based Relational Intervention** as a responsive service to prevent re-entry into foster care and improve family functioning when there is a high risk of entry into foster care.
- Consider bringing to Colorado additional services (i.e., **Brief Strategic Family Therapy**) and scaling existing services (i.e., **High Fidelity Wraparound**) that can meet the family functioning needs of families with **younger children** as well as bolster service options for families with older youth.
- Prioritize **High Fidelity Wraparound** for federal fiscal drawdowns to sustain expansion work underway, expand culturally responsive service options, and maximize return on investment.

Additional Fiscal Opportunities (Long-term)

- Prioritize **claiming for Motivational Interviewing as part of delivery of Colorado Community Response (CCR)** as a way to fiscally sustain the CCR program in the short-term and further meet the needs of tribal communities.
- Explore the feasibility of claiming for **Differential Response** as a way to leverage an already existing, widespread child welfare practice to maximize fiscal benefits.



Recommendations for Rigorous Evaluation Priorities

- Prioritize rigorous evaluation for **Child First, SafeCare, and Trauma-Focused Cognitive Behavioral Therapy** as part of the *short-term strategy*, to build evidence for these programs in hopes of increasing their rating in the Clearinghouse.
- Consider rigorous evaluation of **telehealth or hybrid delivery adaptations for Multisystemic Therapy, Functional Family Therapy, and Fostering Healthy Futures Preteen and Teen** as part of the *short-term strategy*, to broaden service reach and ensure these adaptations can be included in Colorado's Prevention Services Plan and make eligible for federal drawdowns.
- As part of the *long-term strategy*, invest in the infrastructure necessary for conducting rigorous evaluations to build evidence and increase Clearinghouse ratings for: **Fostering Healthy Futures Teen, High Fidelity Wraparound, and Trust-Based Relational Intervention**.

Recommendations for Continuous Quality Improvement Capacity-Building Priorities

- Prioritize *timely creation* of a **statewide platform for meeting CQI requirements** of Family First, as all services included in the Prevention Services Plan have the capacity-building gap of needing a way to report fidelity data at the state-level.
- Prioritize necessary CQI capacity-building for **Trauma-Focused Cognitive Behavioral Therapy, Parent Child Interaction Therapy, and Motivational Interviewing** to collect service-specific fidelity data, which may include the capacity for remote supervision of clinicians.
- Consider the fiscal trade-off of claiming for the service versus building capacity to meet the federal requirements. Claiming for **Differential Response** is likely to offset the cost of building capacity to track adherence.

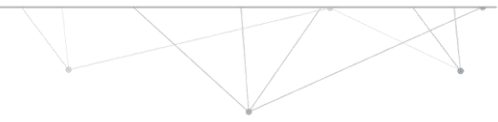


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Thank you to our partners who provided subject matter expertise and guidance on this project: Yumiko Dougherty at Colorado Department of Human Services, Heather Durosko at Colorado Human Services Directors Association, model experts and providers, members of Family First Implementation Team and the Service Continuum Working Group, national Family First and model-specific experts, and families that have continuously elevated their voices to drive prevention-oriented approaches that promote well-being.

Data Sources

Data sources used in this report were existing needs assessment and related reports (see Appendix A) alongside key informant interviews and dialogue with stakeholders.

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Introduction

The purpose of this project is to develop a short- and long-term strategy for expanding Family First-eligible prevention services in Colorado to meet the needs of Colorado's children, youth, and families while maximizing federal drawdowns for evidence-based services.

Defining a strategy for an evidence-based service continuum is an iterative process of cycling through the steps of the project. Currently, we are cycling through Steps One through Three. We expect that the strategy and recommendations will be further refined through lessons learned during strategy execution and ongoing strategic learning.

Step One: Synthesize existing information to identify alignment between documented needs within Colorado and evidence-based services rated by the Title IV-E Prevention Services Clearinghouse.

Step One of this project began with engaging stakeholders within the Colorado Department of Human Services (CDHS), the Family First Implementation Team, and Family First working groups to identify existing needs assessment data and/or reports that might inform matching Family First-eligible evidence-based prevention services to local needs and prevention goals. Appendix A contains the complete list of reports and resources used in the review.

Step Two: Engage stakeholders in review of recommended programs to scale or implement in Colorado. Integrate local and national expert guidance to ensure culturally responsive adaptations and investments.

Step Two of this project began with a series of informational sessions presented by developers, state intermediaries, and expert providers of the mental health services on the short list for implementation under the Family First Prevention Services Act. The goal of these sessions was to orient counties to the Family First strategy project and equip them with the foundational information necessary to begin creating more intentional plans for adopting or scaling these services in their local area. The informational sessions had the added benefit of building relationships and holding space for initial dialogue. Insights shared during the informational sessions will be deepened in early State Fiscal Year 2022 (SFY22), when we will partner with CDHS and the Colorado Human Services Directors Association to socialize short-list recommendations during county regional meetings and provide guidance on how to conceptualize a local service array using the framework formed in this report.

Wrapping around this stakeholder engagement process is continuous tracking and integration of local, state, and national data on emergent needs, novel opportunities, family experience, and federal guidance for strengthening the Family First strategy in Colorado. A special focus of this wraparound process is on leveraging local and national guidance to ensure culturally responsive adaptations and investments are reflected in the short- and long-term recommendations for capacity-building and implementation. Family First will not inherently advance equity and, thus, requires explicit attention to equity, access, and inclusivity considerations. Several resources were reviewed to embed equity and cultural responsiveness into recommendations development, including: guidance from the Center for the Study of Social Policy, Annie E. Casey Foundation, Casey Family Programs, and Colorado's American Indian/Alaska Native Family First workgroup. Findings from the review serve as a catalyst for ongoing integration of culturally responsive, equity-centered program adaptations and strategic investments as Colorado engages capacity-



building and implementation of Family First. In early SFY22, we will conduct key informant interviews with experts at the Center for the Study of Social Policy as well as explore opportunities to further integrate family, youth, and community voice. Longer term, we will engage disaggregated analyses and leverage family and youth expertise as fidelity monitoring, continuous quality improvement (CQI), evidence-building, and strategy refinement unfolds.

Step Three: Incorporate information gleaned from previous steps with recommendations from state and national working groups. Focus on fiscal considerations and Colorado’s readiness to meet federal requirements to claim for a given service.

Step Three of this project began by triangulating the information gleaned from previous steps with recommendations made by state and national working groups (e.g., Colorado’s Family First American Indian/Alaska Native workgroup; Casey Family Program’s Family First Learning Collaborative). Then, CDHS conducted interviews with developers and/or lead providers to assess readiness to meet Family First Prevention Services requirements. Information gleaned has been integrated through ongoing conversations with various working groups and CDHS leadership to guide recommendations. In alignment with the iterative process of cycling through the steps, our recommendations were continually revised as local, state, and national groups made their recommendations and provided additional guidance.

Recommendations Scope

In developing the initial service continuum and short- and long-term strategy for capacity-building and implementation, we began with all four eligible domains within Family First. We then narrowed the focus to development of a short list for in-home parent skill-based programs and mental health services.

Family First Domains Considered and Service Arrays Developed

All four eligible domains identified within Family First were **considered** during Step One: (1) Mental Health; (2) In-home Parent Skill-based; (3) Substance Use; and (4) Kinship Navigator.

In developing the short list of models to comprise the initial service continuum, only mental health and in-home parent skill-based service arrays were **developed**.

No kinship navigator service array was developed because no kinship navigator services/programs are included yet in the Title IV-E Prevention Services Clearinghouse.

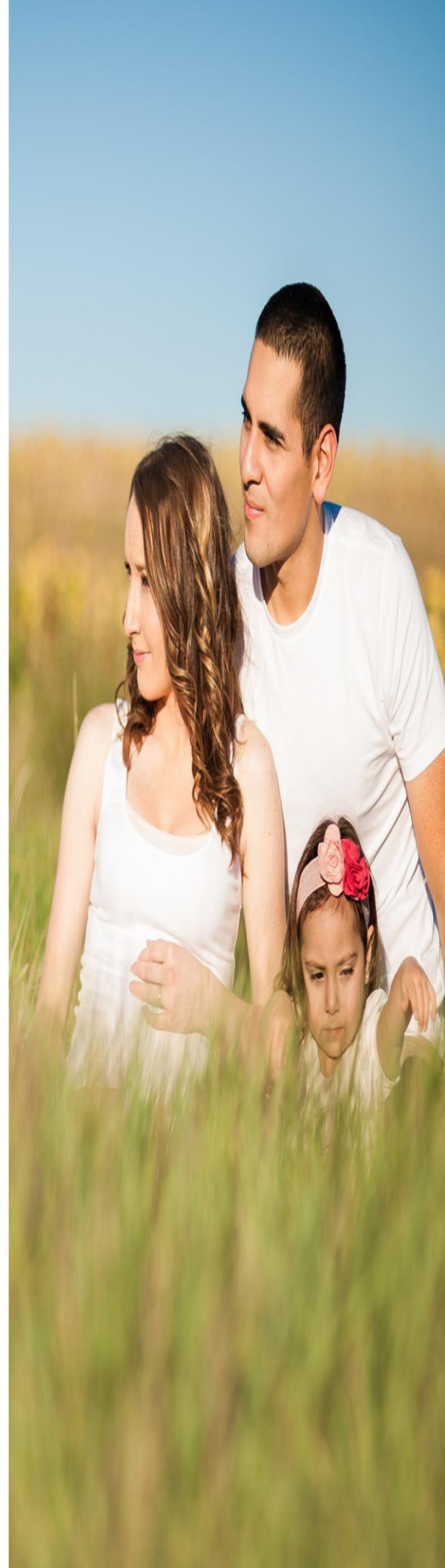
No substance use service array was developed because substance use prevention and treatment efforts in Colorado are set to be catalyzed by a new Behavioral Health Administration and other behavioral health recovery efforts resulting from the 2021 legislative session.



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Context for Defining a Strategy





Context for Defining a Strategy

In this section, we provide an overview of the following contextual aspects of defining a strategy:

- Reviewing eligible evidence-based services
- Conceptualizing a prevention service array
- Understanding ratings and effect sizes
- Considering fiscal opportunities

Reviewing Eligible Evidence-Based Services

Eligible prevention services fall into four program or service domains within the Family First Prevention Services Act: (1) In-home Parent Skill-based, (2) Mental Health, (3) Substance Abuse, and (4) Kinship Navigator. To be eligible for reimbursement, the services must have been [rated](#) by the Title IV-E Prevention Services Clearinghouse, or an independent systematic review of the evidence must be submitted with a state's prevention services plan to request transitional payment for the service.ⁱ

Primary consideration was given to evidence-based services that were:

- (a) included in Colorado's Title IV-E Prevention Services Plan and rated by the Title IV-E Clearinghouse; or
- (b) prioritized by the Family First Implementation Team's Service Continuum Working Group for the independent systematic review process.ⁱⁱ

Additional programs rated by the Title IV-E Prevention Services Clearinghouse are only discussed in this report when the authors determined that there was evidence of a clear gap in the service array that *could* potentially be filled by one or more of these programs.

As illustrated in Table 1, the following programs were considered in each Family First domain. Note that some programs are associated with multiple domains (e.g., in-home parent skill-based and mental health).

Title IV-E Prevention Services Clearinghouse is a Living Process

It is important to note that the Title IV-E Prevention Services Clearinghouse is a living process and evidence reviews are ongoing. Through this living process, new programs/services can be rated and added to the Clearinghouse, and programs/services already included can have their rating adjusted if new substantial evidence on the efficacy of the program emerges. As such, Colorado's long-term strategy must be responsive to this changing external landscape to maximize federal drawdowns and impacts on children, youth, and families.

ⁱ Pursuant to [PI-19-06](#), issued by the Administration for Children and Families.

ⁱⁱ The Service Continuum Working Group engaged in an open, transparent process (e.g., open application, rubrics, voting) for prioritizing programs for technical reviews of the evidence. Child First was prioritized by this process and its review by the Clearinghouse was expedited as a result of Colorado conducting a technical review of this service.



Table 1: Models Considered for the Initial Service Continuumⁱⁱⁱ

	Included in Colorado’s Prevention Services Plan and Rated by the Title IV-E Clearinghouse:	Rated by the Title IV- Clearinghouse but NOT currently in Colorado’s Plan:
IN-HOME PARENT SKILL-BASED	<ul style="list-style-type: none"> • Nurse-Family Partnership • SafeCare • Child First* • Parents as Teachers • Healthy Families America 	<ul style="list-style-type: none"> • Brief Strategic Family Therapy** • Family Check-Up®* • Family Spirit® • Homebuilders – Intensive Family Preservation and Reunification Services • Intercept® • Iowa Parent Partner Approach • Multidimensional Family Therapy** • Sobriety Treatment and Recovery Teams
MENTAL HEALTH	<ul style="list-style-type: none"> • Functional Family Therapy • Parent-Child Interaction Therapy • Trauma-Focused Cognitive Behavioral Therapy • Multisystemic Therapy*** • Child First* <p>Prioritized by the Service Continuum Working Group:</p> <ul style="list-style-type: none"> • High Fidelity Wraparound • Fostering Healthy Futures Preteen and Teen 	<ul style="list-style-type: none"> • Brief Strategic Family Therapy** • Child-Parent Psychotherapy • Family Check-Up®* • Incredible Years® – School Age Basic Program • Incredible Years® – Toddler Basic Program • Interpersonal Psychotherapy • Interpersonal Psychotherapy for Depressed Adolescents • Multidimensional Family Therapy** • Prolonged Exposure Therapy for Adolescents with PTSD • Prolonged Exposure Therapy for PTSD • Trust-Based Relational Intervention (TBRI) 101 • TBRI – Caregiver Training • Triple P – Positive Parenting Program – Group (Level 4), Online (Level 4), Self-directed (Level 4), Standard (Level 4)

ⁱⁱⁱ All programs currently (as of 6/25/2021) rated in the [Title IV-E Prevention Services Clearinghouse](#) are captured in Table 1, though we only discuss those services in Colorado’s Prevention Services Plan or that could fill a clearly articulated gap.

*Child First and Family Check-Up are eligible practices under both the mental health and the in-home parent skill-based domains.

**Brief Strategic Family Therapy and Multidimensional Family Therapy are eligible practices under the in-home parent skill-based, mental health, and substance use domains.

***Multisystemic Therapy is an eligible practice under both the mental health and substance use domains.



	Included in Colorado’s Prevention Services Plan and Rated by the Title IV-E Clearinghouse:	Rated by the Title IV- Clearinghouse but NOT currently in Colorado’s Plan:
SUBSTANCE USE	<p>This report does not focus on the substance use domain; however Motivational Interviewing was identified as a fiscal opportunity.</p> <ul style="list-style-type: none"> • Motivational Interviewing 	<ul style="list-style-type: none"> • Adolescent Community Reinforcement Approach • Brief Strategic Family Therapy** • Families Facing the Future • Methadone Maintenance Therapy • Multidimensional Family Therapy** • Multisystemic Therapy*** • Sobriety Treatment and Recovery Teams
ADDITIONAL SERVICES	<p>Prioritized by the Service Continuum Working Group:</p> <ul style="list-style-type: none"> • Differential Response (DR) • Colorado Community Response (CCR) 	<p>N/A</p> <p>There are two services that were prioritized by the Service Continuum Working Group (DR, CCR), but that do not cleanly map to any given Clearinghouse-eligible domain. In the case of CCR, it did not meet the Clearinghouse standards for evidence as a standalone service, but the service continuum working group recommended using Motivational Interviewing to claim for CCR.</p>

Conceptualizing a Prevention Service Array

Our approach to conceptualizing a prevention service array is framed in “anchor” and “complementary” services within a given Family First-eligible domain of evidence-based services.

Defining a Prevention Service Continuum and an Array Within It

A prevention **service continuum** is the full suite of evidence-based and community services that are aligned to the prevention needs of Colorado’s children, youth, and families.

Continuums are made up of **arrays** that specify a range of services that can be bucketed together; in this case, the Family First-eligible domains were used to group services together into an array.

The focus of this report is on recommending **arrays of evidence-based services** that have been rated or meet the Title IV-E Prevention Services Clearinghouse standards within the **domains of in-home parent skill-based and mental health**.

Anchor Evidence-Based Services

Based on information acquired, we then identified “anchor” services to ground the discussion of an initial service array. The anchor service is essentially the starting point for conceptualizing an evidence-based service array for a given Family First domain, providing a basis for determining what additional services can complement the anchor service to more holistically meet the unique and diverse needs of Colorado families and communities. Anchor services were defined by three **specific criteria**: (1) geographically widespread availability, (2) matched to identified needs, and (3) currently included in Colorado’s Title IV-E Prevention Services Plan.



Complementary Evidence-Based Services

Complementary evidenced-based services are those that, in conjunction with an anchor service, can create a more comprehensive service array. For example, a complementary service may demonstrate positive effects on the same outcome if it is tailored to a different age group or offer higher or lower intensity of service delivery.

Understanding Ratings and Effect Sizes

In the [Recommendations](#) section, discussion of anchor and complementary services are presented for the two developed service arrays. The focus is on alignment of identified needs with the evidence that suggests a given service will drive relevant outcomes to meet those needs for children, youth, and families. We considered the Title IV-E Prevention Services Clearinghouse ratings and the effect sizes reported in the studies for understanding outcomes, and then considered findings from the review of existing Colorado-specific information to understand needs.

Title IV-E Prevention Services Clearinghouse Ratings

“Promising,” “Supported,” and “Well-supported” ratings indicate how extensive the research base is behind a given program or service. *Promising* ratings require at least one rigorous research study with a favorable outcome. *Supported* ratings require at least one rigorous research study where outcomes have been tracked for at least 6 months after the program ends and favorable outcomes show sustained improvement during this time period. *Well-supported* ratings require at least two rigorous research studies where outcomes have been tracked for at least 12 months after the program ends and favorable outcomes show sustained improvements during this time period. Favorable effects must be demonstrated in one of the target outcome domains defined by the Title IV-E Prevention Services Clearinghouse. Target outcomes are summarized in Table 2.

Table 2: Family First Target Outcome Domains and Eligible Indicators

Target Outcome Domain	Eligible Indicators
Child Safety	Evidence of substantiated or unsubstantiated child maltreatment; Injuries or ingestions taken from medical records; Measures that assess neglectful, psychologically aggressive, or abusive parenting behavior
Child Permanency	Placement length, disruption, stability, permanency, reunification, use of kinship care
Child Well-being	Behavioral and emotional functioning; Social functioning; Cognitive functions and abilities; Educational achievement and attainment; Physical development and health; Substance use/misuse; Delinquent behavior
Adult Well-being	Parenting practices; Parent/caregiver mental or emotional health; Parent/Caregiver substance use/misuse; Parent/Caregiver criminal behavior; Family functioning; Physical health; Economic and housing stability



Effect Sizes

Small, medium, and large categories of effect sizes indicate how much, on average, a program drives outcomes. This is the measure of how much change we would expect to occur for Colorado families receiving the service.

An ideal service continuum would be comprised primarily or exclusively of *well-supported* programs that demonstrate medium to large sustained effects on Clearinghouse-eligible outcomes aligned to the needs of Colorado's children, youth, and families. However, [evidence-building is a process](#) and programs may need time to move up the evidence continuum before achieving a *well-supported* designation. Additionally, needs can evolve over time that necessitate investment in new services, on both implementation and evidence-building levels. As such, a more nuanced approach was taken to align the body of literature (i.e., Clearinghouse ratings and magnitude of expected effect on outcomes) with identified needs and coverage feasibility for Colorado.

In taking this more nuanced approach, there are times when a *promising* practice with medium or large effects is recommended over a *well-supported* practice with small effects because it has the potential to move the dial on target family outcomes to a greater extent. Moving forward, in such cases, investing in ongoing evidence-building through rigorous evaluation of not-yet-rated, promising, or supported practices should occur to secure sustained federal fiscal drawdowns while continuously enhancing the service continuum for Colorado families.

Considering Fiscal Opportunities

There are times where the evidence base for a service does not warrant prioritizing it in Colorado's Prevention Services Plan, but there is no evidence of harm and the service may bring other meaningful benefits to families and systems. Claiming for such a service offers substantial fiscal benefits to the state. Inclusion of these services in Colorado's Title IV-E Prevention Services Plan may create opportunities to invest in community-based services that are also important to a comprehensive service continuum or in scaling of other evidence-based prevention services.



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Recommendations





Recommendations

In this section we provide recommendations for the following:

- In-home Parent Skill-based service array
- Mental Health service array
- Services prioritized for fiscal drawdowns
- Evaluation and CQI priorities

Overview of the Recommendations

There are three intersecting factors at play in the recommendations for Colorado's short-term and long-term strategy for Family First: (1) services matched to needs, (2) fiscal opportunities, and (3) evaluation and CQI priorities.

Matching services to needs is the foundation for all recommendations. However, not all of these services make sense to prioritize for fiscal drawdowns. Some of these services, such as Nurse-Family Partnership, already have sustainable funding sources and state intermediaries have indicated that Title IV-E Prevention Service dollars are not needed to continue delivery of the program. Other services could be scaled and sustained by using Title IV-E Prevention Service dollars as a sustainable funding source. Still others are widely used in Colorado and offer a fiscal benefit to be included in the Prevention Services Plan, despite the research not demonstrating that the approach substantively drives outcomes for Colorado families. For example, Differential Response demonstrates only a small positive effect on outcomes for families but claiming for this service has substantial fiscal benefits. Finally, the sequencing of recommended fiscal drawdown priorities is also informed by the readiness to meet Family First requirements for ongoing rigorous evaluation and CQI.

Table 3 synthesizes these factors and depicts areas of articulation for prioritized services across recommendations provided.



Table 3: Service Array Recommendations: Family Needs, Fiscal Opportunities, Evaluation and CQI

	Services Matched to Needs	Services Prioritized for Fiscal Drawdowns	Evaluation and CQI Priorities
SHORT-TERM	<p>In-home Parent Skill-based</p> <ul style="list-style-type: none"> • Nurse-Family Partnership • SafeCare • Child First • Parents as Teachers <p>Mental Health Array</p> <ul style="list-style-type: none"> • Child First • Fostering Healthy Futures Preteen • Functional Family Therapy • Multisystemic Therapy • Parent-Child Interaction Therapy • Trauma-Focused Cognitive Behavioral Therapy 	<p>In-home Parent Skill-based</p> <ul style="list-style-type: none"> • SafeCare • Child First • Parents as Teachers <p>Mental Health Array</p> <ul style="list-style-type: none"> • Child First • Fostering Healthy Futures Preteen • Functional Family Therapy • Multisystemic Therapy • Parent-Child Interaction Therapy • Trauma-Focused Cognitive Behavioral Therapy 	<p>Ongoing rigorous evaluation:</p> <ul style="list-style-type: none"> • SafeCare • Child First • Trauma-Focused Cognitive Behavioral Therapy • Telehealth or Hybrid Delivery Adaptations of Select Services (i.e., Multisystemic Therapy, Functional Family Therapy, Fostering Healthy Futures Preteen and Teen) <p>Capacity-building for CQI:</p> <ul style="list-style-type: none"> • Onboarding to statewide platform for meeting CQI requirements^{iv} • Building capacity for specific services to engage in CQI^v
LONG-TERM	<p>In-Home Parent Skill-based Array</p> <ul style="list-style-type: none"> • Brief Strategic Family Therapy • Family Spirit • Healthy Families America • Family Check-Up <p>Mental Health Array</p> <ul style="list-style-type: none"> • Brief Strategic Family Therapy • High Fidelity Wraparound • Fostering Healthy Futures Teen • Trust-Based Relational Intervention (TBRI) Caregiver Training 	<p>In-Home Parent Skill-based</p> <ul style="list-style-type: none"> • Nurse-Family Partnership (for pregnant and parenting adolescents in foster care only) • Brief Strategic Family Therapy • Healthy Families America • Family Check-up <p>Mental Health Array</p> <ul style="list-style-type: none"> • High Fidelity Wraparound • Fostering Healthy Futures Teen • Brief Strategic Family Therapy • Trust-Based Relational Intervention <p>Additional Services:</p> <ul style="list-style-type: none"> • Differential Response • Colorado Community Response via Motivational Interviewing 	<p>Ongoing Rigorous Evaluation:</p> <ul style="list-style-type: none"> • Fostering Healthy Futures Teen • High Fidelity Wraparound • Trust-Based Relational Intervention <p>Capacity-building for CQI:</p> <ul style="list-style-type: none"> • Onboarding to statewide platform for meeting CQI requirements^{iv} • Building capacity for specific services to engage in CQI^v

^{iv} Based on services with a “Level 1” designation, as discussed [here](#).

^v Based on a “Level 2” designation, as discussed [here](#).



In-home Parent Skill-based Service Array

There are currently^{vi} 20 in-home parent skill-based programs rated by the Title IV-E Clearinghouse; of these, 13 have evidence ratings of *promising*, *supported*, or *well-supported*. Below, we describe the short-term and long-term recommended services for the in-home parent skill-based array.

Meeting the prevention needs of families with young children requires that a suite of in-home parent programs be available in each county and tribal community.^{vii}

Nurse-Family Partnership is already available in all 64 counties as well as both recognized tribal communities and, therefore, serves as an initial anchor for creating an array of in-home parent skill-based services.

Expanding the availability of (new sites) and improving referrals, outreach, and program retention rates (existing sites) for **SafeCare** is likely to meet many of the less intensive parenting needs of families and offers substantial benefits to the Family First fiscal model.

Delivering **Child First** in Colorado is likely to meet more intensive mental health and parenting needs of families and is anticipated to have a moderate benefit to the Family First fiscal model.

Prioritizing **Parents as Teachers** for federal drawdowns will strengthen the early childhood home visiting service array while maximizing fiscal benefits and piloting claiming for a service not in Trails or Salesforce.

Understanding Needs

A large number of in-home parent programs target families of young children to minimize the risk of child maltreatment occurring (i.e., primary and secondary prevention^{viii}), to reduce the risk of reoccurrence in the future if an incidence of maltreatment has already occurred (i.e., tertiary prevention), and in recognizing that the early years of a child's life are critical to healthy development and well-being across the life course.¹ Research has demonstrated positive impacts of in-home parent programs in domains ranging from improved maternal and child health, child development and school readiness, family economic self-sufficiency, positive parenting practices, and service connections, to reductions in child maltreatment and family violence.^{2, 3, 4}

An added benefit of in-home parent programs is the prevention of antisocial behavior and delinquency in children and adolescents.⁵ Researchers have found a connection between parenting practices and substance use, delinquency, and aggression in adolescents.^{6, 7} According to Piquero et al⁸ and Fagan,⁹ early family/parent training programs are an effective evidence-based strategy for preventing juvenile delinquent behaviors. Those communities with higher levels of juvenile delinquent attitudes and

^{vi} As of June 25, 2021. For an up-to-date list of program ratings, visit [the Clearinghouse](#).

^{vii} For a list of Colorado's 64 counties and their rural/urban/frontier designation, visit [this site](#). The two tribal communities recognized in Colorado are the Southern Ute Tribe and the Ute Mountain Ute Tribe.

^{viii} Learn more about the prevention continuum [here](#).



behaviors may have a larger need for in-home parent programs as a preventative measure, as well as in-home parent programs that target parents in need of support in parenting adolescents.^{10, 11, 12, 13, 14}

To understand how the recommended in-home parent service array is matched to the needs of Colorado families, we discuss the prevalence of child maltreatment in Colorado communities, the early childhood parenting and development needs of Colorado families, as well as the prevalence of juvenile delinquent behaviors and attitudes among Colorado youth. We also identify geographic regions where these needs are disproportionality represented.

Specific Parenting Needs

- Colorado families need more support to care for their children. Fifty-three percent of parents turned down a work opportunity because they could not afford childcare.¹⁵
- Colorado has low access to early childhood services, including mental health consultants. The state currently funds 34 mental health specialists serving 64 counties.¹⁶
- Families are unaware of early childhood mental health consultants and services. Depending on the county, 35% to 65% of parents had no knowledge of existing child development supports.¹⁷
- Colorado has a high level of poverty in the state. Thirty-nine percent of children under 6 live in households that earn less than 200% of the federal poverty level.¹⁸

Geographic Priorities for Younger Children

- Rio Blanco County has high levels of child maltreatment (23.7/1,000).¹⁹
- Ten counties in Colorado (Alamosa, Montrose, Kit Carson, Washington, Sedgwick, Rio Blanco, Las Animas, Bent, Huerfano, and Logan) have over 20 cases of child maltreatment per 1,000 children. This is well above the state average of 9.5 per 1,000 children.²⁰
- According to the Colorado Maternal, Infant, and Early Childhood Home Visiting needs assessment, 22 counties (Adams, Alamosa, Bent, Conejos, Costilla, Crowley, Denver, Dolores, El Paso, Fremont, Gilpin, Huerfano, Las Animas, Mesa, Montezuma, Montrose, Morgan, Otero, Prowers, Pueblo, Saguache, and Teller) rank consistently higher than the state average on multiple risk factors, including child maltreatment, high school dropout rates, and substance abuse in adults.²¹

Geographic Priorities for Adolescents

- According to the 2017 Healthy Kids Colorado Survey, children and adolescents in El Paso and Pueblo Counties rated higher than average for poor family management. Poor family management is defined by clear family rules, adequate supervision, and support for school attendance.²²
- Rio Blanco, Broomfield, Douglas, and Phillips Counties have higher than average (>15) juvenile crime arrests as compared to the state. The state average is 11.3 per 1,000 juveniles arrested.²³



Short-Term List: Services Recommended for the In-home Parent Skill-based Array

Evidence-Based Anchor Service for the In-home Parent Skill-based Array

The recommended **anchor** evidence-based service for the in-home parent skill-based array is Nurse-Family Partnership.

Anchor Service for the In-home Parent Skill-based Array

Nurse-Family Partnership (NFP) is a home visiting program that serves young, first-time, low-income mothers/birthing parents. NFP is currently available in all 64 Colorado counties as well as both recognized tribal communities and is supported by Invest in Kids as the state intermediary.

- NFP is a Clearinghouse-rated *well-supported* practice that has demonstrated small positive effects on child safety, child cognitive functions and abilities, child physical development and health, and family economic and housing stability.
- NFP aims to improve the health, relationships, and economic well-being of the parent and child.
- NFP targets young, first-time, low-income mothers/birthing parents, beginning early in their pregnancy until the child turns 2 years of age.
- NFP is typically delivered by a trained registered nurse at a location of the mother's/birthing parent's choosing and focuses on goal setting, preventative health practices, parenting skills, and educational/career planning.
- NFP was recommended by the American Indian/Alaska Native Family First workgroup for inclusion in Colorado's Prevention Services Plan.

Family First is important to redesigning how pregnant and parenting youth in foster care are served by child welfare because (a) they are an identified eligible population for prevention services, regardless of whether their children are at imminent risk for removal; and (b) Family First allows states to claim for services when pregnant and parenting youth are placed in programs that meet their needs as both an adolescent and parent, but may not be a home-like or family-based setting. As such, if federal requirements can be met without substantial new costs, then Nurse-Family Partnership should be considered for fiscal drawdowns for the purpose of requesting reimbursement for **pregnant and parenting youth in foster care**. Given the relatively small number of youth who meet criteria, the state intermediary for Nurse-Family Partnership, Invest in Kids, has advised that in the short term, the federal requirements outweigh the fiscal benefit of drawing down Title IV-E prevention dollars and, thus, this recommendation is in the long-term strategy.

Evidence-Based Complementary Services for the In-home Parent Skill-based Array

SafeCare, Child First, and Parents as Teachers are the evidence-based services recommended to **complement** Nurse-Family Partnership in the in-home parent skill-based service array. These programs can further support positive parenting and healthy child development for Colorado families with young children. By adding them to the array, families have more service options to match their unique cultural, family, child, and community strengths and needs.



Complementary Services for the In-home Parent Skill-based Array

SafeCare is an in-home behavioral parenting program that targets risk factors for maltreatment by teaching parents/caregivers skills in three topic areas: home safety, child health, and parent-child/parent-infant interaction. SafeCare is currently available in 38 counties across Colorado and is supported by the Kempe Center as the state intermediary.

- SafeCare is a Clearinghouse-rated *supported* practice that has demonstrated a large positive effect on out-of-home placement.
- SafeCare aims to teach parents/caregivers positive parenting practices such as how to appropriately respond to challenging child behaviors and encourage positive behaviors; reduce environmental neglect and unintentional injury by decreasing common household hazards and teaching age-appropriate supervision; and reduce medical neglect by teaching parents/caregivers how to appropriately respond to child health needs, injury, and illness.
- SafeCare targets parents/caregivers of children ages 0 to 5 who have a history of child maltreatment or who have risk factors that may lead to maltreatment.
- SafeCare is delivered in-home by trained parent support providers over a 4 to 6 month period.
- SafeCare was recommended by the American Indian/Alaska Native Family First workgroup for inclusion in Colorado's Prevention Services Plan.

Complementary Services for the In-home Parent Skill-based Array (continued)

Child First is a two-generation mental health intervention offered in the home to serve young children and families who are most impacted by systemic and structural inequities. Child First is currently being launched in the San Luis Valley, Boulder County, Broomfield County, Jefferson County, the City of Aurora, El Paso County, and Adams County, with support from Invest in Kids as the state intermediary.

- Child First is a Clearinghouse-rated *supported* practice that has demonstrated a medium positive effect on child well-being and small positive effects on child safety and adult well-being, specifically parent/caregiver mental or emotional health and family functioning.
- Child First aims to promote child and parent emotional health, improve child development and learning, enhance parent and child executive capacity, and prevent child maltreatment.
- Child First targets children from the prenatal stage through 5 years of age who have experienced disruption in secure attachment with their parent.
- A mental health clinician and care coordinator visit families in the home over the course of 6 to 12 months, with a focus on stabilizing and connecting the family to services and supports. The clinician works to facilitate responsive, nurturing parent-child relationships and to promote attachment, emotional regulation, and behavioral health.



Complementary Services for the In-home Parent Skill-based Array (continued)

Parents as Teachers (PAT) is a home visiting parent education program that teaches new and expectant families skills to promote positive child development and prevent child maltreatment. PAT is currently available in 38 counties in Colorado as well as both recognized tribal communities and is supported by Parent Possible as the state intermediary.

- PAT is a Clearinghouse-rated *well-supported* practice that has demonstrated small positive effects on child safety, child social functioning, and child cognitive functions and abilities.
- PAT aims to improve parent knowledge of early childhood development and parenting practices, promote early detection of developmental delays and health issues, increase school readiness and success, and prevent child maltreatment.
- PAT targets expectant and new parents, starting prenatally and continuing until the child reaches kindergarten.
- Parent educators deliver the program biweekly or monthly depending on the family's needs, with services continuing until the child enters kindergarten.
- PAT was recommended by the American Indian/Alaska Native Family First workgroup for inclusion in Colorado's prevention services plan.

Short-Term Strategy Recommendations

Position **Nurse-Family Partnership** as the anchor service for the in-home parent skill-building array.

Invest in expanding **SafeCare** to additional counties (e.g., site setup costs) and improving referrals, outreach, and program retention for existing sites.

Support bringing **Child First** to Colorado through ongoing partnership with Invest in Kids.

Prioritize **Parents as Teachers** for federal drawdowns to strengthen the early childhood home visiting service array while maximizing fiscal benefits and piloting claiming for a service not in Trails or Salesforce.

Make necessary **investments to claim for in-home parent skill-based services** that are prioritized for short-term fiscal drawdowns and to create infrastructure for services that future phases of this project indicate are likely to yield a fiscal return.

Long-Term List: Services Recommended for the In-home Parent Skill-based Array

As we look ahead to long-term opportunities to expand the in-home parent skill-based service array, there are additional services that can help fill identified gaps in the short list. Specifically, the initial service array recommended is best suited for families with young children, which leaves a gap for families with older children and youth. In addition, it is crucial that services demonstrated to be culturally responsive are continuously expanded in Colorado's strategy. To address parenting and development needs tailored to the family context and age of the child/youth, we present brief information below on the effectiveness and demographic characteristics of clients served by recommended additional, complementary services.



Brief Strategic Family Therapy uses a structured family systems approach to treat families with children or youth who display or are at risk for developing substance abuse, conduct problems, or delinquency. This service could help address the older child/youth age-related gap in the short list.

- Brief Strategic Family Therapy is a Clearinghouse-rated *well-supported* practice that has a medium positive effect on child delinquent behaviors, a small positive effect on family functioning, a small positive effect on child behavioral and emotional functioning, and a favorable effect on caregiver substance use.
- The program targets children/youth ages 6 to 17 years of age who display or at risk for developing problem behaviors.
- The program is cross-listed as a Family First-eligible service for the in-home parent skill-based, mental health, and substance use domains, offering the benefit of meeting multiple, complex needs of children, youth, and families.
- Brief Strategic Family Therapy is on the long-term list because it is not yet delivered in Colorado and will require new capacity to stand up this service.

Family Spirit is a culturally-specific home visiting program designed for young American Indian mothers/pregnant persons beginning in the second trimester of pregnancy and continuing through 3 years postpartum. The program uses a strengths-based approach and community health professionals to address intergenerational behavioral health problems and promote positive behavioral/emotional outcomes for the parent-child dyad. This service could help address the older youth age-related gap as well as expand culturally responsive prevention programming in Colorado.

- Family Spirit is a Clearinghouse-rated *promising* practice that has demonstrated small positive effects on child behavioral and emotional functioning, parent/caregiver mental and emotional health, and parent/caregiver substance use.
- The program targets American Indian mothers/pregnant persons ages 14 to 24, who enroll during the second trimester of pregnancy. Other family members may participate in the program alongside the target parent.
- The program was recommended by Colorado's American Indian/Alaska Native Family First workgroup for inclusion in the state's prevention services expansion work.
- Family Spirit is on the long-term list because it is not yet delivered in Colorado and will require new capacity to stand up this service.

Family Check-Up is a short, strengths-based intervention that aims to improve parenting skills and family management practices and promote a range of positive emotional, behavioral, and academic child outcomes. This service can help address the older child/youth age-related gap as well as strengthen the array of in-home parent programs available to families with young children.

- Family Check-Up is a Clearinghouse-rated *well-supported* practice that has demonstrated small positive effects on positive parenting practices.
- The program targets families with children ages 2 to 17. It is not restricted to any specific risk factors or histories, as the program is intended to be primary prevention using a low intensity, strengths-based approach.



- The program is cross-listed as a Family First-eligible service for the in-home parent skill-based and mental health domains, offering the benefit of meeting multiple, complex needs of children, youth, and families.
- Family Check-Up is on the long-term list because it is not yet delivered in Colorado and will require new capacity to stand up this service.

Healthy Families America is a home visiting program for new and expectant families with services beginning prenatally or within 3 months of the birth and continuing through 3 years postpartum. Healthy Families America is designed to build and strengthen nurturing parent-child relationships, promote healthy child development, and enhance family functioning. This service can strengthen the array of in-home parent programs available to families with young children and is currently being launched in Colorado.

- Healthy Families America is a Clearinghouse-rated *well-supported* practice that has demonstrated small positive effects on child safety, child behavioral and emotional functioning, child cognitive functions and abilities, child educational achievement and attainment, positive parenting practices, parent/caregiver mental or emotional health, and family functioning, and a large positive effect on child delinquent behavior.
- The program targets families with children who are at risk for child maltreatment or other adverse childhood experiences, enrolling families prenatally through the first 3 months of the birth.
- The program hits multiple target outcomes to holistically address child and family needs early in the life course, offering a high potential social and fiscal return on investment.
- Healthy Families America is on the long-term list because the service is being lifted in Colorado beginning in 2021 and will require new capacity to scale and expand. Lifting this service, however, will be supported by Illuminate Colorado as the state intermediary and efforts of Colorado's Home Visiting Investment Task Force include Healthy Families America.

Long-Term Strategy Recommendations

If federal requirements can be met without substantial new costs, **Nurse-Family Partnership** should be considered for fiscal drawdowns for the purpose of requesting reimbursement for **pregnant and parenting youth in foster care**.

Prioritize standing up **Family Spirit** in Colorado to expand culturally responsive service options and further meet the needs of tribal communities.

Consider bringing to Colorado in-home parent skill-based programs (**i.e., Brief Strategic Family Therapy, Family Spirit, Family Check-Up**) designed to meet the parenting needs of families with **older children and youth**.

Leverage initial capacity-building already underway to lift **Healthy Families America** in Colorado and prioritize this service for federal fiscal drawdowns to maximize return on investment.



Mental Health Service Array

There are currently^{ix} 27 mental health services rated by the Title IV-E Clearinghouse; of these, 21 have evidence ratings of *promising*, *supported*, or *well-supported*. Below, we describe the short-term and long-term recommended services for the mental health array.

Promoting mental health and well-being for children, youth, and families requires two service tracks to address individual, parent-child dyad, and family-level strengths and needs.

Two tracks of services are needed within the *mental health* service array:

1. Services designed to meet the mental health needs of the child or youth.
2. Services designed to improve family functioning, which may include addressing youth delinquent behavior.

Understanding Needs

To understand how the recommended mental health service array is matched to the needs of Colorado families, we discuss specific mental and behavioral health needs for children/youth and family functioning, as well as the geographic regions where these needs are disproportionately represented.

Track One: Mental Health Needs of Children and Youth – Specific Needs

- There is a need for more mental health services for school-aged children. 34.7% of Colorado school-aged children and adolescents indicate they were sad for 2 or more weeks in the past year, and rates have steadily risen year-over-year.²⁴
- Social support, including access to trusted adults, is a protective factor for mental health. There is a need for increased connections amongst school-aged children and trusted adults.
 - 13.7% of school-aged children and adolescents indicate they were not sure who to go to if they needed help.²⁵
 - On average, only 3.4% of school-aged children and adolescents in Colorado indicate they would go to a teacher or adult in the school for help.²⁶

Track One: Geographic Priorities

- Five of the seven regions in Colorado indicate poor mental health for youth.²⁷
- Children and adolescents report the highest mental health concerns (i.e., self-harm; sadness; suicidal thoughts, planning, and attempts) in El Paso and Pueblo Counties as compared to the other counties and regions.²⁸
- Children and adolescents in Mesa County and the counties in the southeast corner of the state also report higher than average levels of mental health concerns.²⁹

^{ix} As of June 25, 2021. For an up-to-date list of program ratings, visit [the Clearinghouse](#).



Track Two: Family Functioning – Specific Needs

Delinquent behavior, including academic failure, is a common issue with children and adolescents across Colorado. 46.2% of children and adolescents indicate a low commitment to school, with 37.4% reporting academic failure.³⁰

- Healthy family functioning is a protective factor for managing delinquent behavior. Yet, 24.6% of children and adolescents indicate poor family management, with 12.9% indicating their parents would not know if they came home on time.³¹

Track Two: Geographic Priorities

- In Eagle, Garfield, Grand, Pitkin, and Summit Counties, children and adolescents indicate the lowest access to trusted adults.³²
- Children and adolescents in Denver and Pueblo Counties also have lower than average access to trusted adults compared to many of the other counties in the state.³³

Mental Health Service Array: Age Ranges and Length of Delivery by Service

Prior to describing the short-term list of recommended services within each track, an overview of the entire mental health service array by age ranges and service length of delivery is warranted. Figures 1 and 2 present age-based coverage and service intensity (i.e., dosage) for each service, to enable a high-level understanding of how services in each track work together to meet age-specific mental health and family functioning needs.

After this overview, we provide details of the short-term and long-term service recommendations included in each track within the mental health array. As part of Step Two of this project, we invited developers, state intermediaries, and expert providers to present overviews of the models on the short list; slide decks and recordings from these informational sessions can be found [here](#). In the descriptions that follow, we also provide visual summaries of each model to promote accessibility and informed decision-making for counties when choosing and combining services to create a local service array.



Figure 1: Age-based Coverage for the Mental Health Service Array

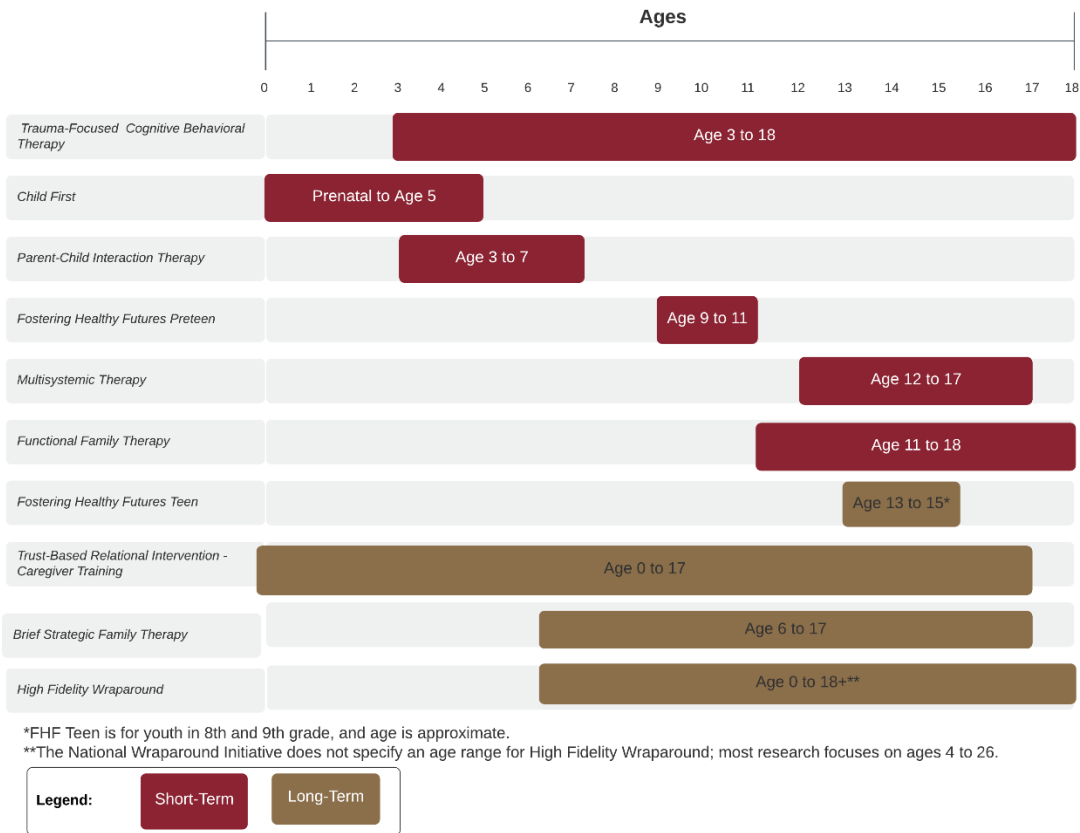
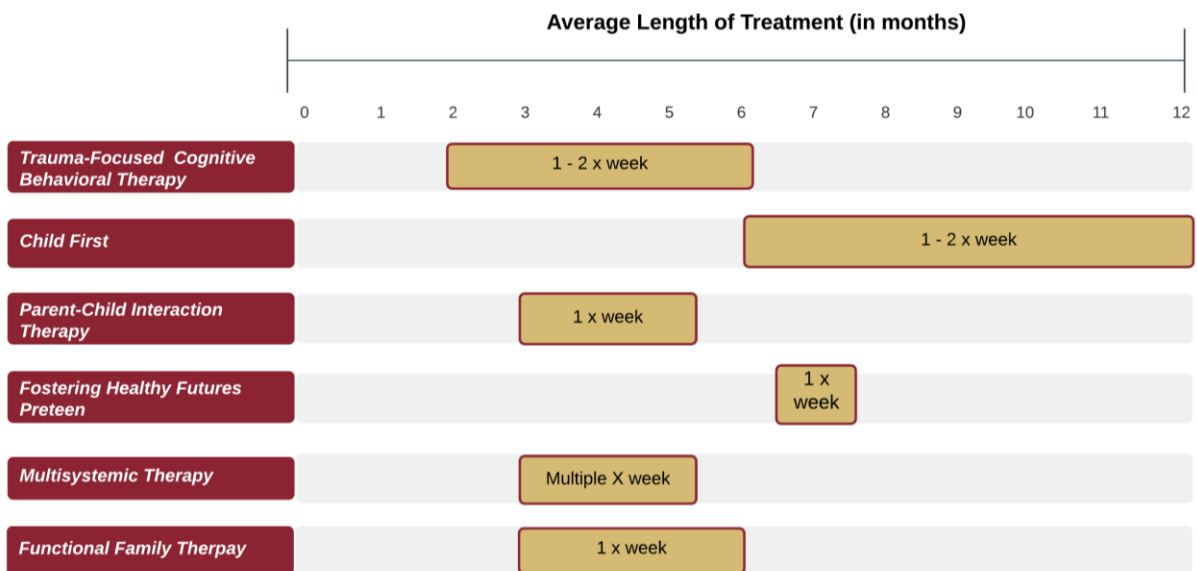


Figure 2: Service Intensity (dosage) for the Mental Health Service Array (short list only)





Short-Term List of Services Recommended for the Mental Health Array. Track One: Mental Health of Child or Youth

Evidence-Based Anchor Service for the Mental Health of Children/Youth Track

The recommended **anchor** evidence-based service for the mental health service array, mental health of children/youth track, is Trauma-Focused Cognitive Behavioral Therapy.

Anchor Service for the Mental Health of Children/Youth Track

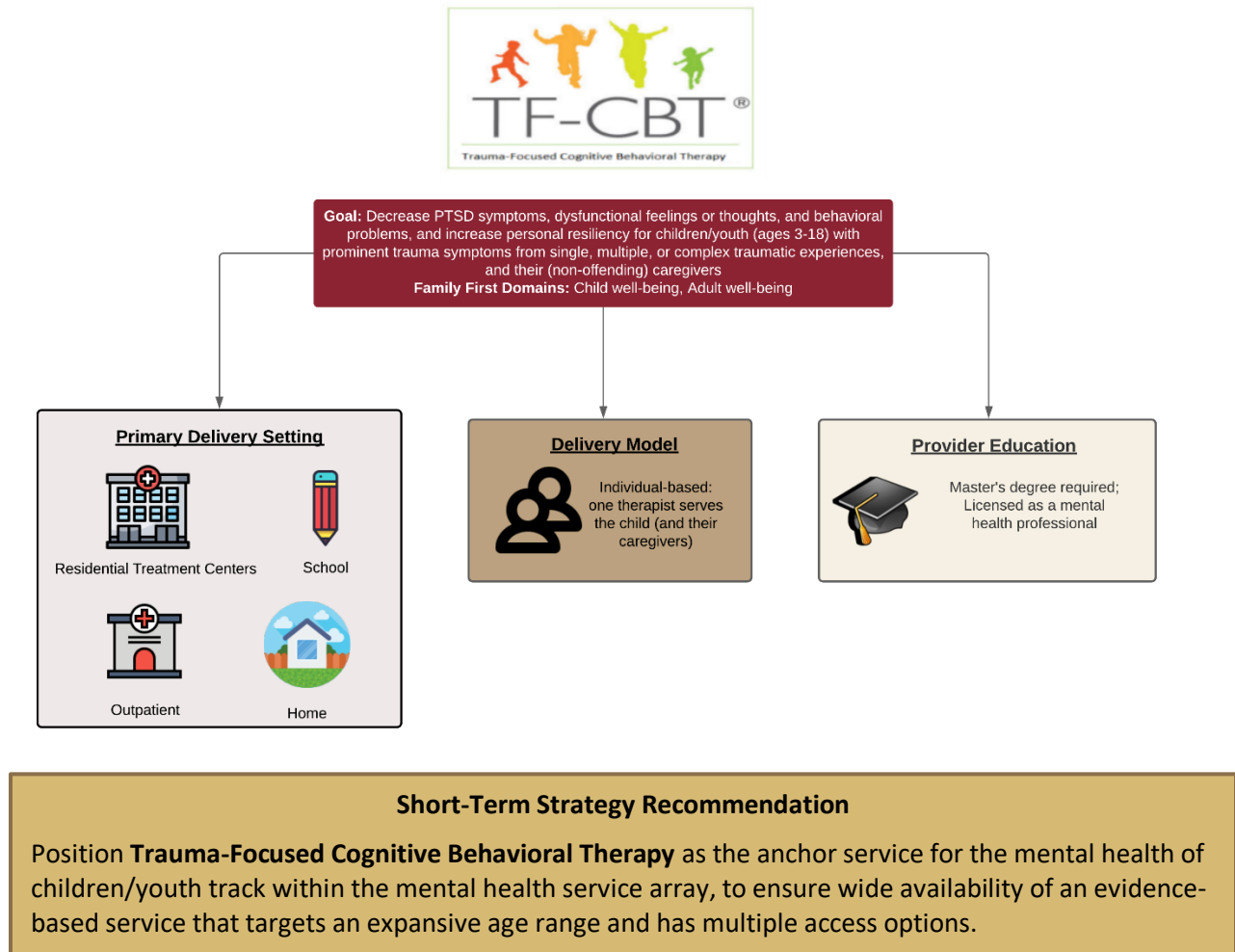
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a clinical intervention designed for children and adolescents who have symptoms associated with single, multiple, and complex trauma experiences. TF-CBT is currently available in 42 Colorado counties. Because this model uses an individual therapy approach, there is no state intermediary in Colorado for the service.

- TF-CBT is a Clearinghouse-rated *promising* practice that has demonstrated a small positive effect on child social functioning, medium positive effects on child behavioral and emotional functioning and parent/caregiver mental or emotional health, and a large positive effect on positive parenting practices.
- TF-CBT aims to treat children/youth with post-traumatic stress disorder symptoms, dysfunctional feelings or thoughts, or behavioral problems. The intervention also supports parents/caregivers in addressing personal distress, effective parenting skills, and positive interactions with their child or youth. As such, TF-CBT may offer families of children who are too old for the in-home parent programs the support and skills they need to thrive.
- TF-CBT targets children and adolescents with symptoms associated with trauma exposure and can be tailored for any age group, with 3 to 18 being the most common target ages served. TF-CBT can also involve the caregiver, so long as trauma or harm was not perpetuated by the caregiver and safety is maintained.
- TF-CBT is generally delivered in a clinical outpatient setting over the course of 2 to 6 months (12 to 16 sessions, on average).

Key components of the Trauma-Focused Cognitive Behavioral Therapy model, as the recommended anchor service for the mental health needs of children/youth track, are visually depicted in Figure 3.



Figure 3: Visual Depiction of the Trauma-Focused Cognitive Behavioral Therapy Model



Evidence-Based Complementary Services for the Mental Health of Children/Youth Track

Child First, Parent-Child Interaction Therapy, and Fostering Healthy Futures Preteen are the evidence-based services recommended to **complement** Trauma-Focused Cognitive Behavioral Therapy in the mental health of children/youth track of the mental health service array. Inclusion of these programs can further address the identified mental health needs of children and youth in Colorado. For instance, there is a high need to address depression and anxiety in children across the state, as well as to connect youth and young adults with trusting, caring adults.

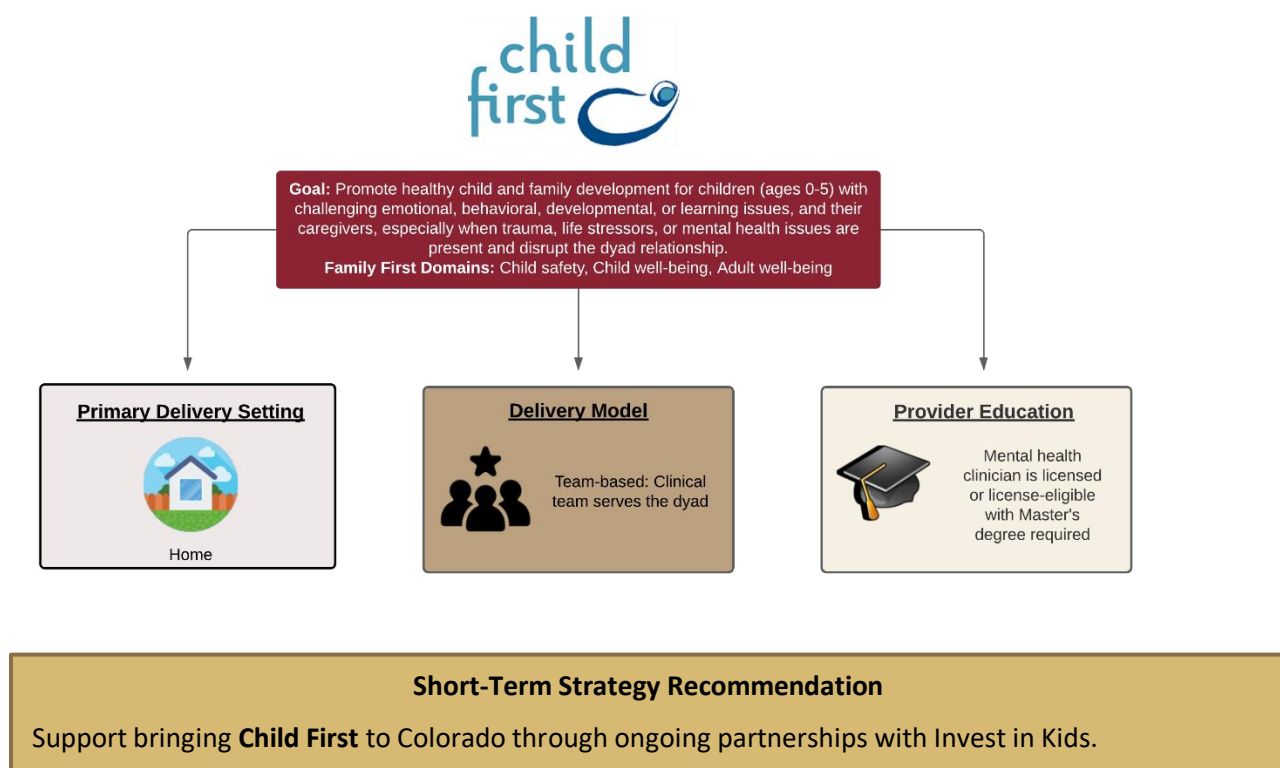


Complementary Services for the Mental Health of Children/Youth Track

Child First is a two-generation mental health intervention offered in the home to serve young children and families who are most impacted by systemic and structural inequities. Child First is currently being launched in the San Luis Valley, Boulder County, Broomfield County, Jefferson County, the City of Aurora, El Paso County, and Adams County, with support from Invest in Kids as the state intermediary.

- Child First is a Clearinghouse-rated *supported* practice that has demonstrated a medium positive effect on child well-being and small positive effects on child safety and adult well-being, specifically parent/caregiver mental or emotional health and family functioning.
- Child First aims to promote child and parent emotional health, improve child development and learning, enhance parent and child executive capacity, and prevent child maltreatment.
- Child First targets children from the prenatal stage through 5 years of age who have experienced disruption in secure attachment with their parent.
- A mental health clinician and care coordinator visit families in the home over the course of 6 to 12 months, with a focus on stabilizing and connecting the family to services and supports. The clinician works to facilitate responsive, nurturing parent-child relationships and to promote attachment, emotional regulation, and behavioral health.

Figure 4: Visual Depiction of the Child First Model



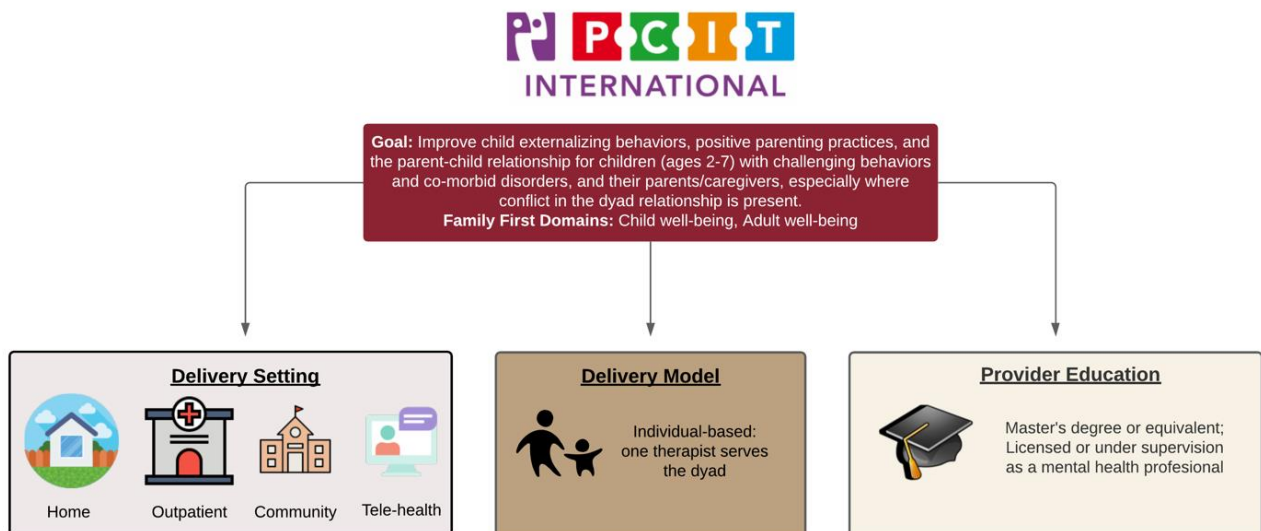


Complementary Services for the Mental Health of Children/Youth Track (continued)

Parent-Child Interaction Therapy (PCIT) is a parent coaching program that aims to decrease externalizing child behavior problems, increase positive parenting behaviors, and improve the parent-child relationship. Currently, there are 13 agencies across Colorado offering PCIT International with 21 providers. There are also six within-agency trainers and one regional trainer available to scale the service. Because this model uses an individual therapy approach, there is no state intermediary.

- PCIT is a Clearinghouse-rated *well-supported practice* that has demonstrated large positive effects on child behavioral and emotional functioning and positive parenting practices, and a medium positive effect on parent/caregiver mental or emotional health. PCIT has been researched with culturally diverse families and favorable effects found.
- In PCIT, parents are coached by a trained therapist in behavior management and relationship skills, using “bug-in-the-ear” technology to provide live coaching and allow parents/caregiver to master specific competencies across the treatment duration.
- PCIT targets families with children who are 2 to 7 years of age and experiencing frequent, intense emotional and behavioral problems.
- PCIT is typically delivered in playroom settings to allow therapists to coach parents from behind a one-way mirror but can also be delivered via video technology in other settings. Treatment averages 3 to 5 months (12 to 20 weekly sessions total), but treatment length varies to ensure parental mastery of competencies.

Figure 5: Visual Depiction of the Parent-Child Interaction Therapy (PCIT) Model





Short-Term Strategy Recommendation

Scale **Parent-Child Interaction Therapy** in counties where Child First is not expected to be available soon, to expand mental health service options for families with younger children.

The Title IV-E Clearinghouse specifically rated the “PCIT International” model and this is the version currently approved for federal drawdowns. There are other versions of PCIT that are in use in Colorado. Based on available information provided by the regional trainer for PCIT International, the PCIT Iowa model may be considered a different program/service because there is an additional attachment model infused into the intervention. There is also a version of PCIT delivered from the University of California Davis and present in Colorado, though this version may be an eligible Clearinghouse adaptation. To ensure PCIT can be efficiently scaled in Colorado and meet Clearinghouse requirements for fiscal drawdowns, several investments are needed:

- Support therapists not yet trained in PCIT in becoming certified through PCIT International.
- Support therapists trained in a non-Clearinghouse eligible PCIT version in using “bridge” routes to cross-train and become certified with PCIT International.
- PCIT International staff have also suggested that outreach activities to build up referral streams are needed to successfully reach more families in areas with current PCIT International therapists.

Complementary Services for the Mental Health of Children/Youth Track (continued)

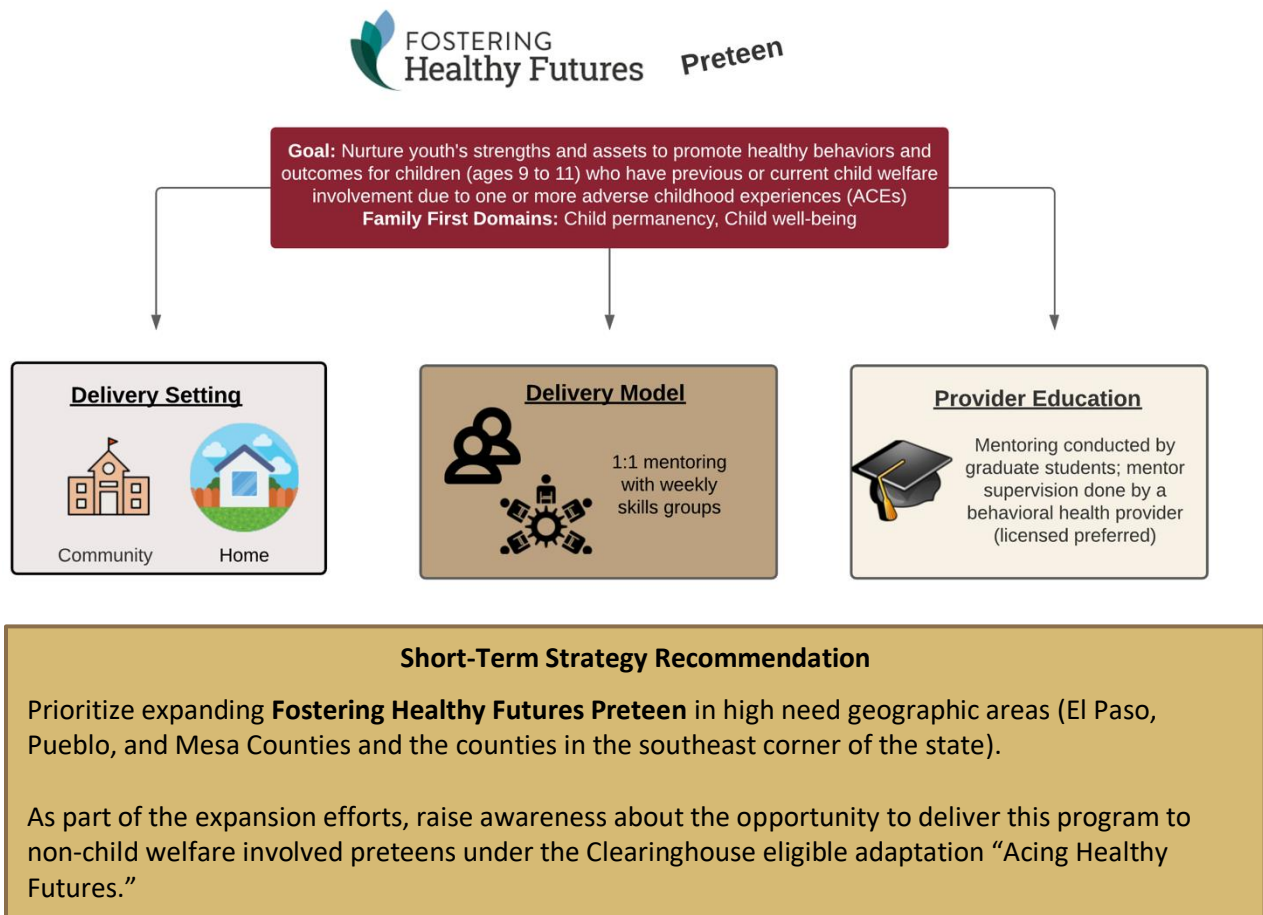
Fostering Healthy Futures (FHF) Preteen uses a combination of mentoring and weekly skills groups to promote mental health, prevent adverse life outcomes, and enhance competencies in children ages 9 to 11. FHF Preteen is currently available in several metro area counties and is supported by the Kempe Center, University of Colorado Anschutz Medical Campus, and University of Denver Graduate School of Social Work, who collectively provide training and implementation support.

- FHF Preteen has not yet been rated by the Clearinghouse. The Colorado Lab conducted a technical review as part of the independent systematic review process authorized by the Family First transition act, with a determination of FHF Preteen as a *well-supported* practice. FHF has demonstrated a medium positive effect on child behavioral and emotional functioning and a large positive effect on child permanency.
- FHF Preteen uses a positive youth development approach to nurture youth’s strengths and promote healthy behaviors and outcomes. FHF Preteen can also help address the need for children to build safe, healthy relationships with trusted adults.
- FHF Preteen targets children ages 9 to 11 who have previous or current child welfare involvement due to one or more adverse childhood experiences.
- FHF Preteen is delivered through one-on-one mentoring conducted by graduate students with weekly skills groups that reinforce individual mentoring sessions. It runs as a 30-week program across the academic year.

Note: Fostering Healthy Futures may also be delivered under the name “**Acing Healthy Futures**” to youth who have adverse life experience but are not necessarily child welfare involved.



Figure 6: Visual Depiction of the Fostering Healthy Futures Preteen Model



Short-Term List of Services Recommended for the Mental Health Service Array. Track Two: Family Functioning

Evidence-Based Anchor Service for the Family Functioning Track

The recommended **anchor** evidence-based service for the mental health service array, family functioning track, is Multisystemic Therapy.



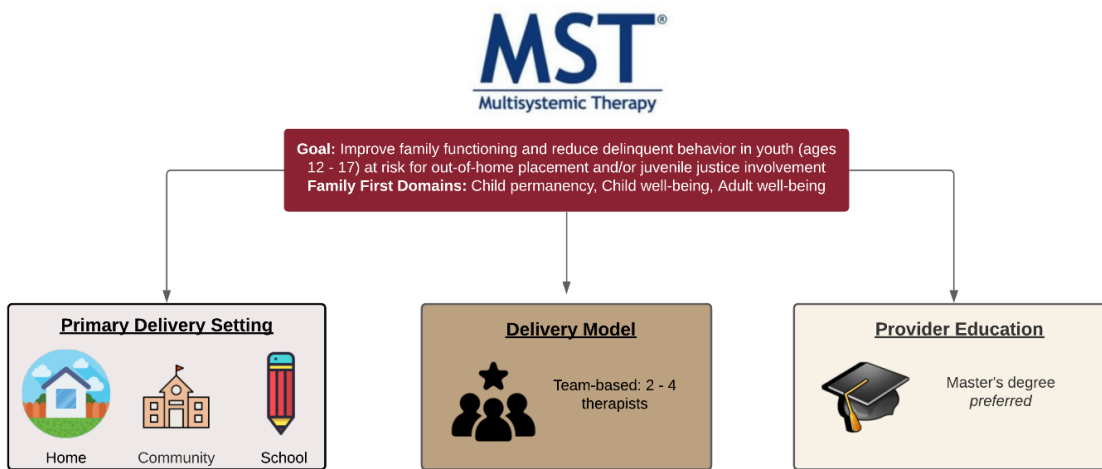
Anchor Service for the Family Functioning Track

Multisystemic Therapy (MST) is an intensive community-based, family-driven treatment for addressing antisocial/delinquent behavior in youth. MST is currently available in 27 counties in Colorado. Implementation is supported by the Rocky Mountain MST Network located at the Kempe Center (effective July 1, 2021).

- MST is a Clearinghouse-rated *well-supported* practice that has demonstrated small positive effects on child permanency, child behavioral and emotional functioning, child substance use, child delinquent behavior, positive parenting practices, parent/caregiver emotional health, and family functioning. MST has been researched with culturally diverse families and favorable effects found.
- MST focuses on the “ecology” of the youth during service delivery to address the core causes of delinquent and antisocial behaviors, with a focus on substance use, gang affiliation, truancy, excessive tardiness, verbal and physical aggression, and legal issues.
- MST targets youth ages 12 to 17 who are at risk for delinquent activity and/or out-of-home placement.
- MST can be delivered in multiple settings by therapists and typically lasts 3 to 5 months (at several sessions per week) with 24/7 crisis management.

Key components of the Multisystemic Therapy model, as the recommended anchor service for the family functioning track, are visually depicted in Figure 7.

Figure 7: Visual Depiction of the Multisystemic Therapy Model



Short-Term Strategy Recommendation

Position **Multisystemic Therapy** as the anchor service for the family functioning track within the mental health service array.



Evidence-Based Complementary Service for the Family Functioning Track

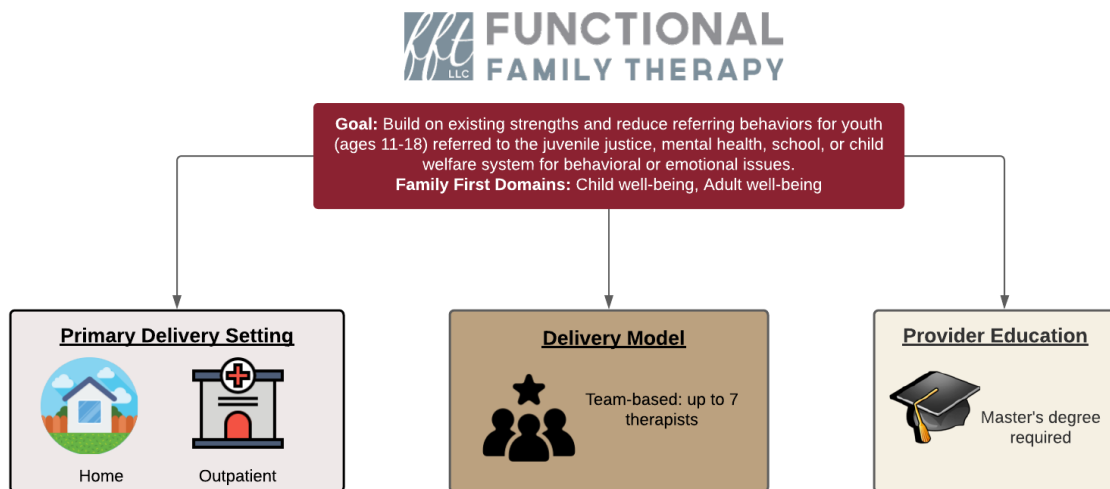
Functional Family Therapy is the evidence-based service recommended to **complement** Multisystemic Therapy in the family functioning track of the mental health service array. While very effective, Multisystemic Therapy is a highly intensive service that may not be appropriate for all families. Functional Family Therapy can serve as a step down in intensity while still being a very effective service, and Functional Family Therapy has a strong focus on engagement and motivation as cornerstones of the approach. As such, adding Functional Family Therapy to the service array can further address the needs of Colorado’s families and ensure more expansive service options/availability.

Complementary Service for the Family Functioning Track

Functional Family Therapy (FFT) is a short-term program designed to address risk and protective factors to promote healthy development for youth experiencing behavioral or emotional problems.

- FFT is a Clearinghouse-rated *well-supported* practice that has demonstrated small positive effects on child behavioral and emotional functioning, child delinquent behavior, and family functioning, and a medium positive effect on child substance use.
- FFT uses a strengths-based model and focuses on the adolescent and the family system during service delivery. The model uses assessment and intervention to improve parenting skills and communication while reducing conflict. FFT has a strong focus on engagement and motivation within each family member. As such, the program can be particularly helpful when a caregiver is initially reluctant to participate in any kind of service, and the first phase addresses low motivation for change as well as reduces blame for delinquent behavior.
- FFT targets youth ages 11 to 18 who have been referred to juvenile justice, school, child welfare, or mental health systems for behavioral or emotional issues.
- FFT is typically delivered by therapists in home and clinic settings and lasts 3 to 6 months (eight to 14 sessions total).

Figure 8: Visual Depiction of the Functional Family Therapy Model





Short-Term Strategy Recommendation

Ensure coordinated investments are made across Colorado Department of Human Services programs (e.g., Family First Transition Act Funds; Tony Grampas Youth Services Awards) in standing up new **Multisystemic Therapy** and **Functional Family Therapy** teams to maximize fiscal opportunities and achieve balanced scaling.

Short-Term Strategy Recommendations for All Mental Health Services

Make necessary **investments to claim for mental health services** that are prioritized for short-term fiscal drawdowns and to create infrastructure for services that future phases of this project indicate are likely to yield a fiscal return.

Consider opportunities to **build evidence for telehealth or hybrid delivery** adaptations to broaden reach and improve access.

Build the capacity for **remote/distance supervision of clinicians**. This will be particularly important for geographic areas with limited workforce resources as high-quality supervision is necessary to support delivering interventions with fidelity and reduce provider burnout.

Long-Term List: Services Recommended for the Mental Health Array

As we look ahead to long-term opportunities to expand the mental health service array, there are additional services that can help fill identified gaps in the short-list. Specifically, with low commitment to school and poor family functioning being key issues in Colorado, there is a high need to address family functioning in the state. The recommended short-list for the family functioning track has age-related gaps for children under 11; as such, including additional services that target family functioning with younger children can help address this gap. Conversely, the short-list for the mental health of children/youth track is skewed towards younger children; as such, this track can be reinforced by including services tailored for older youth. Additionally, Colorado must continuously expand the availability of culturally responsive services within the mental health array as part of the state's strategy and commitment to equity. Below we present brief information on the effectiveness and demographic characteristics of clients served by recommended additional, complementary services.

Fostering Healthy Futures for Teens uses a combination of mentoring and teen-focused workshops that nurture a youth's strengths and assets to promote healthy behaviors and outcomes in youth entering 8th or 9th grade. This service extends the availability of Fostering Healthy Futures to an older demographic, further reinforcing the mental health of children/youth service track and filling in the age-related gap.

- Fostering Healthy Futures Teen has not yet been rated by the Clearinghouse. The Colorado Lab conducted a technical review as part of the independent systematic review process authorized by the Family First transition act, with a determination of Fostering Healthy Futures Teen as a *supported* practice. Fostering Healthy Futures Teen has demonstrated a large positive effect on child permanency.
- The program targets youth entering 8th and 9th grade who have previous or current child welfare involvement due to one or more adverse childhood experiences.



- Fostering Healthy Futures Teen has already garnered significant interest by community providers across Colorado, including the Western Slope, and given the strong foundations of FHF Preteen in the state, it is a natural extension in strengthening services available to meet the mental health needs of youth.
- Fostering Healthy Futures Teen is on the long-term list because it is not slated to be implemented in Colorado until fall of 2022 and will require new capacity to stand up this service as well as to conduct ongoing rigorous evaluation.

Trust-Based Relational Intervention (TBRI) Caregiver Training is a highly participatory intervention designed for caregivers of children who have experienced abuse, neglect, or other trauma. It uses an attachment-based and trauma-informed approach to equip caregivers with tools necessary to meet the complex behavioral needs of their child/ren. This approach can help further address the need for children to have safe, caring relationships with adults and help expand mental health services for older youth.

- Trust-Based Relational Intervention is a Clearinghouse-rated *promising* practice that has demonstrated a small positive effect on child behavioral and emotional functioning.
- Trust-Based Relational Intervention targets families with children ages 0 to 17 who have already experienced adversity, early harm, toxic stress, and/or trauma.
- Trust-Based Relational Intervention has been used in Colorado as a responsive service with families who are providing foster care and/or for families with children at high risk for entering foster care. Expanding reach within these populations may prove beneficial to ensuring tailored service options that integrate cultural, family, and context specific needs and prevent reentry.
- Trust-Based Relational Intervention is on the long-term list because its effect sizes are small and because expanding reach as a responsive service to prevent foster care (re)entry will require new capacity as well as ongoing rigorous evaluation.

Brief Strategic Family Therapy uses a structured family systems approach to treat families with children or youth who display or are at risk for developing substance abuse, conduct problems, or delinquency. This service can help fill in the age-related gap of family functioning services for families with younger children while bolstering service options for families with older youth.

- Brief Strategic Family Therapy is a Clearinghouse-rated *well-supported* practice that has a medium positive effect on child delinquent behaviors, a small positive effect on family functioning, a small positive effect on child behavioral and emotional functioning, and a favorable effect on caregiver substance use.
- The program targets children/youth ages 6 to 17 who display or at risk for developing problem behaviors.
- The program is cross-listed as a Family First-eligible service for the in-home parent skill-based, mental health, and substance use domains, offering the benefit of meeting multiple, complex needs of children, youth, and families.
- Brief Strategic Family Therapy is on the long-term list because it is not yet delivered in Colorado and will require new capacity to stand up this service.



High Fidelity Wraparound is a comprehensive, holistic, family-driven approach to addressing mental and behavioral health issues in children/youth. The approach is based on a set of core principles that put the child/youth and family at the center, individualizing and tailoring strategies to achieve the family vision and promote success at home, in school, and in the community. This service can further address the age-related gap of family functioning services for families with younger children while bolstering service options for families with older youth.

- High Fidelity Wraparound has not yet been rated by the Clearinghouse. The Colorado Lab conducted a technical review as part of the independent systematic review process authorized by the Family First transition act, with a determination of High Fidelity Wraparound as a *promising* practice. High Fidelity Wraparound has demonstrated a small positive effect on family functioning.
- The program targets children, youth, and young adults ages 4 to 26 who are experiencing mental and behavioral health issues.^x
- High Fidelity Wraparound is already being delivered in at least nine counties and is slated for expansion to an additional 20.^{xi} In addition, the program was recommended by Colorado's American Indian/Alaska Native Family First workgroup for inclusion in the state's prevention services expansion work.
- High Fidelity Wraparound is on the long-term list because its effect sizes are small and it will require increased capacity for ongoing rigorous evaluation. However, in light of expansion work already underway and in recognizing this service fills an age-related gap as well as expands culturally responsive service options, prioritizing building capacity for federal drawdowns as federal grants wind down may have high fiscal benefits.

Long-Term Strategy Recommendations

Support implementation of **Fostering Healthy Futures Teen** in Colorado to expand mental health supports for older youth through ongoing partnerships with program implementers.

Explore expanding **Trust-Based Relational Intervention** as a responsive service to prevent re-entry into foster care and improve family functioning when there is a high risk of entry into foster care.

Consider bringing to Colorado additional services (i.e., **Brief Strategic Family Therapy**) and scaling existing services (i.e., **High Fidelity Wraparound**) that can meet the family functioning needs of families with **younger children** as well as bolster service options for families with older youth.

Prioritize **High Fidelity Wraparound** for federal fiscal drawdowns to sustain expansion work underway, expand culturally responsive service options, and maximize return on investment.

^x The National Wraparound Initiative does not specify age ranges for this model; however, the California Evidence-based Clearinghouse identifies wraparound as appropriate for children/youth ages 4 to 17, and wraparound is commonly used with transition-aged youth and young adults up to 26. We used these parameters to provide an informed age range for maximizing value of wraparound in Colorado.

^{xi} Estimate from CDHS's Office of Children, Youth and Families prevention services grid, available [here](#).



Additional Fiscal Opportunities

In addition to the specific fiscal opportunities identified above for services in the short-term and long-term recommended arrays for in-home parent skill-based and mental health, there are two other services that while not recommended as part of the initial service continuum, may prove to have substantial fiscal benefit and should be prioritized for federal fiscal drawdowns. These two additional services are Colorado Community Response (CCR) via Motivational Interviewing (MI) and Differential Response (DR).

1. **Colorado Community Response via Motivational Interviewing.** CCR is an innovative, voluntary program to prevent child maltreatment and strengthen families by targeting the protective factors of concrete supports and social connections. CCR has not yet been rated by the Clearinghouse. The Colorado Lab conducted a technical review as part of the independent systematic review process authorized by the Family First transition act, with a determination that CCR does not currently meet Clearinghouse standards. The rigorous research conducted to date on CCR was designed before the Clearinghouse standards were available and the study design does not fully align with Clearinghouse requirements. However, initial research does suggest that this service is beneficial to Colorado families and a new randomized controlled trial is currently underway with the potential to meet Clearinghouse standards for design and execution as a standalone service.

In the interim, MI is a core component of CCR and MI is a Clearinghouse-rated *well-supported* practice that has demonstrated small positive effects on parent/caregiver substance use. Additionally, MI was recommended by Colorado's American Indian/Alaska Native Family First workgroup for inclusion in the state's Prevention Services Plan. Claiming for MI as part of CCR delivery has the potential for substantial fiscal benefit as a way to sustain delivery of CCR in the short-term and further meet the needs of tribal communities. An already established working group is examining the feasibility of claiming for MI.

2. **Differential Response.** DR was initiated in Colorado in 2010 in response to variation in family needs and severity of cases that come to the attention of child welfare. There are two primary assessment tracks in DR: (1) Family Assessment Response for low- to moderate-risk referrals; and (2) High Risk Assessment, which is the traditional investigative approach for high-risk referrals. Currently, over 40 of Colorado's 64 counties are approved for DR. Previous research indicates that DR does no harm and yields small positive effects on child safety.

If it is practical to claim for the delivery of DR, all federal requirements can be met without substantial new costs, *and* a compelling case can be made that DR in fact meets the definition of a "prevention service" as opposed to an approach or policy, then there may be substantial fiscal benefits for including DR in the state's Prevention Services Plan and prioritizing for federal drawdowns.

Long-Term Strategy Recommendations

Prioritize **claiming for Motivational Interviewing as part of delivery of Colorado Community Response (CCR)** as a way to fiscally sustain the CCR program in the short-term and further meet the needs of tribal communities.

Explore the feasibility of claiming for **Differential Response** as a way to leverage an already existing, widespread child welfare practice to maximize fiscal benefits.



Ongoing Rigorous Evaluation and Continuous Quality Improvement Priorities

Maximizing fiscal benefits—while ultimately creating, expanding, and sustaining a comprehensive service continuum that meets the needs of Colorado families—requires careful consideration of which services should be prioritized for federal drawdowns. Among those considerations are the Family First requirements for rigorous evaluation and continuous quality improvement (CQI).

Family First requires ongoing rigorous evaluation for all *promising* and *supported* practices to build evidence for the program as well as a plan for CQI for *all* practices (including those with a rating of *well-supported*) to ensure adherence to model fidelity and ongoing service strengthening.

Ongoing Rigorous Evaluation

The Title IV-E Prevention Services Clearinghouse published a [handbook](#) detailing the standards and procedures for rigorous evaluation (i.e., evidence-building) that must be met for a program or service to be included in the Clearinghouse as evidence-based (i.e., satisfies criteria to receive a *promising*, *supported*, or *well-supported* rating or to improve its current/initial rating (i.e., moving from *promising* to *supported*, or *supported* to *well-supported*). Key requirements of study design and execution include:

- Designs must be randomized controlled trials or quasi-experimental designs with a matched comparison group.
 - Pre-test/post-test designs where outcomes are compared to baseline for individuals receiving a treatment do not meet the Clearinghouse standards.
 - The comparison group must be those receiving treatment as usual or standard of care (i.e., the intervention cannot be compared to another intervention to determine effectiveness).
 - Baseline equivalence must be established on the treatment and comparison group.
- Outcomes measured must be in an eligible target outcome domain, as listed in the Clearinghouse handbook (i.e., child safety, child permanency, child well-being, adult well-being).
- Sub-group analysis findings or reporting effects for more nuanced groups than the full sample are not eligible to be counted as a “positive effect” (i.e., researchers must report effects for the full sample and not just by demographics, such as race/ethnicity or age groupings).
- For a service to be rated as a *supported*, favorable outcomes must be sustained for at least 6 months after the service ends and to be rated as *well-supported*, favorable outcomes must be sustained for at least 12 months after service ends.
 - This means that there must be a defined end date to the service and outcomes must be measured by the study at these post-service completion intervals.
- For programs that are already rated as a *well-supported* practice, the state may request a waiver for ongoing rigorous evaluation and be approved for this waiver to engage CQI-only monitoring.



Continuous Quality Improvement

A plan for CQI is required for every service included in Colorado's Prevention Services Plan. Relative to the rigorous evaluation requirements, there is less clarity on what the federal requirements are for CQI. Based on consultation with federal partners and Casey Family Programs, the following are key components:

- CQI can incorporate several different kinds of metrics/indicators from different data sources. This may include outcomes for children/families receiving services under Family First, reach of services to target populations, and/or adherence to model fidelity. The latter (model fidelity) is the foundation for CQI and should be monitored for all services with measures specific to the service.
- While it is expected that sites/agencies and/or state intermediaries play the primary role in using fidelity data to drive CQI, the state must also have a plan for how to make data actionable to guide CQI at the state level.

There are three levels of capacity-building for meeting CQI requirements and ensuring that Colorado families receive high-quality delivery of services that adhere to the evidence-based models. A given service may be at level 1, 2, or 3:

- **Level 1:** The service has an established fidelity measure(s) to track adherence to the model. There is a centralized system for routinely collecting these adherence data, either by a state intermediary or program implementation support network/entity, and procedures are in place to support sites and providers in engaging systematic CQI as an iterative process. The capacity-building gap is reporting adherence data up to the state level in a format that is standardized across services and actionable.
- **Level 2:** The service only has an established fidelity measure(s) to track adherence to the model. The capacity-building gaps are: (a) centralized system for routinely collecting these adherence data, (b) procedures for supporting sites and providers in engaging systematic CQI as an iterative process, and (c) reporting adherence data up to the state level in a format that is standardized across services and actionable.
- **Level 3:** The capacity-building gaps are all aspects of CQI: (a) an established fidelity measure to track adherence to the model, (b) a centralized system for routinely collecting these adherence data, (c) procedures for supporting sites and providers in engaging systematic CQI as an iterative process, and (d) reporting adherence data up to the state level in a format that is standardized across services and actionable.

Table 4 summarizes current capacity for meeting rigorous evaluation and CQI requirements for each service in the short list for the in-home parent skill-based and mental health arrays, and Table 5 summarizes current capacity for meeting requirements for each service in the long list.



Table 4: Current Capacity for Meeting Rigorous Evaluation and CQI Requirements – Short-Term List

Promising and Supported Practices			
Service	Rigorous Evaluation Underway	Funding Source for Evaluation	CQI Level
Child First	No	None	Level 1
SafeCare	Yes	CDHS Office of Early Childhood	Level 1
Trauma-Focused Cognitive Behavioral Therapy	No	None	Level 2
Well-Supported Practices			
Service	Rigorous Evaluation Underway	Funding Source for Evaluation	CQI Level
Nurse-Family Partnership	Clearinghouse-approved, asking for a waiver	N/A	Level 1
Parents as Teachers	Clearinghouse-approved, asking for a waiver	N/A	Level 1
Parent-Child Interaction Therapy	Clearinghouse-approved, asking for a waiver	N/A	Level 2
Fostering Healthy Futures Preteen	Independent systematic review indicated a <i>well-supported rating</i> ; assuming Clearinghouse accepts this rating, will ask for a waiver	N/A	Level 1
Functional Family Therapy	Clearinghouse-approved, asking for a waiver	N/A	Level 1
Multisystemic Therapy	Clearinghouse-approved, asking for a waiver	N/A	Level 1



Table 5: Current Capacity for Meeting Rigorous Evaluation and CQI Requirements – Long-Term List

Promising and Supported Practices			
Service	Rigorous Evaluation Underway	Funding Source for Evaluation	CQI Level
Family Spirit (new service for Colorado)	No	N/A	Level 2
High Fidelity Wraparound	Yes	Substance Abuse and Mental Health Services Administration	Level 1
Fostering Healthy Futures Teen	Yes	Arnold Ventures	Level 1
Trust-Based Relational Intervention	No	N/A	Level 2
Well-Supported Practices			
Service	Rigorous Evaluation Underway	Funding Source for Evaluation	CQI Level
Brief Strategic Family Therapy (new service for Colorado)	Clearinghouse-approved, asking for a waiver	N/A	Level 2
Family Check-Up (new service for Colorado)	Clearinghouse-approved, asking for a waiver	N/A	Level 2
Healthy Families America	Clearinghouse-approved, asking for a waiver	N/A	Level 2
Additional Fiscal Opportunities			
Service	Rigorous Evaluation Underway	Funding Source for Evaluation	CQI Level
Motivational Interviewing (for Colorado Community Response)	Clearinghouse-approved, asking for a waiver	N/A	Level 2
Differential Response	Independent systematic review indicated a <i>well-supported rating</i> ; assuming Clearinghouse accepts this rating, will ask for a waiver	N/A	Level 3

Note. Level designations are based on an on-the-whole service view; it is likely that not all providers delivering the service are at the CQI capacity level listed.



Recommendations for Rigorous Evaluation Priorities

Prioritize rigorous evaluation for **Child First, SafeCare, and Trauma-Focused Cognitive Behavioral Therapy** as part of the *short-term strategy*, to build evidence for these programs in hopes of increasing their rating in the Clearinghouse.

Consider rigorous evaluation of **telehealth or hybrid delivery adaptations for Multisystemic Therapy, Functional Family Therapy, and Fostering Healthy Futures Preteen and Teen** as part of the *short-term strategy*, to broaden service reach and ensure these adaptations can be included in Colorado's Prevention Services Plan and make eligible for federal drawdowns.

As part of the *long-term strategy*, invest in the infrastructure necessary for conducting rigorous evaluations to build evidence and increase Clearinghouse ratings for: **Fostering Healthy Futures Teen, High Fidelity Wraparound, and Trust-Based Relational Intervention**.

Recommendations for Continuous Quality Improvement Priorities

Prioritize *timely creation* of a **statewide platform for meeting CQI requirements** of Family First, as all services included in the Prevention Services Plan have the capacity-building gap of needing a way to report fidelity data at the state-level.

Level 1 CQI Capacity-building:

- **Standardize adherence metrics** for all well-supported programs in Colorado's Prevention Services Plan to create a foundation for aggregating data up to the state level.
- Develop a **dashboard for tracking adherence** to these services that can be disaggregated by service, provider, county/region, and other key considerations.
- **Prioritize onboarding of services** to the CQI dashboard based on provider readiness and fiscal benefit of meeting all federal requirements to drawdown reimbursement.

Level 2 CQI Capacity-building:

- Prioritize necessary CQI capacity-building for **Trauma-Focused Cognitive Behavioral Therapy, Parent Child Interaction Therapy, and Motivational Interviewing** to collect service-specific fidelity data, which may include the capacity for remote supervision of clinicians.

Level 3 CQI Capacity-building:

- Consider the fiscal trade-off of claiming for the service versus building capacity to meet the federal requirements. Claiming for **Differential Response** is likely to offset the cost of building capacity to track adherence.



Appendix A: Data Sources

Data Source	Link (if available)
2020 Children’s Mental Health Report	https://childmind.org/our-impact/childrens-mental-health-report/2020-childrens-mental-health-report/
Behavioral Health Taskforce	<p>Report on the Remedy for Behavioral Health Reform: provides details on the behavioral health landscape in Colorado and walks through every recommendation brought to the task force.</p> <p>Subcommittee Report: covers key findings and recommendations from each of the three subcommittees. The executive summary of this report is available in English and Spanish.</p> <p>COVID-19 Special Assignment Committee Report: reviews lessons learned during the initial stage of the pandemic and ways to strengthen the system ahead of the next state of emergency.</p>
CDHS 2020 Behavioral Health Needs Assessment	https://www.colorado.gov/cdhs/bhneeds2020
CDPHE Health eMoms Survey	https://www.colorado.gov/pacific/cdphe/health-emoms-survey-data
Child Welfare Financing in Colorado: Current Landscape and Recommendations	https://www.childtrends.org/publications/child-welfare-financing-in-colorado-current-landscape-and-recommendations
Colorado 2020 Kids Count Annual Report: includes state- and county-level data on the education, health and general well-being of our state’s children including county profiles	https://www.coloradokids.org/data/kids-count-archive/2020-kids-count/
Colorado Statewide Early Childhood & Youth Development Plan Dashboards- risk and protective factors by county	https://sydpheatmap.cdhs.state.co.us/
Colorado’s Maternal, Infant and Early Childhood Home Visiting Program 2020 MIECHV Needs Assessment and Evaluation: identifies communities with concentrations of risk, quality and capacity of home visiting programs, capacity for substance abuse treatment and counseling	-
Congregate Care Placements Map	https://cdhs-ocyf-dcw.maps.arcgis.com/apps/opsdashboard/index.html#/57e25591dc1c41e9b03cbf97f08cf9c5
Core Services Evaluation Report (data and trends over time)	-



Data Source	Link (if available)
Ensuring a Full Continuum of SUD Benefits	https://www.colorado.gov/pacific/hcpf/ensuring-full-continuum-sud-benefits
Family First Prevention Services and Broader Prevention Service Array: Feedback Collected via Regional Human Services Directors Meetings - August 2020	-
From CDPHE: CTC uses Healthy Kids CO Survey data for all evaluation at the local and statewide level- provide each local community with shared risk and protective factor profiles	<p>Healthy Kids CO Survey data for all evaluation at the local and statewide level</p> <p>2017 State and regional shared risk and protective factor (SRPF) profiles</p> <p>Webinar: Healthy Kids CO Survey Report Sharing Agreement</p> <p>Jeffco Public Schools first time sharing their data publicly</p> <p>Health Statistic Region (21 in Colorado)</p>
Individual County plans- Child Maltreatment Prevention Framework	-
Individual County plans- Maternal and Child Health local plans	-
Individual County plans- Rewiring Initiative	-
Juvenile Justice Youth and Prevention Services Survey Responses	-
Larimer County Ad Hoc Report: Referral Reasons by Acceptance Status and Program Area All Counties, CY 2019	-
New Research Shows the Importance of Telehealth During the Pandemic	https://www.coloradohealthinstitute.org/blog/newresearchshowstheimportanceoftelehealthduringthepandemic
Opioids and Children in State Courts: Targeted Community Resource Mapping Project	https://www.ncjfcj.org/news/opioids-and-children-in-state-courts-targeted-community-resource-mapping-project/
Preschool Development Grant Colorado Shines Brighter Needs Assessment	https://dcfs.my.salesforce.com/sfc/p/#410000012srR/a/4N000000AGxx/QPNqI9n15kNbYRhObm7zKcWoPajUElvqWkrdaeSJdHY
Qualitative follow-up data from Human Services Directors in regions- Collected in August 2020	-
Risk, Reach and Resources: An Analysis of Colorado Early Childhood Mental Health Investments	https://www.coloradohealthinstitute.org/research/risk-reach-and-resources



Data Source	Link (if available)
ROM data (including disparity reports)	-
Services Continuum workgroup county survey and Tableau map of existing evidence-based prevention services	https://public.tableau.com/profile/colorado.lab#!/vizhome/FamilyFirstPreventionServices/Dashboard1
The Value of Telemedicine During the COVID-19 Pandemic Response: Insights from Patients in Colorado	https://oehi.colorado.gov/sites/oehi/files/documents/Insights%20From%20Patients%20in%20Colorado_0.pdf
The Value of Telemedicine During the COVID-19 Pandemic Response: Insights from Patient Care Utilization in Colorado	https://oehi.colorado.gov/sites/oehi/files/documents/Insights%20From%20Patient%20Care%20Utilization%20in%20Colorado_0.pdf
The Value of Telemedicine During the COVID-19 Pandemic Response: The Financial Impact on Providers and Payers in Colorado	https://oehi.colorado.gov/sites/oehi/files/documents/The%20Financial%20Impact%20On%20Providers%20and%20Payers%20in%20Colorado.pdf
The Value of Telemedicine During the COVID-19 Pandemic Response: The Financial Impact on Providers and Payers in Colorado	https://oehi.colorado.gov/sites/oehi/files/documents/The%20Financial%20Impact%20On%20Providers%20and%20Payers%20in%20Colorado.pdf
Tony Grampas Youth Services Program Data	http://coloradoafterschoolpartnership.org/policy-and-partnership/cap-data-mapping-project/
TRAILS data- referrals/allegations; accepted, screened out	-



Endnotes

- ¹ Halfon, N., Larson, K., Lu, M., Tullis, E., & Russ, S. (2014). Lifecourse health development: Past, present and future. *Maternal and Child Health Journal*, *18*(2), 344–365. <https://doi.org/10.1007/s10995-013-1346-2>
- ² Administration for Children & Families, U.S. Department of Health and Human Services. (n.d.). *Home visiting and evidence of effectiveness: Outcomes*. <https://homvee.acf.hhs.gov/outcomes>
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