

## Colorado Community Response Evaluation Findings 2014-2018

In 2013, Colorado Community Response (CCR) was selected as one of the cornerstone prevention programs formed or expanded under Governor Hickenlooper's master child welfare plan, "Keeping Kids Safe and Families Healthy 2.0." The goal of prevention programs, such as CCR, is to prevent child abuse and neglect and to reduce the likelihood of entry or reentry into the child welfare system. These programs engage at-risk families in voluntary services, mitigating the risk of child maltreatment by strengthening families' protective factors, building social capital, increasing financial stability and self-sufficiency, and improving family functioning and well-being.

Colorado Community Response fills a gap in the child maltreatment prevention continuum by offering voluntary services to families who are reported for child abuse or neglect to Child Protective Services (CPS), but are either: (1) screened out from receiving a formal response because the report does not rise to the level of imminent safety threat requiring CPS involvement; or (2) screened-in and assessed under either the high-risk assessment (HRA) track or family assessment response (FAR) track, and have their cases closed without the provision of child welfare services. CCR delivers comprehensive case management for 12 to 16 weeks in addition to providing flexible funding that allows families to meet imminent needs that impact their child's well-being.

This evaluation was conducted from November 2014 to March 2017, in 21 sites encompassing 28 counties in rural and suburban areas across Colorado. The Colorado Department of Human

### Key Findings

- 1,900 families from 28 counties were served by 21 Colorado Community Response sites.
- CCR completers had significantly fewer founded assessments ( $p < 0.05$ ) and out-of-home placements ( $p < 0.05$ ) during a one-year follow-up period than did families with similar demographics and case characteristics who did not complete CCR.
- The protective factors domains of Resiliency, Social Support, Concrete Support, Nurturing and Attachment, and Child Development/Knowledge of Parenting increased for participating families.
- Families that completed CCR demonstrated an improvement in self-reliance, demonstrated by shifts in "readiness for change" areas between pretest and posttest.
- The majority of caregivers who completed a posttest expressed high levels of engagement with their CCR worker as well as satisfaction with the program and the services they received.

Services (CDHS) Office of Early Childhood (OEC) selected and supervised the CCR evaluation team composed of the Social Work Research Center (SWRC) in the School of Social Work at Colorado State University (CSU) and the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect (Kempe Center).

### Outreach

During the evaluation period, 18,081 families were eligible to receive CCR (based on program and site-specific eligibility criteria). Forty seven percent of these families were referred to CCR, and 23 percent (1,926 families) of referrals resulted in an intake. CCR workers averaged three outreach attempts per referral. Despite

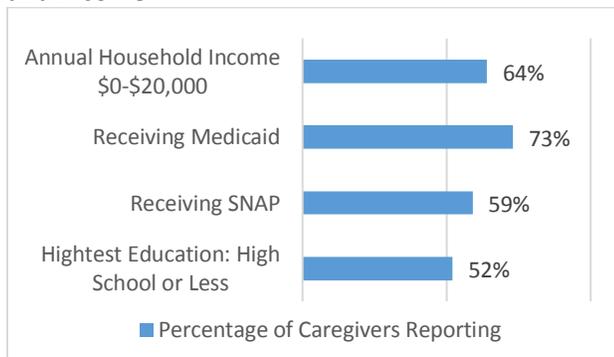
their outreach efforts, CCR workers were unable to reach half of the families referred to offer services. Twenty two percent of families referred to CCR did not receive services for several reasons, including duplicate or ineligible referrals.

*“Once you understand that the end goal is to help the child...then you feel like, ‘Okay, she’s on my team. Not the opposite.’ It’s another resource. It takes a village to raise a child and this person... is there to give you more resources and help with whatever they can.” – CCR recipient*

### Demographics

A total of 1,752 caregivers responded to a confidential pretest survey on family demographics and circumstances at the time of intake. Of the primary caregivers who responded, 83 percent were female. In response to a question on race/ethnicity, 58 percent of primary caregivers identified as White, 32 percent as Hispanic/Latino, six percent as Native American or Alaskan Native, three percent as Black/African American, and two percent as other. Forty percent of primary caregivers reported being in a relationship and 60 percent reported being unpartnered. Thirty two percent of primary caregivers were under 30 years of age, 41 percent were between 30 and 39 years old, and 27 percent were 40 years and older. Figure 1 illustrates the economic vulnerability of families measured by caregiver education, employment, and income.

**Figure 1: CCR Caregiver Education, Employment, and Income**



### Outcomes: Protective Factors

Caregivers were asked to respond to the Protective Factors Survey (PFS), a 20-item survey which has undergone national field testing for reliability and validity for use with families engaged in child maltreatment prevention programs. The PFS is administered as both a pretest and posttest survey and is divided into five domains: Resiliency, Social Support, Concrete Support, Nurturing and Attachment, and Child Development/ Knowledge of Parenting.

Table 1 shows that, on average, a statistically significant positive change was observed in each domain from pretest to posttest. The largest changes were observed in the domains of Concrete Support and Social Support, while a more modest increase was observed in the Resiliency domain.

The presence of protective factors has been linked to lower incidence of child abuse and neglect.

**Table 1: Change in Protective Factors Domains/Items from Pretest to Posttest**

Domain or Item*	Mean Change p-value	Percent of Families with Positive Pre-Post Change
Concrete Support	<0.0001	55.9%
Social Support	<0.0001	48.7%
Know what to do as a parent*	<0.0001	40.6%
Resiliency	<0.0001	54.9%
Know how to help child learn*	<0.0001	35.0%
Child misbehaves to upset me*	0.003	36.7%
Praises child when behaving well*	<0.0001	27.3%
Maintain control while disciplining child*	0.0004	24.3%
Nurturing and Attachment	<0.0001	39.6%

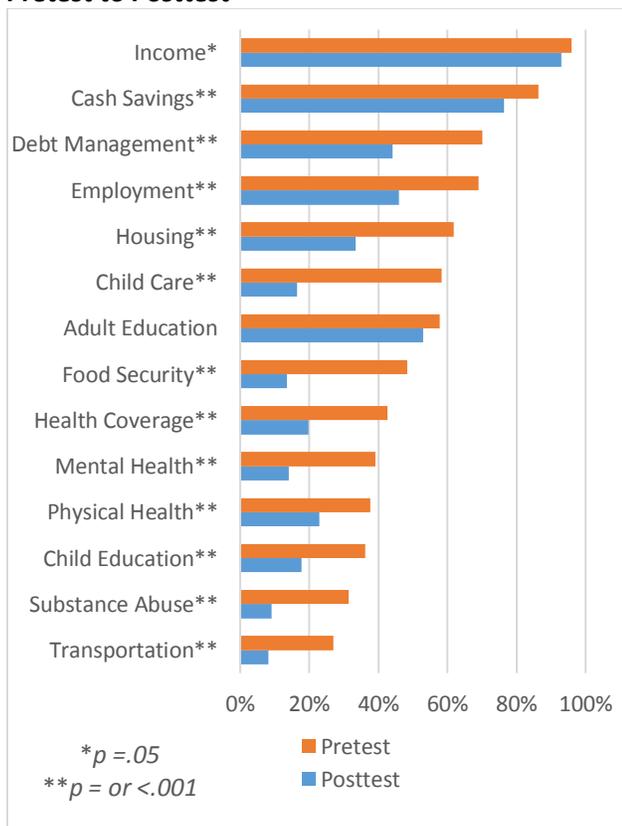
\*Indicates a standalone item on the Protective Factors Survey

### Outcomes: Family Functioning

The Colorado Family Support Assessment 2.0 (CFSA2) is administered to families by CCR workers at intake and case closure. The CFSA2 identifies family assets and areas for growth across 14 domains measuring family self-reliance. Within each domain, a ‘prevention line’ is used to indicate the need for support. The CFSA2 also allows the family to select areas that they are most ready to change.

Figure 2 shows the percentage of families below the prevention line decreased in all domains identified by caregivers as key “readiness for change” areas between pretest and posttest. These results were statistically significant in 13 of the 14 domains indicating an improvement in self-reliance, over time, for families that completed CCR.

**Figure 2: Change in Percentage of Families below the Prevention Line on CFSA2 Domains from Pretest to Posttest**



### Outcomes: Engagement

Sixty four percent of CCR cases closed following the successful completion of services, meaning that families met the goals they set with their CCR worker during the intake process and remained engaged throughout the services period. Twenty six percent of families disengaged or opted-out of continued services during the service period, while another 10 percent became ineligible for services after intake (due to an open CPS case, for example). Both caregivers and CCR workers were asked to complete parallel assessments of engagement following the completion of CCR services at the last face-to-face meeting.

Caregivers reported statistically significant higher levels of engagement, for most items, than did their workers. For example, 79 percent of CCR workers agreed or strongly agreed that the caregiver would say things got better for the family because CCR was involved, while 86 percent of caregivers agreed or strongly agreed with this statement. This indicates that caregivers felt more engaged in the program than workers believed them to be.

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*“Families are trying so hard and are so grateful to have an advocate that listens to their needs. I enjoy building relationships with my clients and seeing them flourish and take advantage of the tools and programs the community has to offer.”*  
– CCR worker

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### Outcomes: Satisfaction

Caregivers were asked to rate their overall satisfaction with the CCR program via a posttest survey. Eighty nine percent of caregivers reported being better off as a result of participating in CCR, and 91 percent of caregivers indicated that they received all of the help they needed.

Table 2 illustrates statistically significant increases in caregivers’ positive emotions from the first to last contact with CCR, including

feeling respected, thankful, encouraged, hopeful, and comforted. Similarly, statistically significant decreases in negative emotions were observed when comparing first and last contact with CCR.

**Table 2: Caregiver Feelings after First and Last Contact with CCR**

Feeling	Percent Endorsed after First Contact	Percent Endorsed after Last Contact	Percent Change p-value
Thankful	72.0%	86.2%	<0.0001
Hopeful	56.2%	63.9%	0.001
Encouraged	49.0%	61.7%	<0.0001
Respected	45.5%	57.7%	<0.0001
Comforted	45.3%	53.4%	<0.0001
Relieved	55.4%	52.9%	0.57
Worried	21.3%	4.8%	<0.0001
Stressed	19.4%	3.1%	<0.0001
Afraid	9.1%	1.4%	<0.0001
Discouraged	3.5%	1.4%	0.18
Angry	3.3%	0.9%	0.23
Disrespected	1.5%	0.8%	0.22

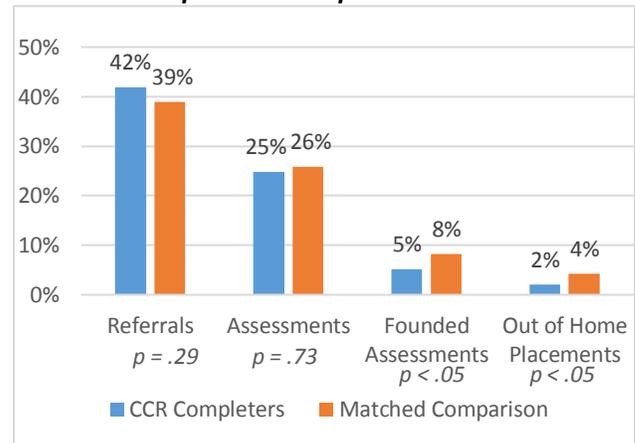
**Outcomes: Child Welfare Re-Involvement**

Using propensity score matching (PSM), the evaluation compared CCR completers to families who were eligible for CCR but were never referred to the program. Given the low rates of program acceptance and moderate rates of successful program completion, the outcome analysis was limited to completers in order to assess the effectiveness of the program in preventing child welfare re-involvement. A total of 589 completers with comparison matches from their own site across 10 variables were identified using the PSM process.

Figure 3 shows that CCR completers had significantly fewer future founded assessments ( $p < 0.05$ ) and out-of-home placements ( $p < 0.05$ ) than did a matched comparison group of families during a one-year follow-up period. Only five percent of CCR completers had a subsequent founded assessment, while eight percent of matched comparison group families had a founded assessment. Similarly, only two

percent of CCR completers had a subsequent out-of-home placement compared to four percent of matched comparison group families. The other child welfare outcomes including subsequent referral and subsequent assessments did not differ significantly between the two groups.

**Figure 3: Child Welfare Re-Involvement Outcome Comparison between CCR Completers and Matched Comparison Group Families**



**Conclusion**

This evaluation finds that families who complete CCR are enhancing protective factors, building social capital, increasing stability, improving family functioning and self-reliance, and receiving concrete supports. Child welfare re-involvement, as measured by subsequent founded assessments and out-of-home placements, was also lower for CCR completers than families with similar demographics and case characteristics who did not complete CCR.

In summary, CCR is an effective program for strengthening families and preventing child welfare re-involvement.