A young girl in a yellow shirt is reaching up towards a large red balloon floating in the air. She is in a grassy field with trees in the background. Other people are visible in the distance, some sitting on the grass.

Colorado Family Resource Center Association

Annual Evaluation Report:

July 1, 2021 – June 30, 2022



OMNI

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Annual Evaluation Report:

July 1, 2021 – June 30, 2022

Submitted to:

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October 31, 2022

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For More Information on Evaluation Methods:

Email projects@omni.org
Project Code: FRCA22

For More Information on Service Delivery Model:

Email info@cofamilycenters.org

Acknowledgements

Funding for the report was provided to FRCA in part by the Jay & Rose Phillips Family Foundation of Colorado. We thank FRC staff for their time collecting and entering the data, and for the families who share their information that make this evaluation possible.

Suggested Citation:

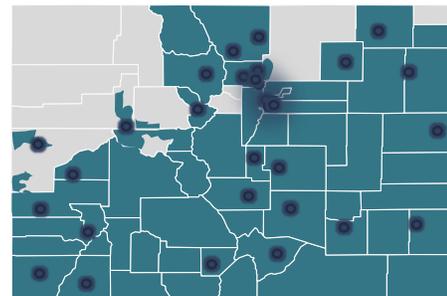
The OMNI Institute (2022). Family Pathways and CFSA 2.0 Evaluation Report: July 1, 2021 – June 30, 2022. Submitted to Family Resource Center Association, Denver, CO.

Background

The Colorado General Assembly established Family Resource Centers (FRCs) in 1993 to serve as a “single point of entry for providing comprehensive, intensive, integrated, and collaborative community-based services for vulnerable families, individuals, children, and youth” in local communities.

The Family Resource Center Association (FRCA) was established as a strategic statewide network for FRC advocacy and funding. Using a collective impact model, FRCA strengthens and expands Colorado FRCs through program fidelity standards; program quality monitoring; outcome measurement and reporting; state and national level advocacy; resource development; and organizational technical assistance and trainings, including capacity building for all its members.

Family Resource Center Association supports 32 member Family Resource Centers throughout Colorado – all working towards a vision in which every family is thriving.



• Locations of counties served (teal areas) by all FRCA-member FRCs in Colorado.

This report includes data from the 24 premium member centers who used the shared data system during the reporting period.

Key Features of Family Resource Centers in CO

FRCs in Colorado adhere to the following standards and practices when delivering Family Development Services in Colorado.



Quality Standards



Pathways Framework



Common Assessment



Fidelity Monitoring

For more information on FRCA’s model, please see <https://www.cofamilycenters.org>.

Equity Focus

For over a decade, FRCA has contracted with an external organization to conduct annual evaluations of FRC services and impact across Colorado. In 2020, FRCA expanded their annual evaluation priorities to ensure that equity is at the forefront of evaluation activities and to increase understanding of how families’ experiences at FRCs may vary. For this year’s evaluation (i.e., using data from July 1, 2021 through June 30, 2022), we focused on understanding the specific experiences of families from different racial/ethnic backgrounds, as well as the experiences of families living in rural and urban areas. FRCA’s Program and Evaluation Committee helped shape the focus and direction of this year’s evaluation questions and analytic approach. In this report we provide information on all families served, followed by summaries examining disaggregated data by racial/ethnic identification and rural/urban locations.

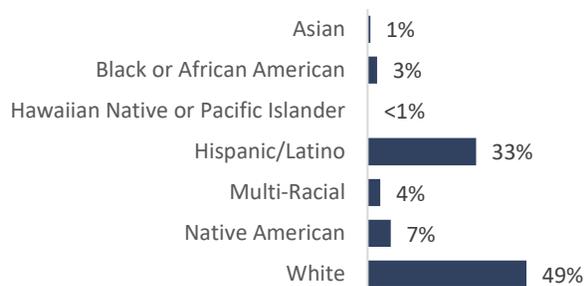
Families Served & Services Provided

Family Resource Centers (FRCs) are available to all families in their communities. When a family enters an FRC for the first time, they complete a common screening form and provide some general demographic information. Information presented below comes from individuals and families¹ served from July 1, 2021-June 30, 2022.

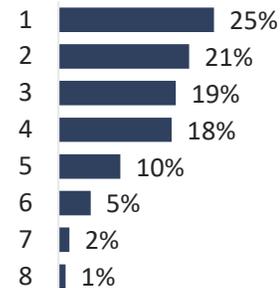
FRCs served 10,483 individuals in 7,054 families.

FRCs served diverse families across urban and rural Colorado.² Most families (74%) had a female identified as the head of household (HOH)³ and the majority (58%) had two to four people in them. Heads of household most frequently identified as White (49%) or Hispanic/Latino (33%), with an additional 7% identifying as Native American, 4% as multi-racial, 3% as Black or African American, and 1% or fewer identifying as Asian or Hawaiian Native or Pacific Islander.⁴

HOH Ethnic and Racial Identification



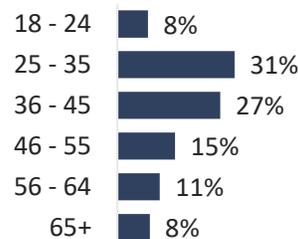
Number of People in Families



HOH Sex



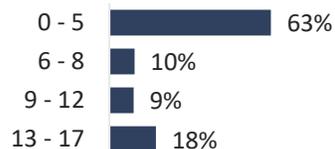
Age of Adults



Family Location



Age of Children



¹ Each family has a designated head of household (HOH) in the data system. Each HOH is counted as a unique family.

² Location was coded from HOH designated county of residence according to [CO Rural Health Center](#).

³ Less than 1% of families had a HOH who identified as transgender or nonbinary.

⁴ For the racial/ethnic make-up of all family members, please see Appendix A.

FRCs typically served families with low incomes.

At FRC entry, the annual median income of families was much lower than the median household income in Colorado.

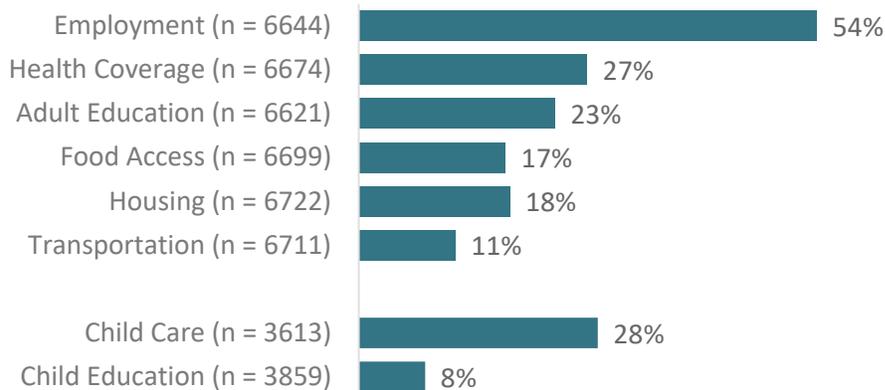
Among families served, the median income was **\$14,400**

The median income in Colorado⁵ was **\$75,231**

At FRC entry, 54% of families lacked full-time employment.

When families first come to an FRC they are asked eight yes/no screening questions to identify unmet needs. Over half (54%) of families indicating lack of full-time employment. In addition, 28% of families with young children did not have access to high quality child care that met their needs.

Families with Unmet Needs at FRC Entry



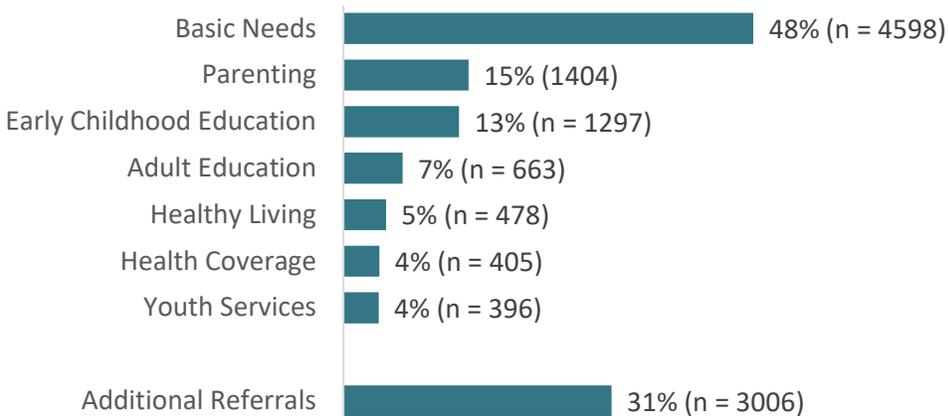
Sample sizes include HOHs who were administered the screening tool and for whom the question was applicable (e.g., screening questions about access to quality child care and children's education apply only to families with children in the appropriate age ranges).

FRCs provided 51,110 services to families.

Family Resource Centers provide an array of direct services that are responsive to their communities. Per Colorado statute, FRCs also serve as resource and referral hubs, directing families to other organizations in their communities. Overall, 9,618 individuals were recorded as receiving a total of 51,110 services or referrals. The most frequently received service was basic needs, with just under half of families receiving this service type.

⁵ Median household income from 2016-2020, in 2020 dollars. United States Census Bureau. (2020). *QuickFacts: Colorado*. Census.gov. <https://www.census.gov/quickfacts/fact/table/CO/BZA210220>.

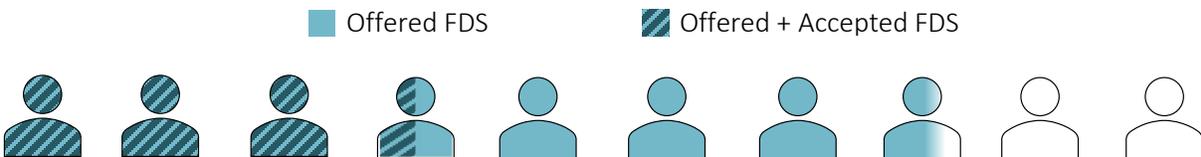
Families Receiving Services and Referrals by Service Category



Additional referrals include referrals to services in non-listed areas. Sample sizes include the number of families who were recorded as receiving at least one service in the service category. Percentages were calculated based on the 9,618 individuals who were recorded as receiving services or referrals. Percentages sum to over 100% because individuals can receive services in multiple service categories.

Most families were offered Family Development Services

Family Development Services (FDS) are core services offered at all FRCs. FDS includes coordinated case management that is characterized by client-choice and personal goal setting; ongoing, motivational meetings with program staff; and services and referrals. Families create and set goals that lead to the identification of referral or direct service delivery opportunities that are designed to support families in meeting their unique and often complex needs. Of the 3,642 individuals with data, 78% of families were offered FDS, with 45% of those families accepting, reaching 35% of the total population of families served.⁶



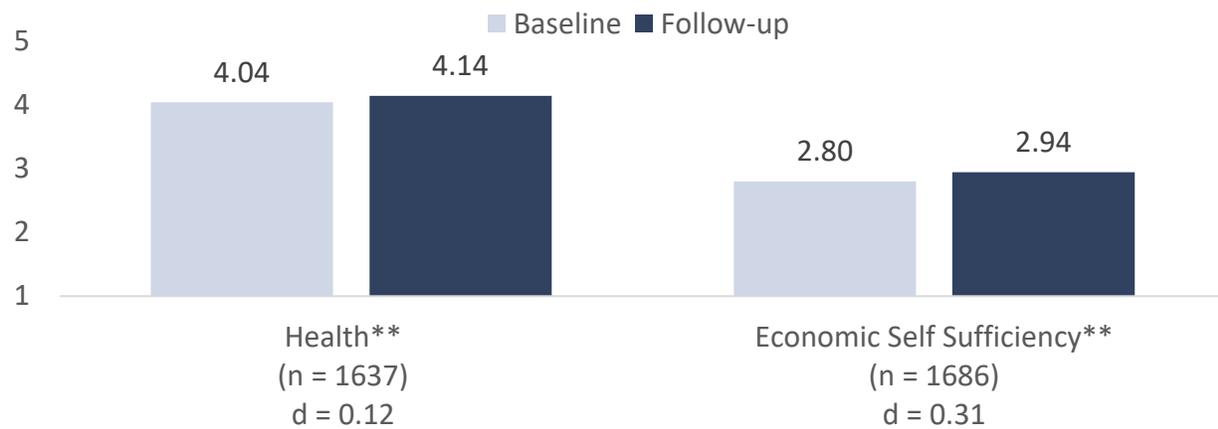
⁶ Tracking whether FDS was offered to families is a relatively new practice for FRCs (with implementation beginning in June 2021). Missing data may be due to families initiating services prior to tracking and/or lack of staff capacity to screen families and enter data into the system.

Family Changes Over Time

FRCA uses the Colorado Family Support Assessment (CFSA 2.0)⁷ as its primary tool to assess family well-being in multiple areas. In total, **1,759 families** had a baseline and at least one matched follow-up CFSA 2.0 during the reporting period.

Families improved their economic security and health.

Overall, families demonstrated significant growth in the health and economic self-sufficiency domains of the CFSA 2.0.



Statistical significance is denoted by * $p < .05$ and ** $p < .01$. Effect size is denoted by d . In general, an effect size of $d = 0.2$ is a small effect, $d = 0.5$ is a medium effect, and $d = 0.8$ is a large effect. Small and medium effect sizes are common in the social sciences.

⁷ The CFSA 2.0 is typically administered within the first two-weeks of working with a family for a baseline assessment, and at three- to six-month intervals thereafter (follow-up assessments). For this evaluation, the baseline and most recently administered follow-up assessment was used. For more information on the CFSA 2.0, please see <https://www.cofamilycenters.org/service-delivery-model/>.

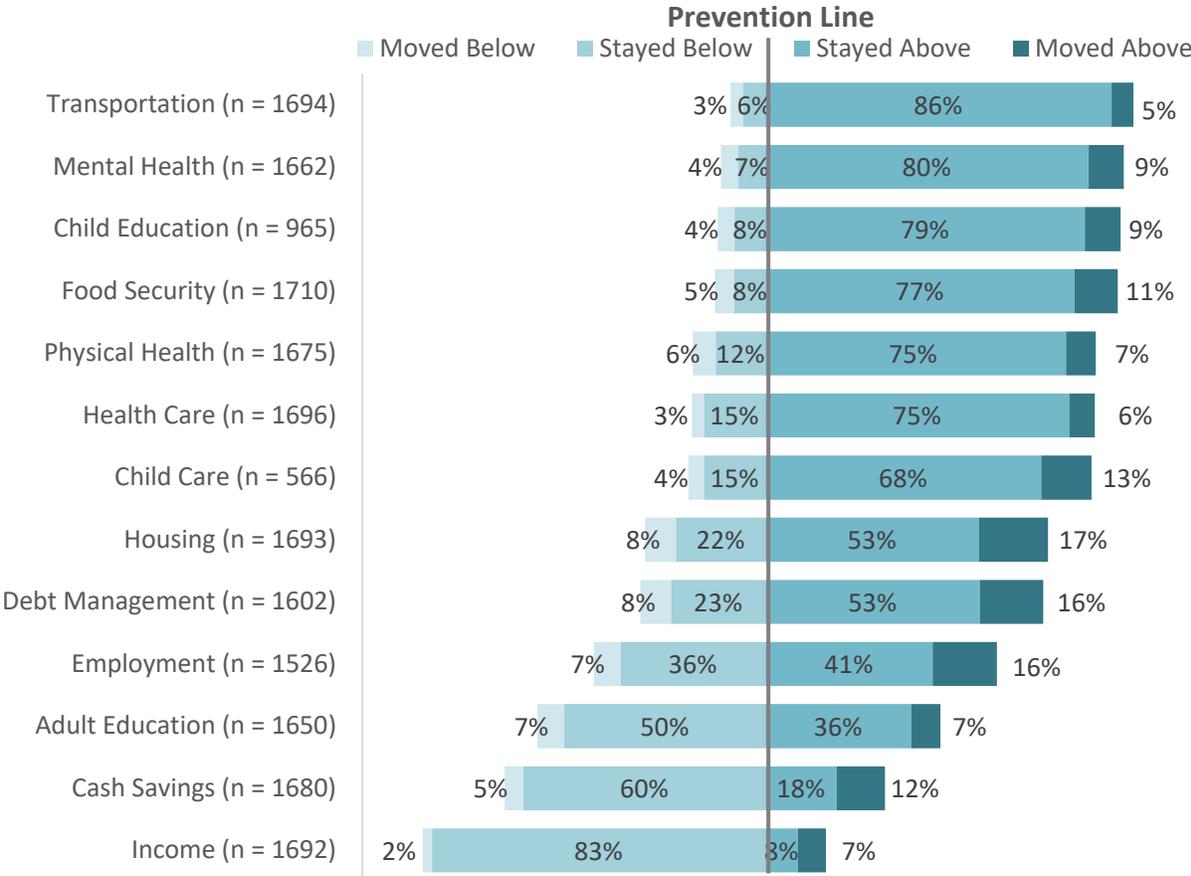
Families showed the greatest movement to safety in housing, employment, and debt management.

On the CFSA 2.0, the prevention line is used to distinguish an in-crisis or vulnerable situation from one that is safe, stable, or thriving. Across all families, the greatest share of families moving from below to above the prevention line was in housing (17%), employment (16%), debt management (16%), child care (13%), cash savings (12%), and food security (11%).

Families showed many strengths, with over 80% of families above the prevention line at follow-up in transportation, mental health, child education, food security, physical health, health care, and child care.

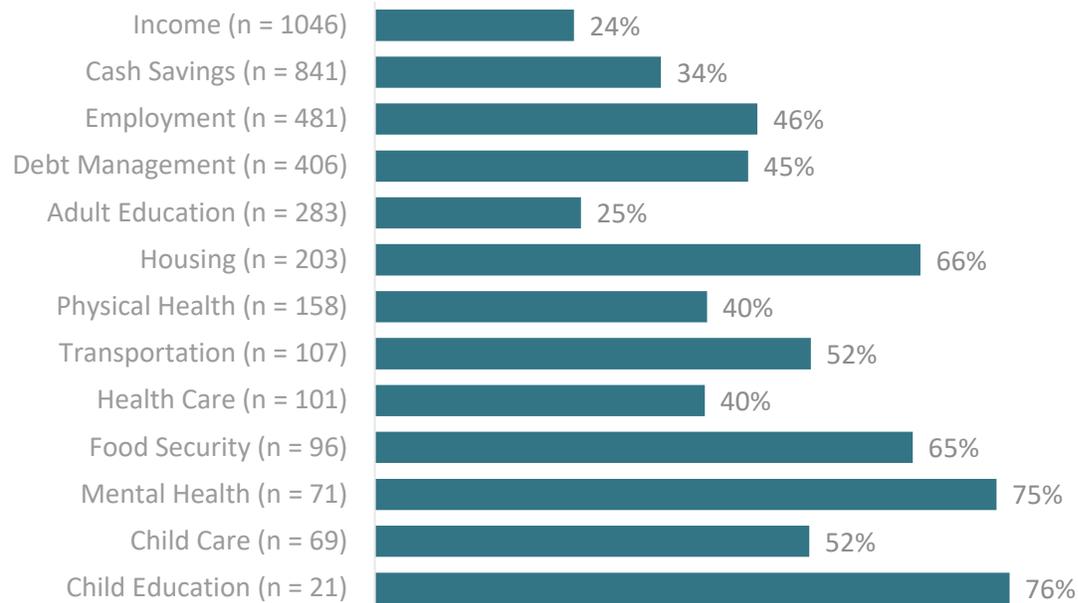
Challenges were highest in income and cash savings, with 85% and 65% families below the prevention line, respectively. While many families continued to remain under the prevention line in these domains, families that accessed services demonstrated growth in both, with 7% of families moving above the prevention line in income and 12% moving above it in cash savings.

The following graph indicates the percentage of families who moved above/below the prevention line from baseline to follow-up, and the percentage who stayed above/below it.



Additionally, many families moved out of crisis.

The areas in which the highest number of families were in crisis⁸ at baseline were income (n = 1046) and cash savings (n = 841); notably, 24% and 34% of these families, respectively, moved out of crisis at follow-up.

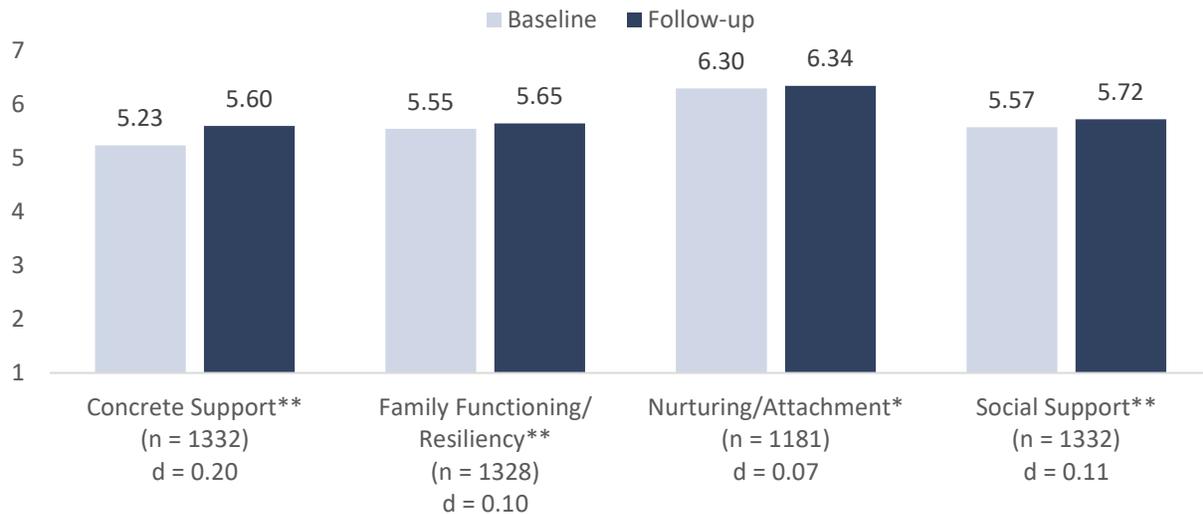


Out-of-crisis analyses were restricted to families who scored a 1 at their baseline assessment and were calculated as the percentage of those families who scored a 2 or higher at follow-up. Sample sizes reflect the number of families that were in crisis at baseline.

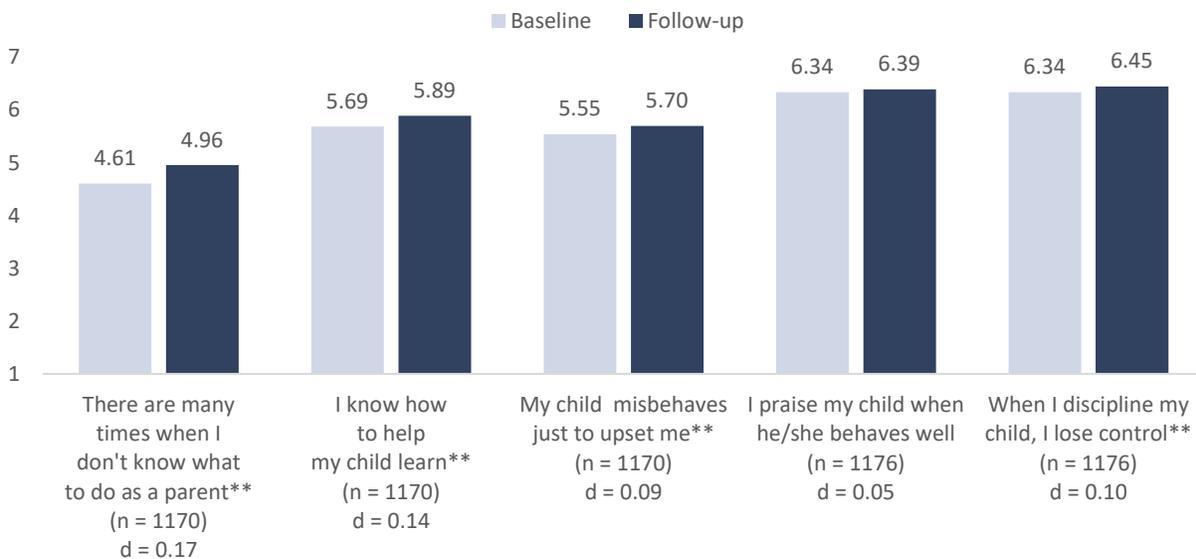
⁸For more information on how a score of 1 (i.e., crisis) was defined for each domain on the CFSA 2.0, please contact FRCA at info@cofamilycenters.org.

Families improved protective factors that protect against child maltreatment.

Families improved in concrete support, family functioning and resiliency, nurturing and attachment, and social support, as well as on items that assess knowledge of parenting and child development.⁹



Families also improved on most item-level indicators of knowledge of parenting and child development



Statistical significance is denoted by * $p < .05$ and ** $p < .01$. Effect size is denoted by d . In general, an effect size of $d = 0.2$ is a small effect, $d = 0.5$ is a medium effect, and $d = 0.8$ is a large effect. Small and medium effect sizes are common in the social sciences. Items and scales are coded so that higher scores reflect stronger protective factors.

⁹ The Protective Factors Survey is included in the CFSA 2.0. (<https://friendsnrc.org/evaluation/protective-factors-survey/>)



A Closer Look: Racial/Ethnic Identification

This section includes information for families in which the head of household (HOH) identified as Black/African American, Hispanic/Latino, Native American/Alaska Native, and White, respectively. We report on family race/ethnicity based on HOH identity, recognizing that individuals within a family may not share that racial or ethnic identity. For ease in sharing findings, in this section of the report we refer to families with their racial/ethnic identification (e.g., Black/African American families”) though we recognize that this is just one facet of family characteristics at large.

The number of families with HOH identities other than those reported (including Asian, Native Hawaiian/Pacific Islander) were too small to disaggregate data. Additionally, we do not disaggregate the data for those who identify as multi-racial, as specific information on the racial/ethnic backgrounds for these HOHs was not available.



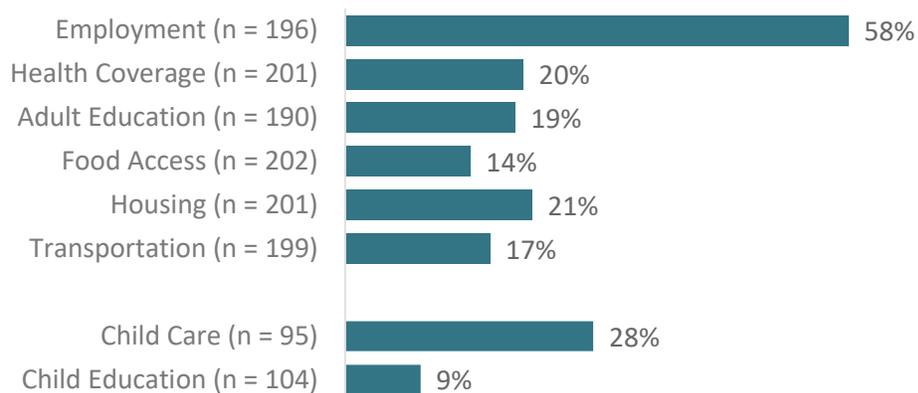
Black/African American Families

In this reporting period, **206 HOHs identified as Black or African American**, and 45% of those HOHs participated with three FRCs. This section of the report provides information on unmet needs at FRC entry and services received. Too few families (n=25) with an HOH who identified as Black or African American had a matched baseline and follow-up CFSA 2.0 for disaggregated outcome reporting.

Unmet Needs at Screening

The highest proportion of unmet needs among Black/African American families were in employment, with 58% reporting lack of employment. Of these families with young children, 28% did not have access to high quality child care that met their needs. The areas in which needs were most likely to be met were child education (for families with school-aged children), access to food, and transportation.

Percentage of Families with Unmet Needs by Area

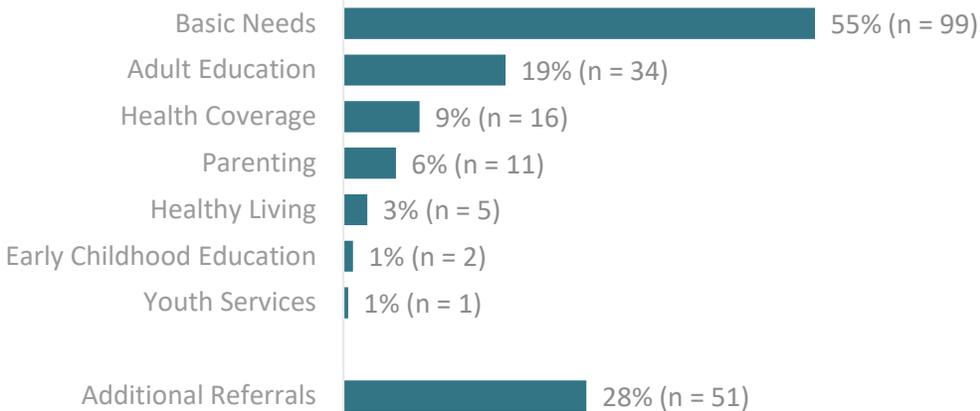


Sample sizes include HOHs who identified as Black or African American who were administered the screening tool and for whom the question was applicable (e.g., screening questions about access to quality child care and children's education apply only to families with children in the appropriate age ranges).

Services Received

Basic needs was the most common type of service accessed for Black/African American families, with over half (55%) of individuals receiving at least one service in this area.

Percentage of Families Receiving Services by Service Category



Additional referrals include referrals to services in non-listed areas. Sample sizes include the number of families who were recorded as receiving at least one service in the service category. Percentages were calculated based on the 180 individuals who identified as Black or African American and were recorded as receiving services or referrals. Percentages may sum to over 100% because individuals can receive services in multiple service categories.

Family Development Service Access and Acceptance

Of the 80 Black/African American families with data, 75% were offered FDS and 45% of those families accepted, reaching about 34% of all families with data.

Summary of Findings for Black/African American Families

- At FRC entry, 58% of Black/African American families identified an unmet need in employment.
- Over half (55%) of individuals identifying as Black/African American received at least one basic needs service, 28% received additional referrals, and 19% received adult education services.
- Three out of four (75%) Black/African American families were offered FDS, and 45% of those families accepted the service.
- Too few families had a matched baseline and follow-up CFSA to examine changes over time.

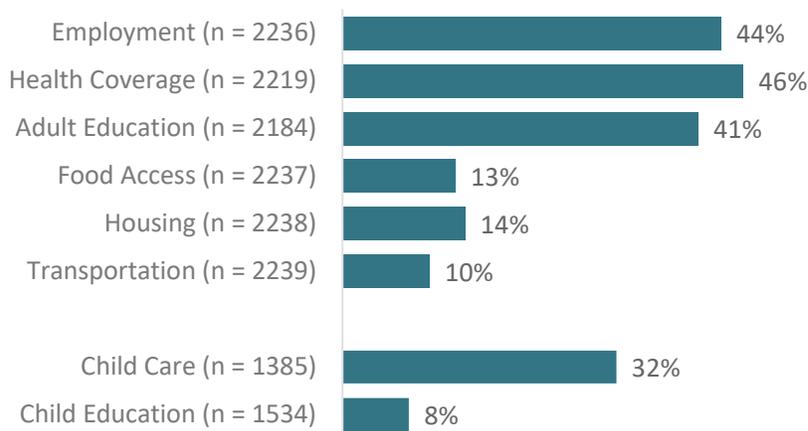
Hispanic/Latino Families

In this reporting period, 2,326 HOHs identified as Hispanic/Latino, and 31% of those HOHs participated with two FRCs. This section of the report provides information on unmet needs at FRC entry, services received, and outcomes for these families.

Unmet Needs at Screening

The highest proportion of unmet needs for Hispanic/Latino families were in health coverage (46%), employment (44%), and adult education (41%), and 32% of families with children did not have access to quality child care. Needs were most likely to be met in transportation, food access, housing, and children’s education.

Percentage of Families with Unmet Needs by Area

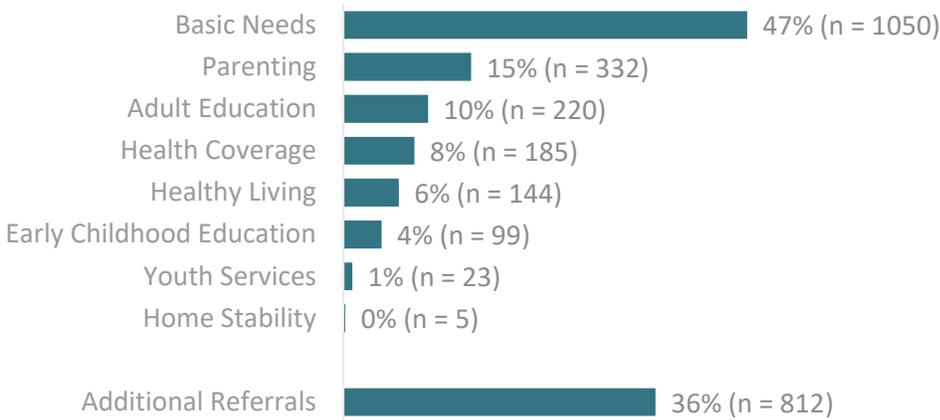


Sample sizes include HOHs who identified as Hispanic/Latino who were administered the screening tool and for whom the question was applicable (e.g., screening questions about access to quality child care and children’s education apply only to families with children in the appropriate age ranges).

Services Received

Services most frequently accessed by Hispanic/Latino families were in the areas of basic needs, with just under half of individuals (47%) receiving at least one basic needs service.

Percentage of Families Receiving Services by Service Category



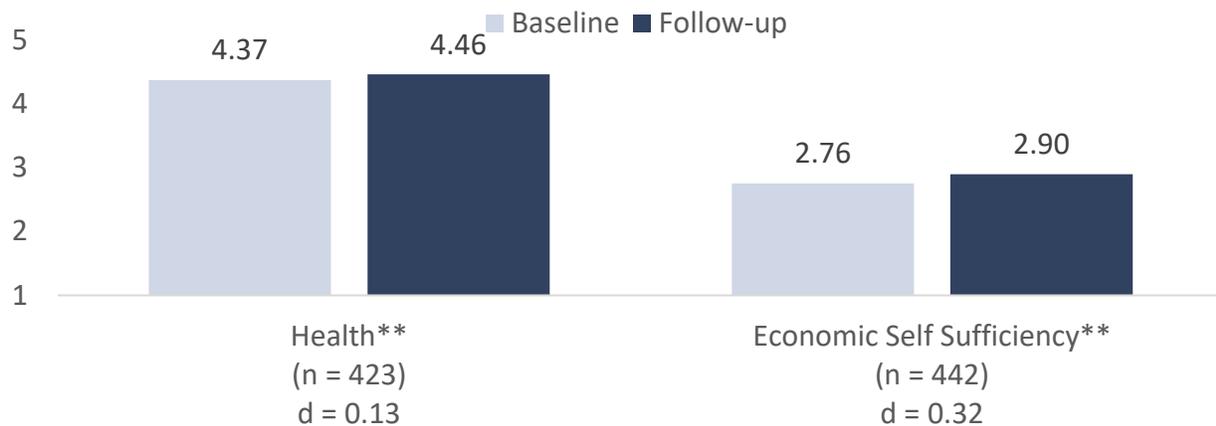
Additional referrals include referrals to services in non-listed areas. Sample sizes include the number of individuals who were recorded as receiving at least one service in the service category. Percentages were calculated based on the 2,230 individuals who identified as Hispanic/Latino and were recorded as receiving services or referrals. Percentages may sum to over 100% because individuals can receive services in multiple service categories

Family Development Service Access and Acceptance

Of the 875 Hispanic/Latino families with data, 84% were offered FDS and 39% of those families accepted, reaching about 33% of Hispanic/Latino families with data.

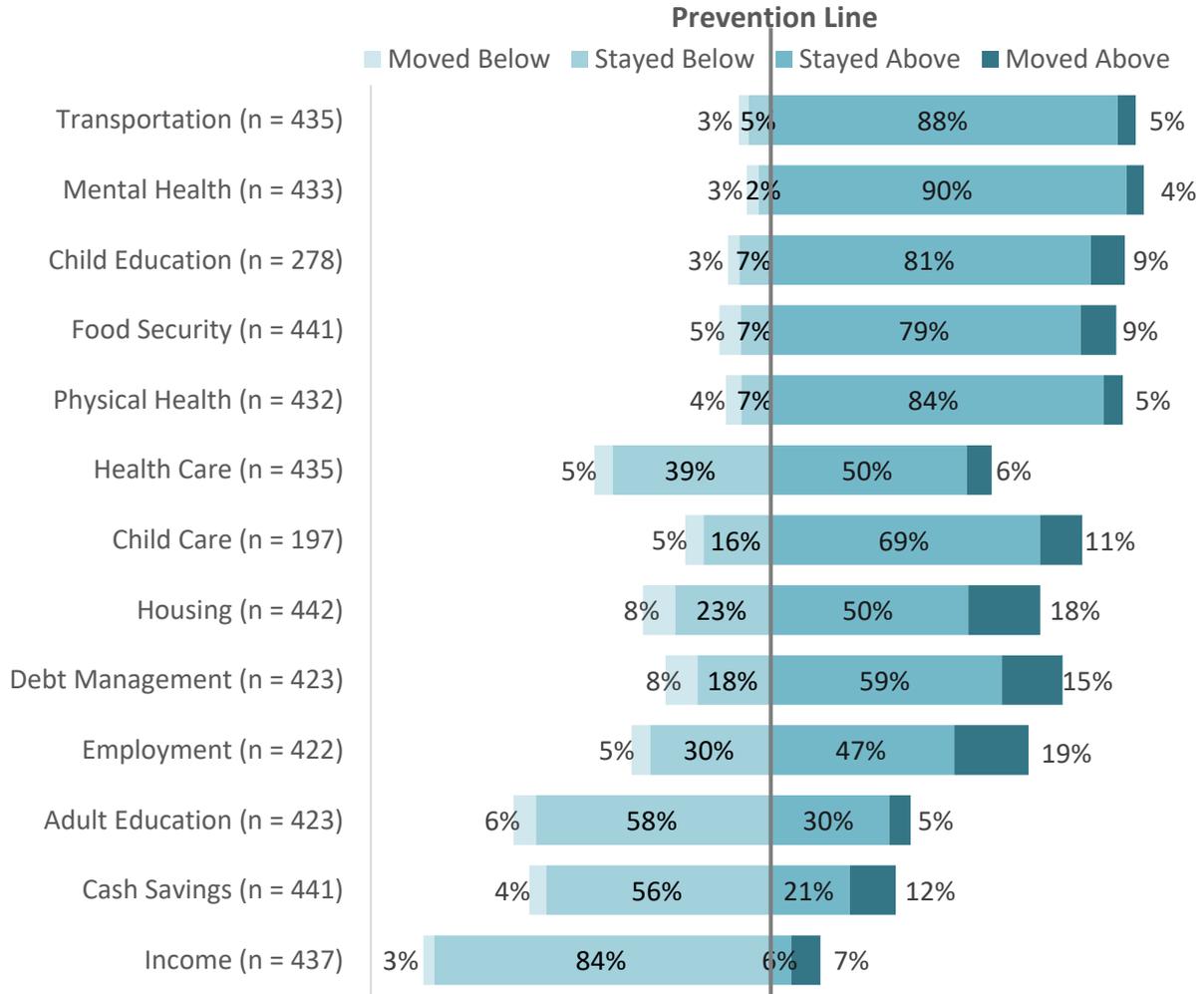
Family Outcomes

Hispanic/Latino families made statistically significant gains in economic self-sufficiency and health.



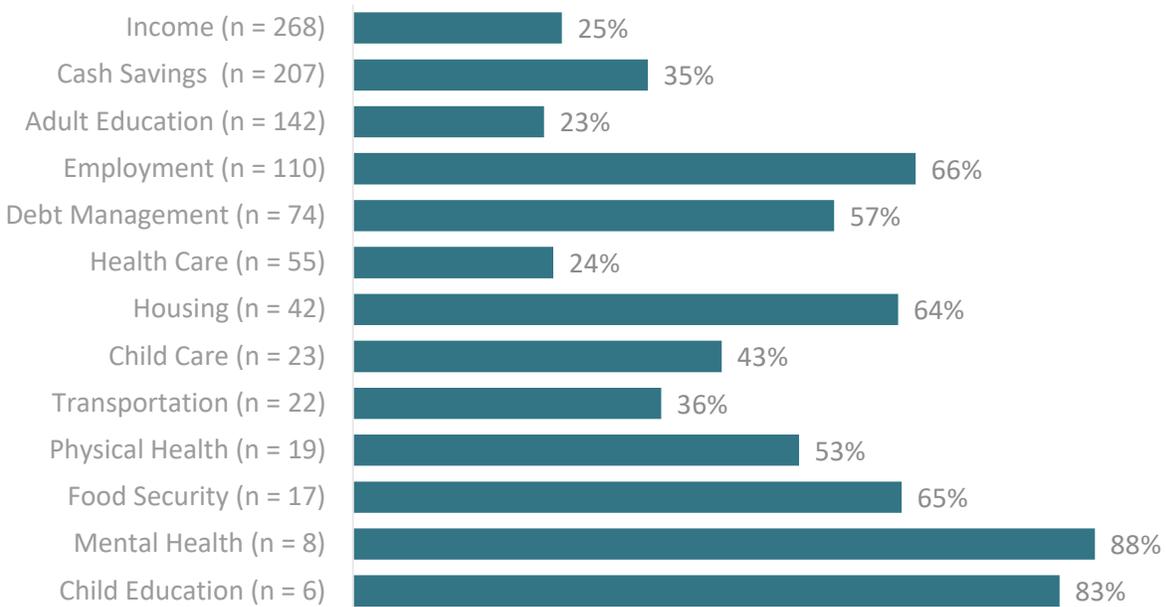
Statistical significance is denoted by * $p < .05$ and ** $p < .01$. Effect size is denoted by d . In general, an effect size of $d = 0.2$ is a small effect, $d = 0.5$ is a medium effect, and $d = 0.8$ is a large effect. Small and medium effect sizes are common in the social sciences.

The largest share of Hispanic/Latino families moving to safety were in the areas of employment (19%), housing (18%), and debt management (15%).



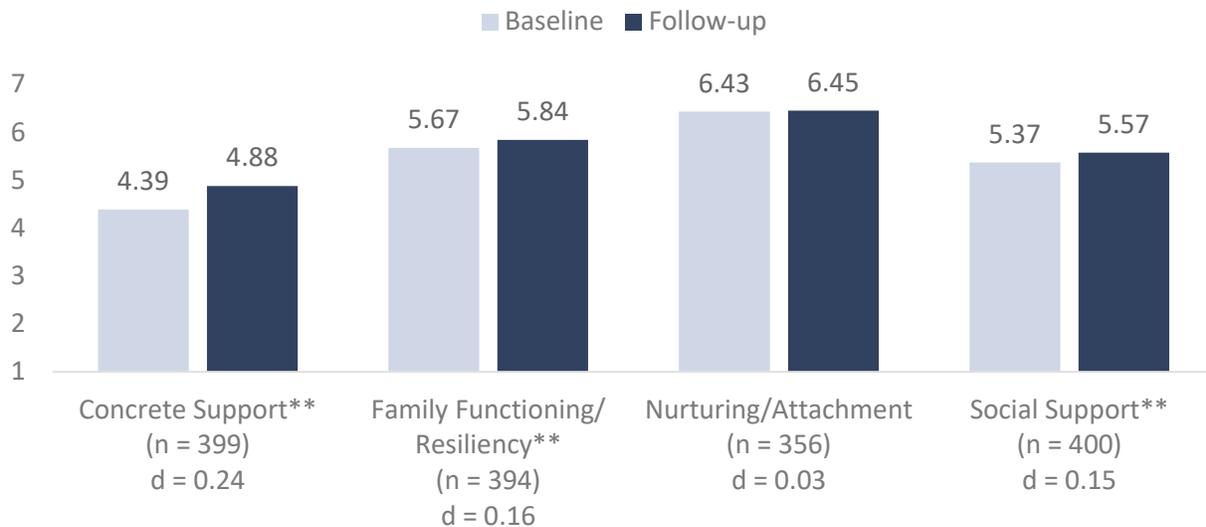
On the CFSA 2.0, the prevention line is used to distinguish an in-crisis or vulnerable situation from one that is safe, stable, or thriving. We examined the percentage of families who either moved above or below the prevention line from baseline to follow-up or stayed above/below from baseline to follow-up. These analyses included Hispanic/Latino families with matched data on the domain.

The areas in which the highest number of Hispanic/Latino families were in crisis at baseline were income (n=268) and cash savings (n=207); 25% and 35% of these families, respectively, moved out of crisis at follow-up.



Out-of-crisis analyses were restricted to families who scored a 1 at their baseline assessment and were calculated as the percentage of those families who scored a 2 or higher at follow-up. Sample sizes reflect the number of families that were in crisis at baseline.

Hispanic/Latino families made statistically significant gains in concrete support, family functioning/resiliency, and social support.



Statistical significance is denoted by * $p < .05$ and ** $p < .01$. Effect size is denoted by d . In general, an effect size of $d = 0.2$ is a small effect, $d = 0.5$ is a medium effect, and $d = 0.8$ is a large effect. Small and medium effect sizes are common in the social sciences.

Summary of Findings for Hispanic/Latino Families

- At FRC entry, over 40% of Hispanic/Latino families identified unmet needs in employment, health coverage and adult education.
- Just under half (47%) of individuals identifying as Hispanic/Latino received at least one basic needs service, 36% received additional referrals, and 15% received parenting services.
- Most Hispanic/Latino families (84%) were offered FDS, with about 39% of those offered accepting the service.
- Hispanic/Latino families showed statistically significant gains in economic security, health, and the family protective factors of concrete support, family functioning/resiliency, and social support.
- Hispanic/Latino families most frequently moved to safety (from below to above the prevention line) in employment (19%), housing (18%) and debt management (15%).

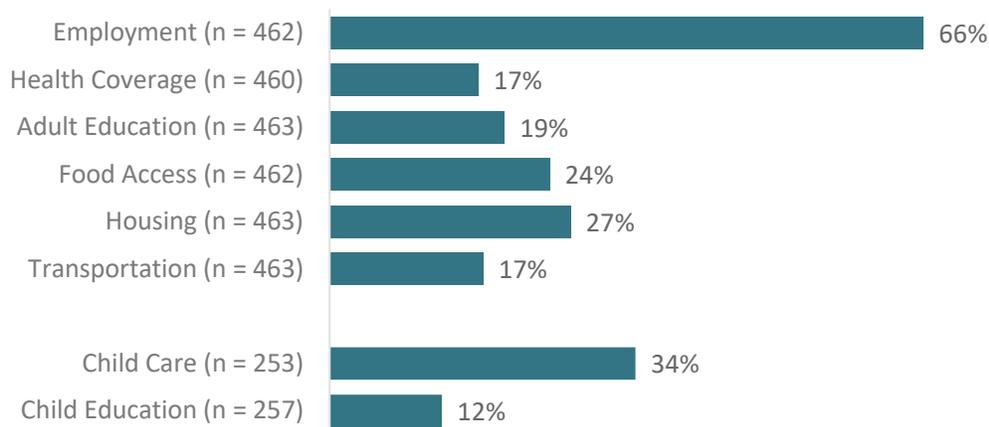
Native American Families

In this reporting period, 496 HOHs identified as Native American, and nearly three out of four of those HOHs (74%) participated with two FRCs. This section of the report provides information on unmet needs at FRC entry, services received, and outcomes for these families.

Unmet Needs at Screening

At FRC entry, the highest proportion of unmet needs for Native American families were in employment, with 66% of families identifying lack of employment. In addition, 34% of families with young children did not have access to quality child care. Needs were most likely to be met in transportation and health coverage. For families with children, needs were most met in child education.

Percentage of Families with Unmet Needs by Area

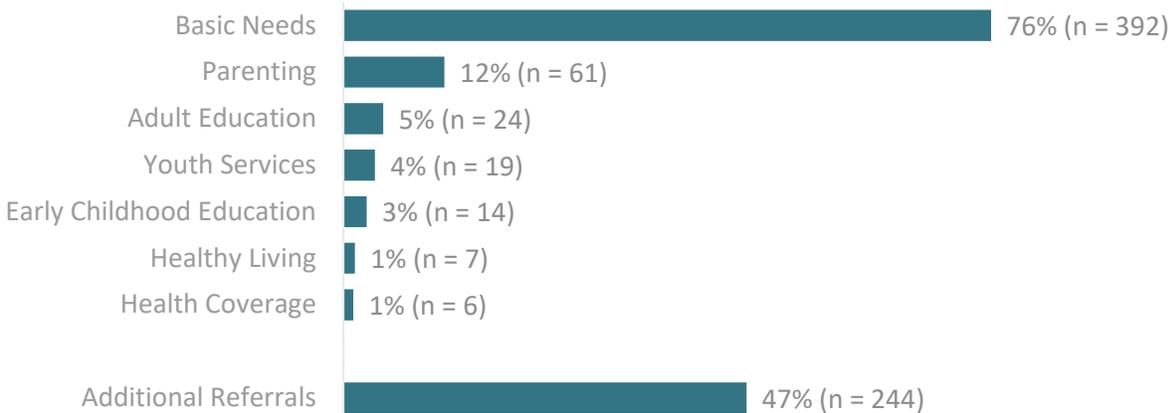


Sample sizes include HOHs who identified as Native American who were administered the screening tool and for whom the question was applicable (e.g., screening questions about access to quality child care and children's education apply only to families with children in the appropriate age ranges).

Services Received

Services most frequently accessed by Native American families were in the areas of basic needs, with three out of four (76%) of individuals receiving at least one basic needs service.

Percentage of Families Receiving Services by Service Category



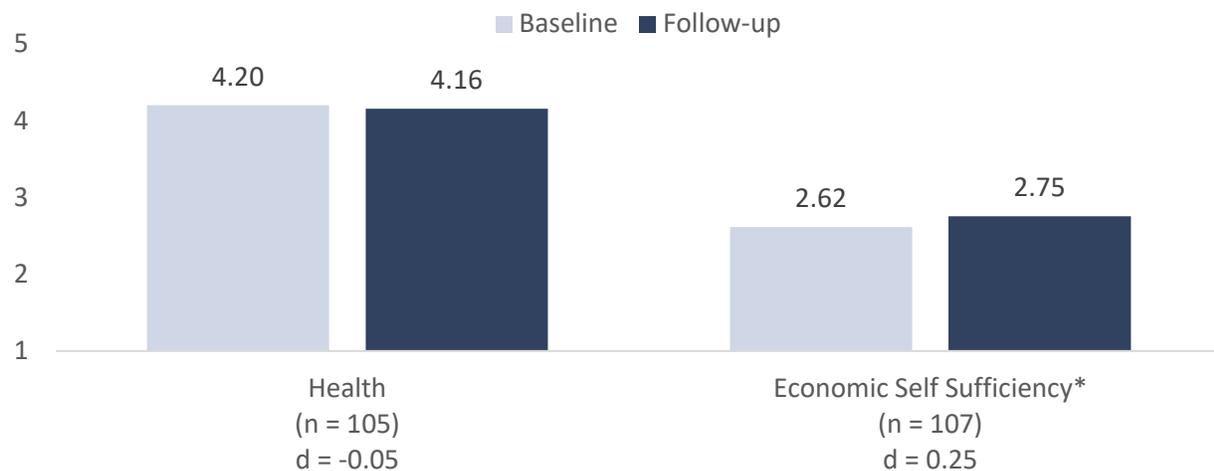
Additional referrals include referrals to services in non-listed areas. Sample sizes include the number of individuals who were recorded as receiving at least one service in the service category. Percentages were calculated based on the 519 individuals who identified as Native American and were recorded as receiving services or referrals. Percentages may sum to over 100% because individuals can receive services in multiple service categories

Family Development Service Access and Acceptance

Of the 176 Native American families with data, 95% were offered FDS and 84% of those families accepted, reaching about 80% of Native American families with data.

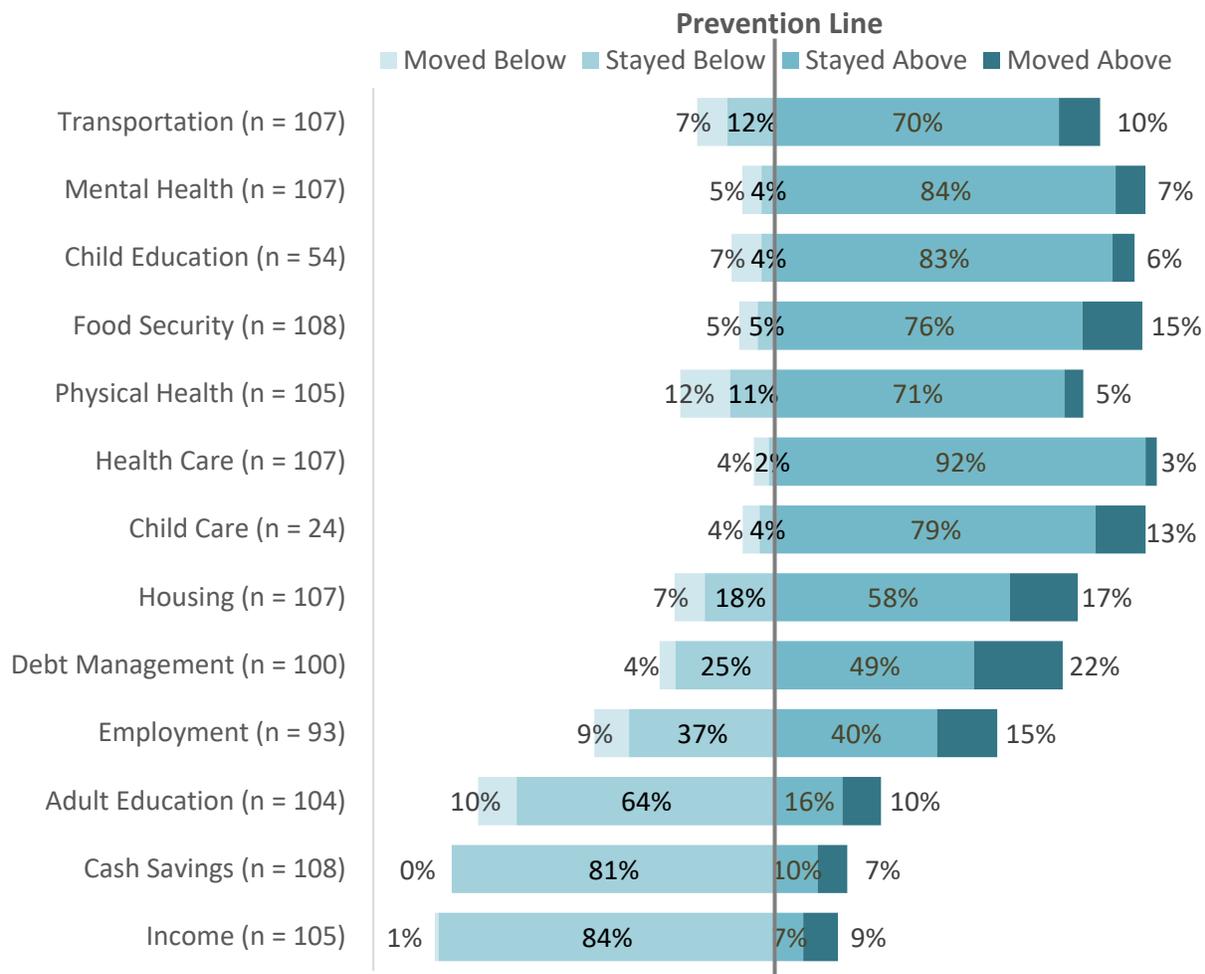
Family Outcomes

Native American families made significant gains in economic self-sufficiency but not in health.



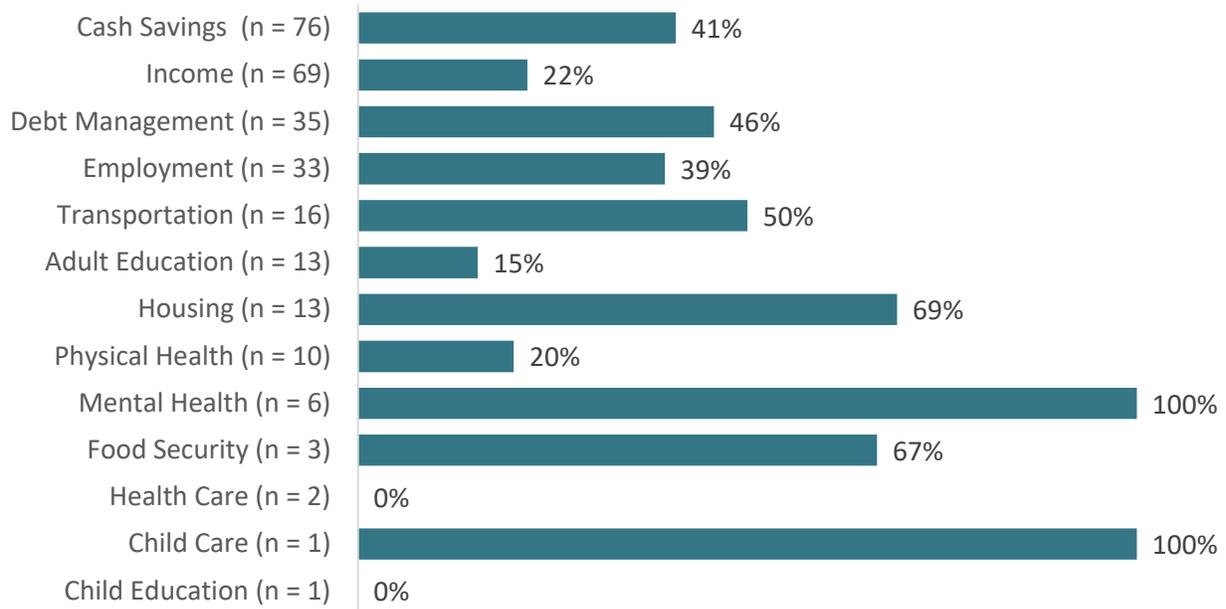
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Native American families most frequently moved to safety in debt management (22%), housing (17%), employment (15%) and food security (15%).



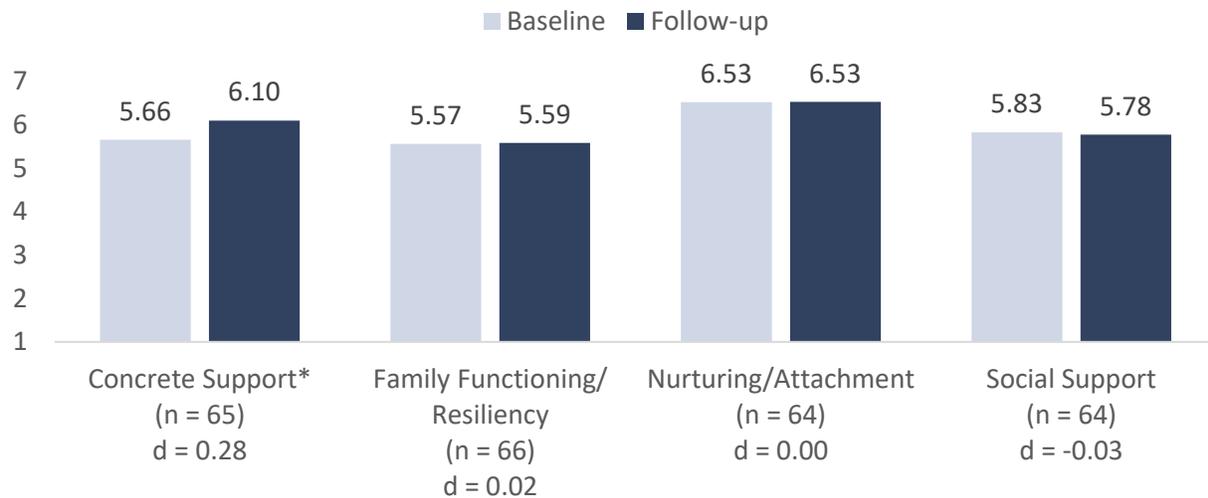
On the CFSA 2.0, the prevention line is used to distinguish an in-crisis or vulnerable situation from one that is safe, stable, or thriving. We examined the percentage of families who either moved above or below the prevention line from baseline to follow-up or stayed above/below from baseline to follow-up. These analyses included Native American families with matched data on the domain.

The areas in which the highest number of Native American families were in crisis at baseline were cash savings (n=76) and income (n=69); 41% and 22% of these families, respectively, moved out of crisis at follow-up.



Out-of-crisis analyses were restricted to families who scored a 1 at their baseline assessment and were calculated as the percentage of those families who scored a 2 or higher at follow-up. Sample sizes reflect the number of families that were in crisis at baseline.

Native American families made statistically significant gains in concrete support.



Statistical significance is denoted by * $p < .05$ and ** $p < .01$. Effect size is denoted by d . In general, an effect size of $d = 0.2$ is a small effect, $d = 0.5$ is a medium effect, and $d = 0.8$ is a large effect. Small and medium effect sizes are common in the social sciences.

Summary of Findings for Native American Families

- At FRC entry, 66% of Native American families identified an unmet need in employment.
- Three out of four (76%) of individuals identifying as Native American received at least one basic needs service, 47% received additional referrals, and 12% received parenting services.
- Almost all Native American families (95%) were offered FDS and most (84%) accepted.
- Native American families showed statistically significant gains in economic security and concrete supports in times of need.
- Families most frequently moved to safety (from below to above the prevention line) in debt management (22%), housing (17%), employment (15%) and food security (15%).

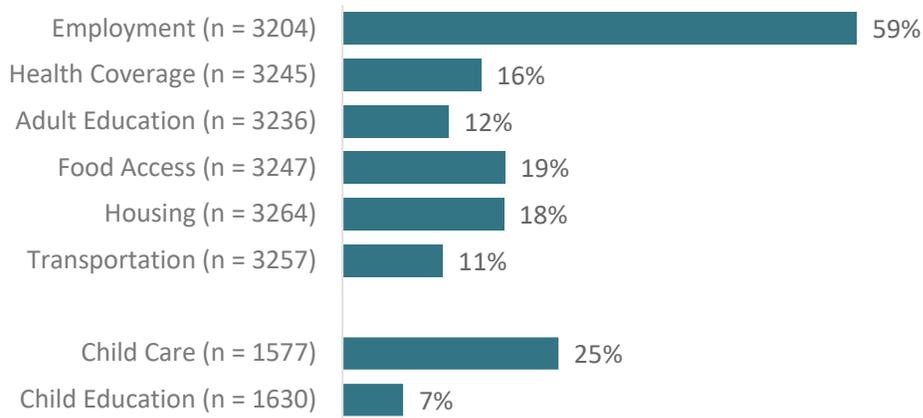
White Families

In this reporting period, 3,408 HOHs identified as White, and 42% of those HOHs participated with three FRCs. This section of the report provides information on unmet needs at FRC entry, services received, and outcomes for these families.

Unmet Needs at Screening

The highest proportion of unmet needs for White families were in employment (59%). Needs were most likely to be met in transportation and adult education for all families. For families with children, needs were most met in child education.

Percentage of Families with Unmet Needs by Area

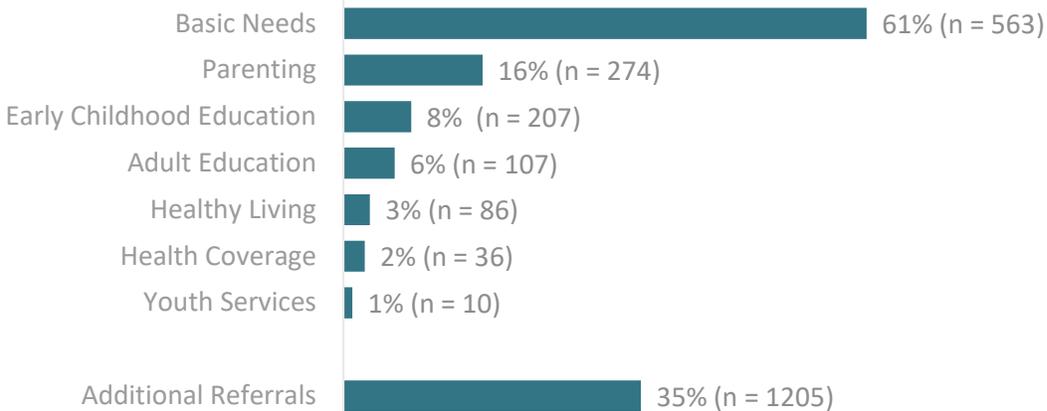


Sample sizes include HOHs who identified as White who were administered the screening tool and for whom the question was applicable (e.g., screening questions about access to quality child care and children’s education apply only to families with children in the appropriate age ranges).

Services Received

Services most frequently accessed by White families were in the areas of basic needs, with 61% of individuals receiving at least one basic needs service.

Percentage of Families Receiving Services by Service Category



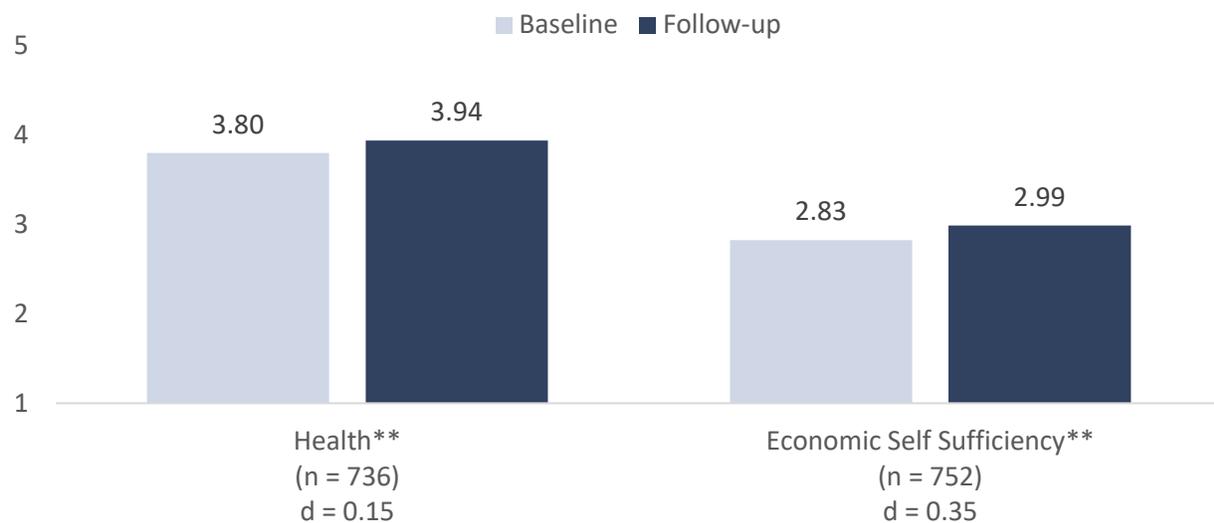
Additional referrals include referrals to services in non-listed areas. Sample sizes include the number of individuals who were recorded as receiving at least one service in the service category. Percentages were calculated based on the 3,473 individuals who identified as White and were recorded as receiving services or referrals. Percentages may sum to over 100% because individuals can receive services in multiple service categories

Family Development Service Access and Acceptance

Of the 1,244 White families with data, 90% were offered FDS and 53% of those families accepted, reaching about 48% of White families with data.

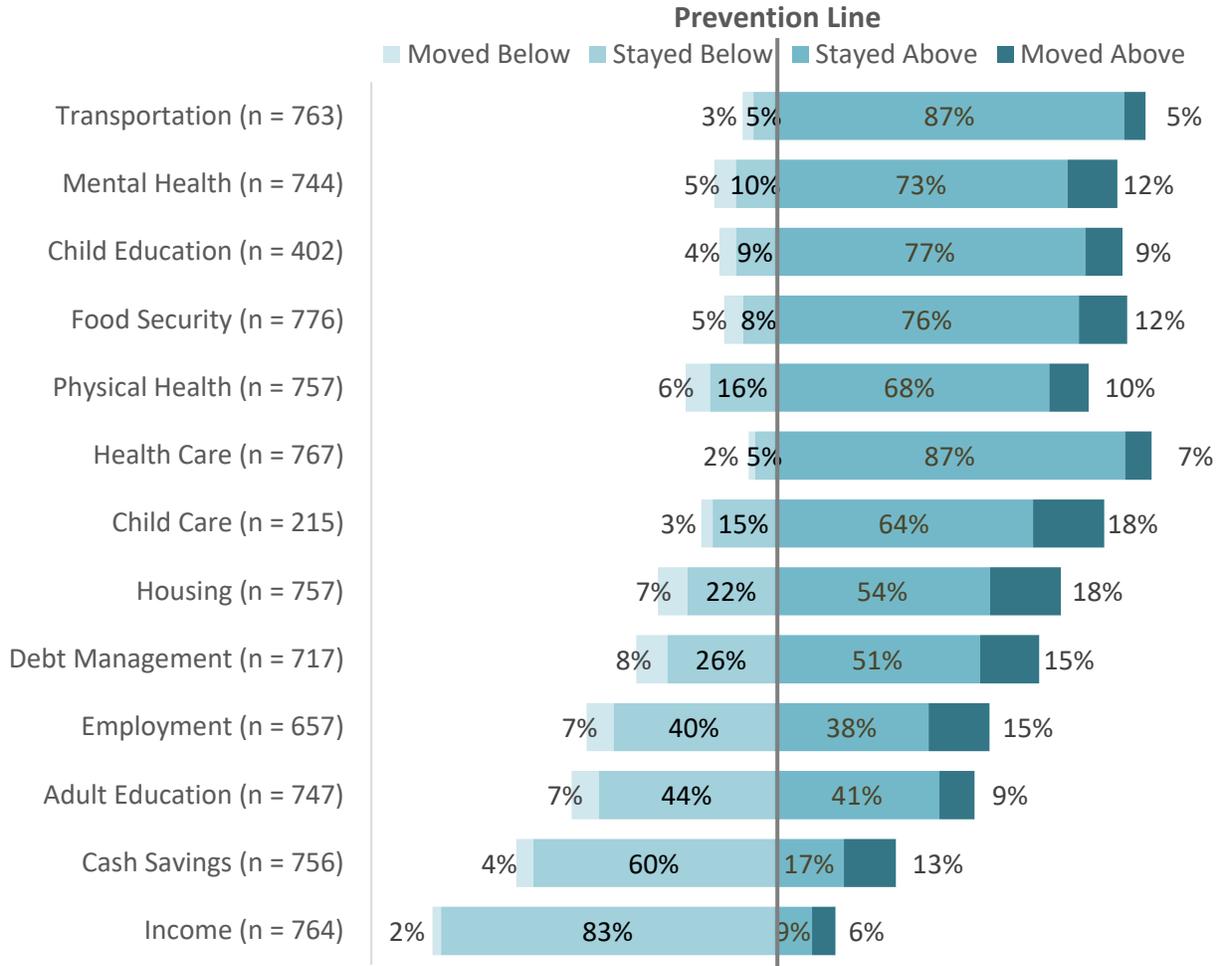
Family Outcomes

White families made significant gains in economic self-sufficiency and health.

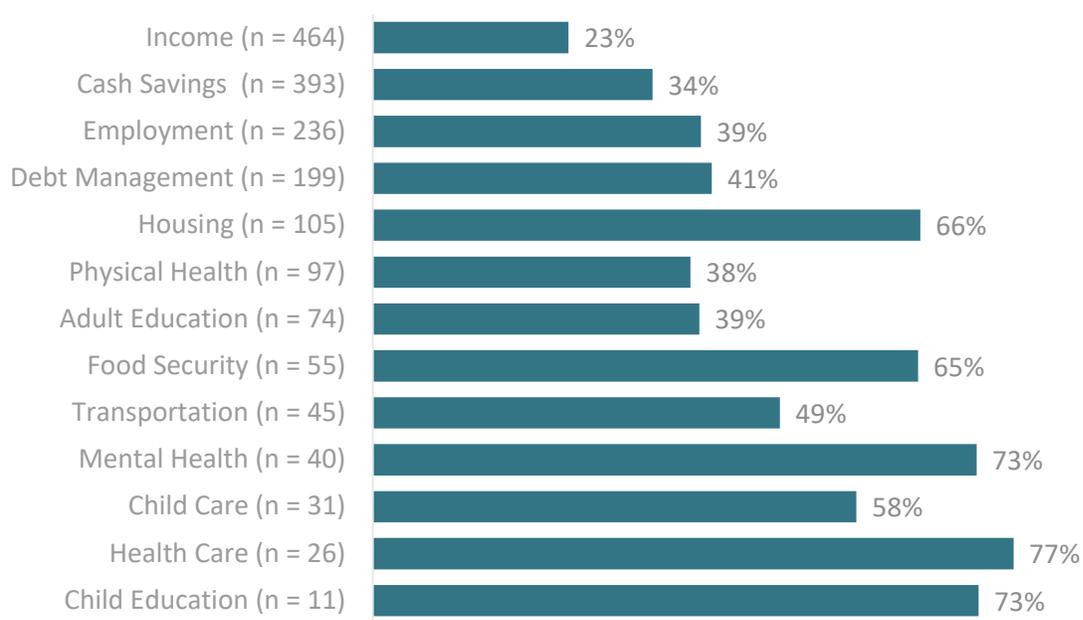


*Statistical significance is denoted by * $p < .05$ and ** $p < .01$. Effect size is denoted by d . In general, an effect size of $d = 0.2$ is a small effect, $d = 0.5$ is a medium effect, and $d = 0.8$ is a large effect. Small and medium effect sizes are common in the social sciences*

White families most frequently moved to safety in child care (18%), housing (18%), employment (15%), and debt management (15%).

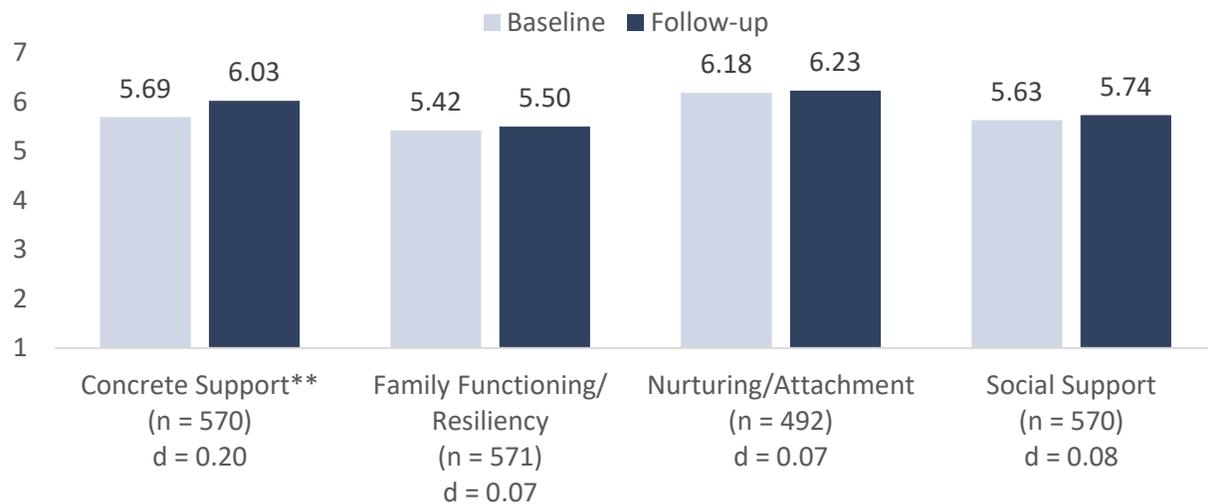


The areas in which the highest number of White families were in crisis at baseline were income (n = 464) and cash savings (n = 393); 23% and 34% of these families, respectively, moved out of crisis at follow-up.



Out-of-crisis analyses were restricted to families who scored a 1 at their baseline assessment and were calculated as the percentage of those families who scored a 2 or higher at follow-up. Sample sizes reflect the number of families that were in crisis at baseline.

White Families made statistically significant gains in concrete support in time of need.



*Statistical significance is denoted by * $p < .05$ and ** $p < .01$. Effect size is denoted by d . In general, an effect size of $d = 0.2$ is a small effect, $d = 0.5$ is a medium effect, and $d = 0.8$ is a large effect. Small and medium effect sizes are common in the social sciences.*

Summary of Findings for White Families

- At FRC entry, 59% of White families identified an unmet need in employment.
- 61% of individuals identifying as White received at least one basic needs service, 35% received additional referrals, and 16% received parenting services.
- Most (90%) White families were offered FDS, with about half (53%) of those offered accepting the service.
- White families showed statistically significant gains in economic security, health, and concrete supports in times of need.
- Families most frequently moved to safety (from below to above the prevention line) in child care (18%), housing (18%), employment (15%), and debt management (15%).

A woman with brown hair tied back, wearing a dark jacket over a floral patterned shirt, is looking down at a child. The background is a blurred outdoor setting with green trees.

A Closer Look: Location of Residence

This section includes information for families residing in rural and urban counties in Colorado, respectively. We report on family location of residence based on the head of household (HOH) designated county of residence, acknowledging that all family members may not reside in the same location. Urban and rural designations were made according to [CO Rural Health Center](#). For ease in sharing findings, in this section of the report we refer to families as “rural families” and “urban families” though we recognize that the places in which families live are just one facet of family characteristics at large.



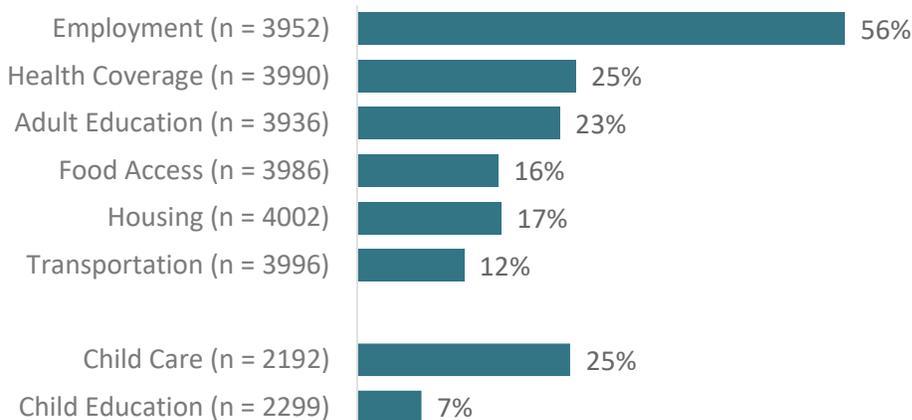
Rural Families

In this reporting period, **4,135 families were living in a rural area**. This section of the report provides information on unmet needs at FRC entry, services received, and outcomes for these families.

Unmet Needs at Screening

The highest proportion of unmet needs among rural families were in employment (56%). Needs were more likely to be met in transportation and food access for all families. For families with children, needs were most likely to be met in child education.

Percentage of Families with Unmet Needs by Area

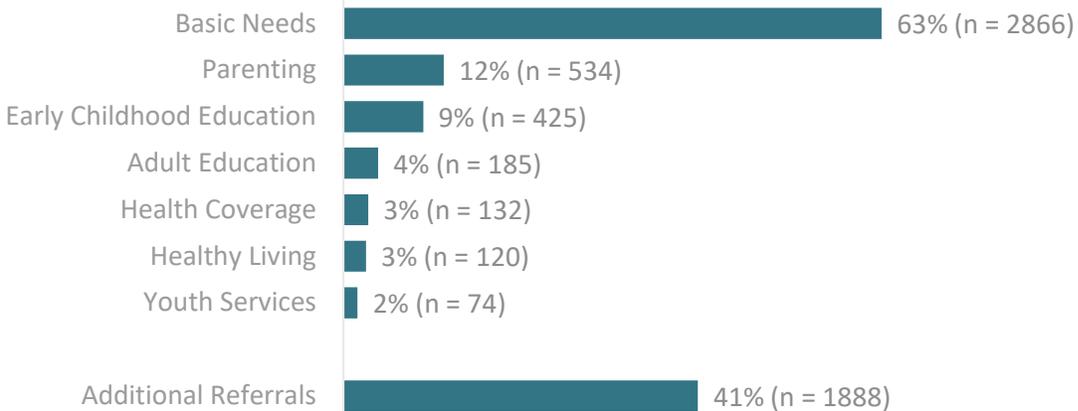


Sample sizes include HOHs who identified who lived in rural counties and who were administered the screening tool and for whom the question was applicable (e.g., screening questions about access to quality child care and children’s education apply only to families with children in the appropriate age ranges).

Services Received

Services most frequently accessed by rural families were in the area of basic needs, with 63% of individuals receiving services in this area.

Percentage of Families Receiving Services by Service Category



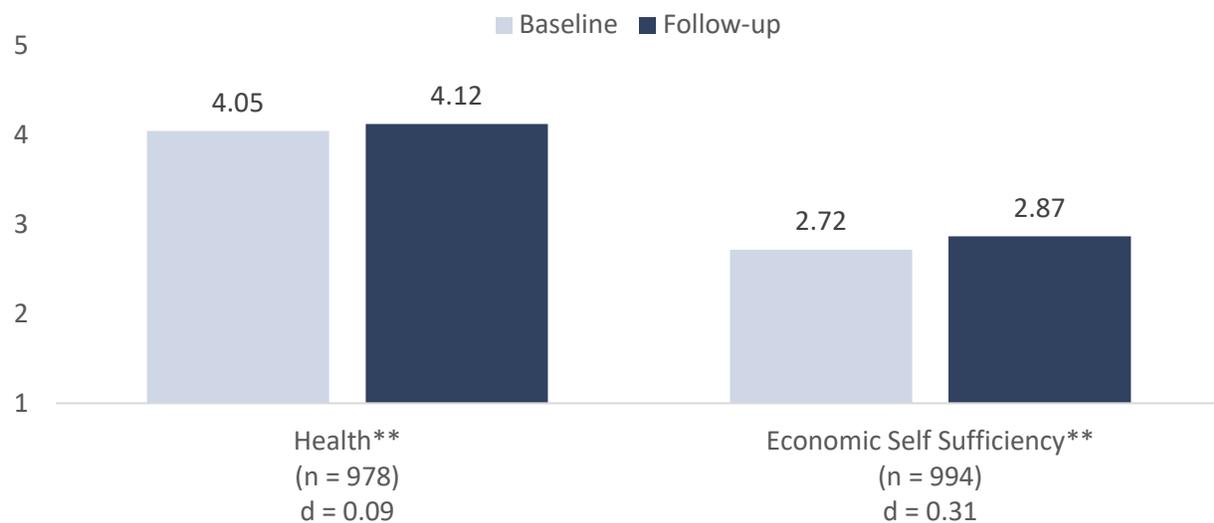
Additional referrals include referrals to services in non-listed areas. Sample sizes include the number of individuals who were recorded as receiving at least one service in the service category. Percentages were calculated based on the 4,566 individuals who lived in a rural county and were recorded as receiving services or referrals. Percentages may sum to over 100% because individuals can receive services in multiple service categories.

Family Development Service Access and Acceptance

Of the 1,787 rural families with data, 84% were offered FDS and 57% of those families accepted, reaching about 48% of all rural families.

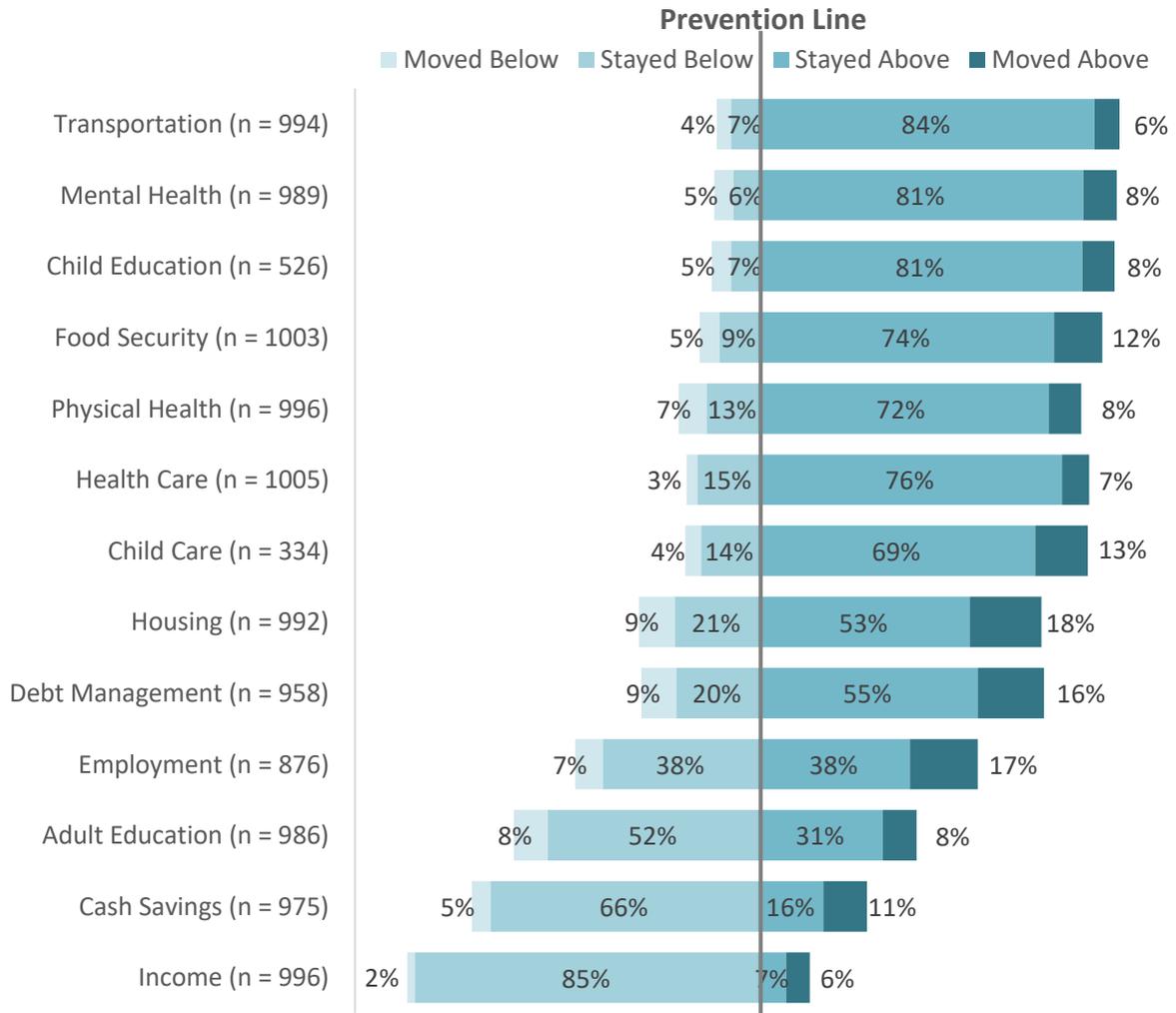
Family Outcomes

Rural families made significant gains in economic self-sufficiency and health.



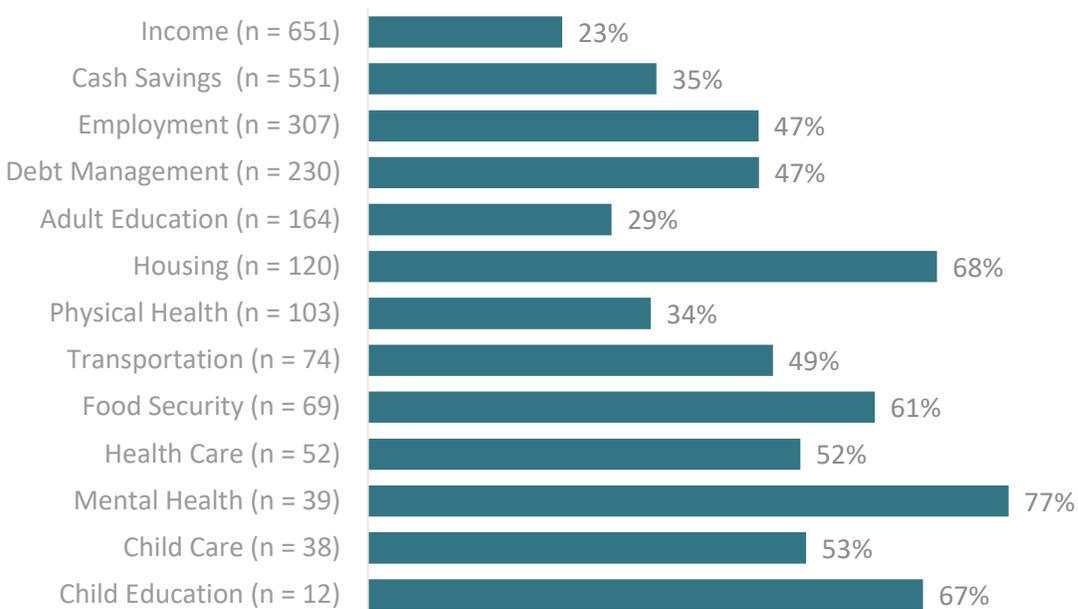
*Statistical significance is denoted by * $p < .05$ and ** $p < .01$. Effect size is denoted by d . In general, an effect size of $d = 0.2$ is a small effect, $d = 0.5$ is a medium effect, and $d = 0.8$ is a large effect. Small and medium effect sizes are common in the social sciences.*

Rural families most frequently moved to safety in the areas of housing (18%), employment (17%), and debt management (16%).



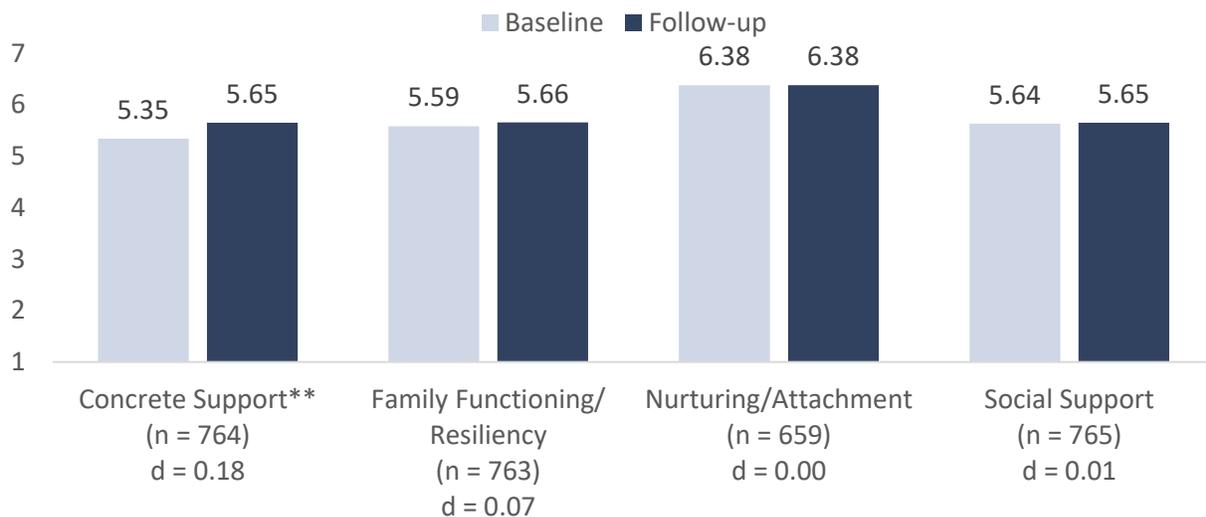
On the CFSA 2.0, the prevention line is used to distinguish an in-crisis or vulnerable situation from one that is safe, stable, or thriving. We examined the percentage of families who either moved above or below the prevention line from baseline to follow-up or stayed above/below from baseline to follow-up. These analyses included rural families with matched data on the domain.

The areas in which the highest number of rural families were in crisis at baseline were income (n = 651) and cash savings (n = 551); 23% and 35% of these families, respectively, moved out of crisis at follow-up.



Out-of-crisis analyses were restricted to families who scored a 1 at their baseline assessment and were calculated as the percentage of those families who scored a 2 or higher at follow-up. Sample sizes reflect the number of families that were in crisis at baseline

Rural families made statistically significant gains in concrete support in time of need.



*Statistical significance is denoted by * p < .05 and ** p < .01. Effect size is denoted by d. In general, an effect size of d = 0.2 is a small effect, d = 0.5 is a medium effect, and d = 0.8 is a large effect. Small and medium effect sizes are common in the social sciences.*

Summary of Findings for Rural Families

- At FRC entry, 56% of rural residents identified an unmet need in employment.
- 63% of individuals living in rural areas received at least one basic needs service, 41% received additional referrals, and 12% received parenting services.
- Most (84%) families living in rural areas were offered FDS with over half (57%) accepting the service.
- Rural families showed statistically significant gains in economic security, health, concrete support in times of need.
- Families most frequently moved to safety (from below to above the prevention line) in the areas of housing (18%), employment (17%), and debt management (16%).

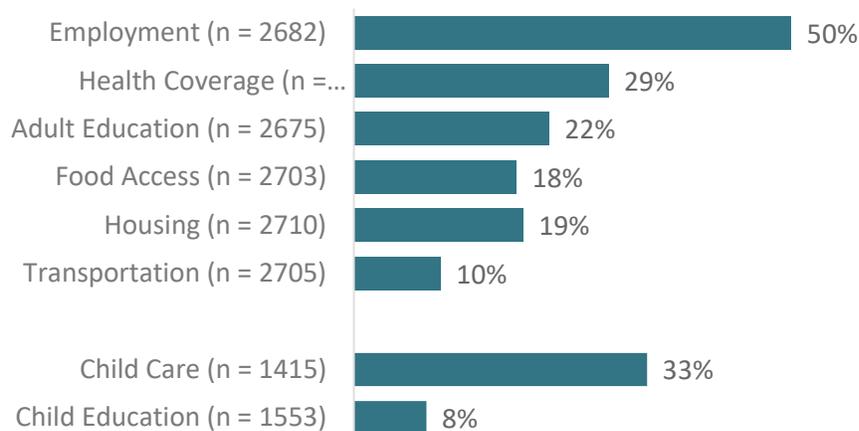
Urban Families

In this reporting period, **2907 families lived in urban areas**. This section of the report provides information on unmet needs at FRC entry, services received, and outcomes for these families.

Unmet Needs at Screening

The highest proportion of unmet needs were in employment (50%); needs were more likely to be met in transportation and food access for all urban families. For urban families with children, needs were most likely to be met in child education.

Percentage of Families with Unmet Needs by Area

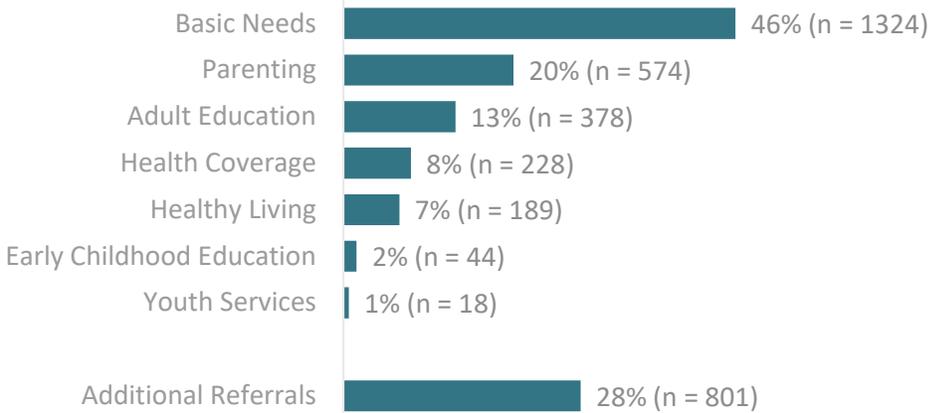


Sample sizes include HOHs who identified who lived in urban counties and who were administered the screening tool and for whom the question was applicable (e.g., screening questions about access to quality child care and children's education apply only to families with children in the appropriate age ranges).

Services Received

About 46% of urban families received basic needs services.

Percentage of Families Receiving Services by Service Category



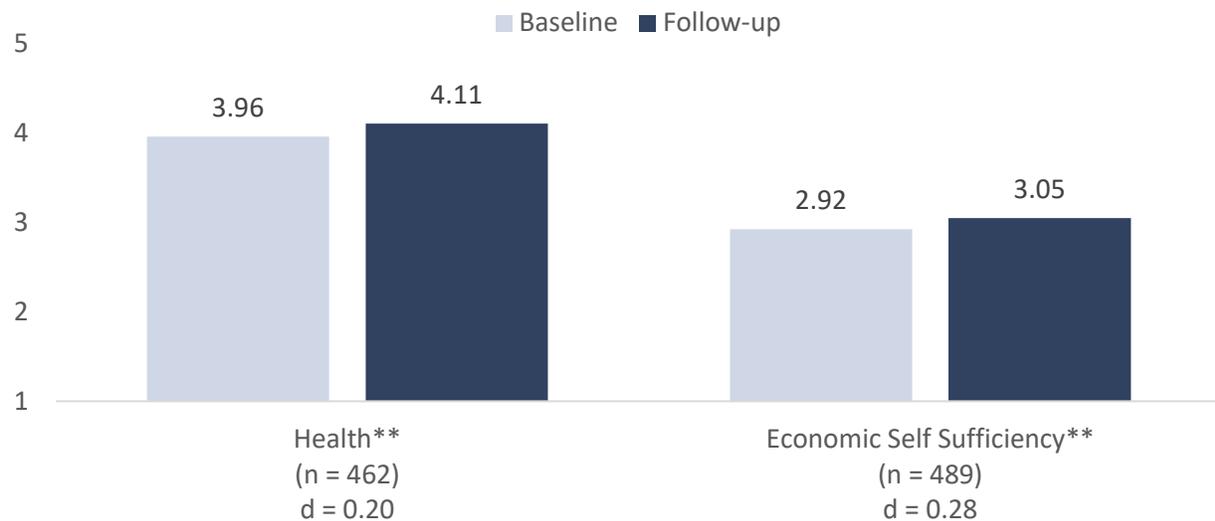
Additional referrals include referrals to services in non-listed areas. Sample sizes include the number of individuals who were recorded as receiving at least one service in the service category. Percentages were calculated based on the 2,896 individuals who lived in an urban county and were recorded as receiving services or referrals. Percentages may sum to over 100% because individuals can receive services in multiple service categories.

Family Development Service Access and Acceptance

Of the 970 urban families with data, 94% were offered FDS and 33% of those families accepted, reaching about 31% of all families.

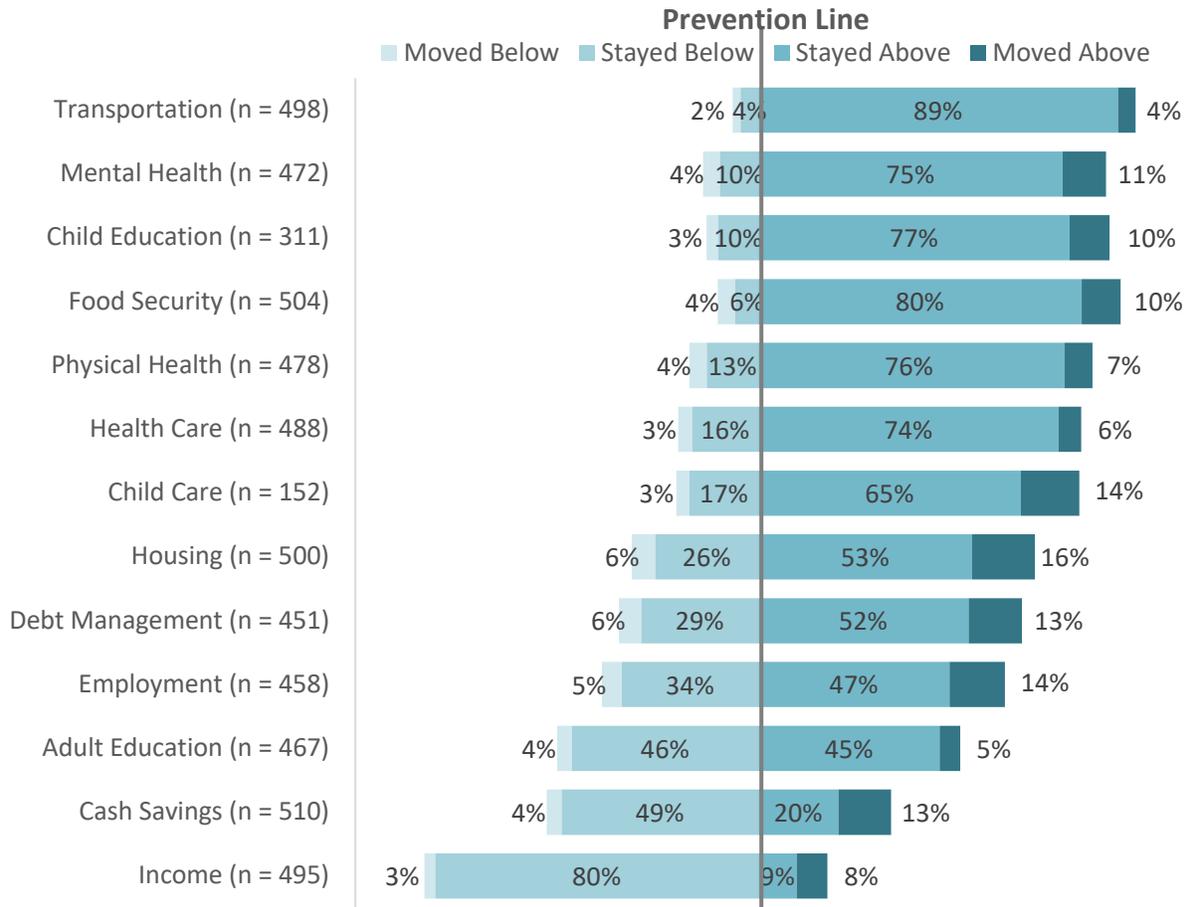
Family Outcomes

Urban families made significant gains in economic self-sufficiency and health.



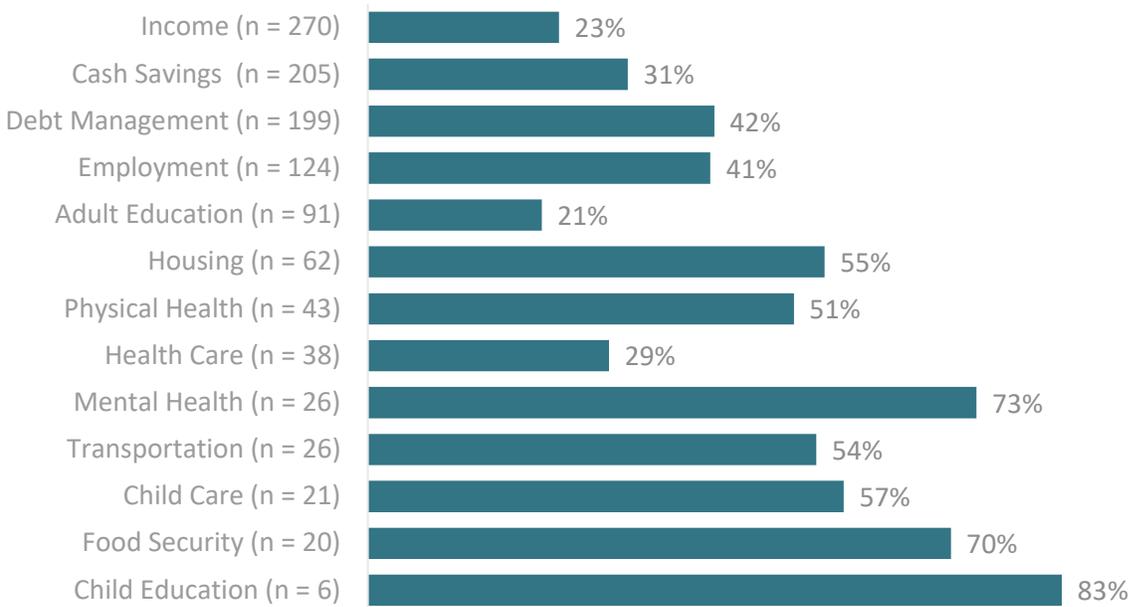
*Statistical significance is denoted by * $p < .05$ and ** $p < .01$. Effect size is denoted by d . In general, an effect size of $d = 0.2$ is a small effect, $d = 0.5$ is a medium effect, and $d = 0.8$ is a large effect. Small and medium effect sizes are common in the social sciences.*

Urban families showed the greatest movement to safety in housing (16%), child care (14%), and employment (14%).



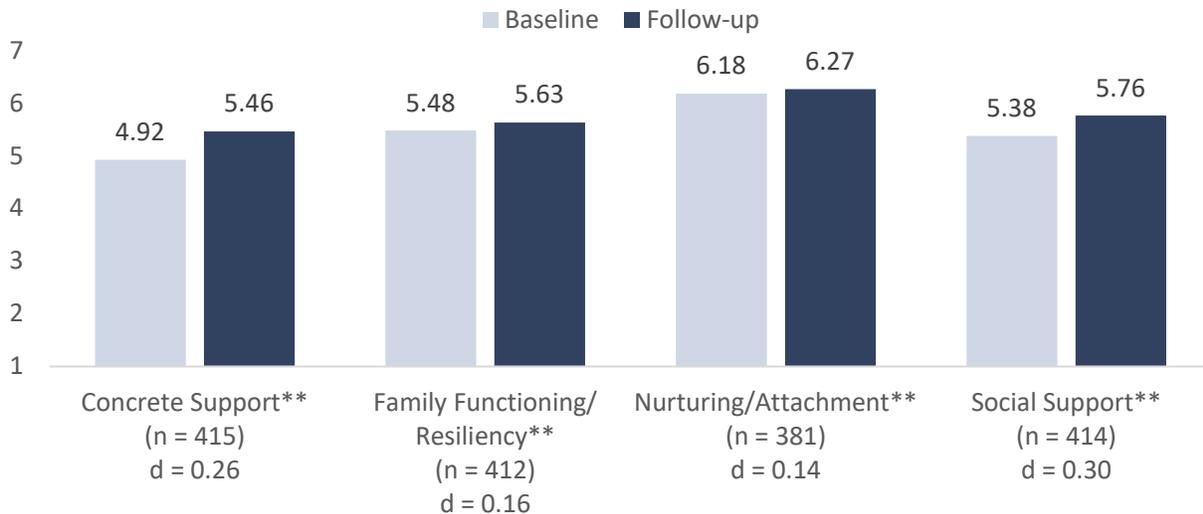
On the CFSA 2.0, the prevention line is used to distinguish an in-crisis or vulnerable situation from one that is safe, stable, or thriving. We examined the percentage of families who either moved above or below the prevention line from baseline to follow-up or stayed above/below from baseline to follow-up. These analyses included urban families with matched data on the domain.

The areas in which the highest number of urban families were in crisis at baseline were income (n = 270) and cash savings (n = 205); 23% and 31% of these families, respectively, moved out of crisis at follow-up.



Out-of-crisis analyses were restricted to families who scored a 1 at their baseline assessment and were calculated as the percentage of those families who scored a 2 or higher at follow-up. Sample sizes reflect the number of families that were in crisis at baseline.

Urban families made statistically significant gains in concrete support, family functioning/resiliency, nurturing/attachment, and social support in time of need.



Statistical significance is denoted by * $p < .05$ and ** $p < .01$. Effect size is denoted by d . In general, an effect size of $d = 0.2$ is a small effect, $d = 0.5$ is a medium effect, and $d = 0.8$ is a large effect. Small and medium effect sizes are common in the social sciences.

Summary of Findings for Urban Families

- At FRC entry, half of urban families identified an unmet need in employment.
- Just under half (46%) of individuals living in urban areas received at least one basic needs service, 28% received additional services, and 20% received parenting services.
- Most (94%) families living in urban areas were offered FDS, with about one-third of those accepting the service.
- Urban families showed statistically significant gains in economic self-sufficiency, health, family functioning/resiliency, social support, nurturing and attachment, and concrete supports in times of need.
- Families most frequently moved to safety (from below to above the prevention line) in the areas of housing (16%), employment (14%), and child care (14%).

Conclusions

This report provides information on 7,054 families that received 51,110 services from the 24 premium FRCA-member FRCs from July 2021 through June 2022, including areas of unmet needs when families first sought services from the FRC and the types of services that were most frequently accessed by individuals. This report also provides information on changes in family economic and health outcomes while receiving services, and the degree to which families are building protective factors in the areas of family functioning, social support, nurturing and attachment, and concrete support in times of needs. A brief summary of findings include:



At FRC entry, **employment was the most frequently reported area of need**, with 54% of families reporting they lacked full-time employment.



Across services, **basic needs services were most frequently accessed**, with 48% of individuals receiving these services.



Overall, **78% of families were offered Family Development Services (FDS)**, but there was notable variation in the proportion of families who accepted the service across race/ethnicity and geography (from 33% to 84% of families accepting).



Families accessing services had a median income of \$14,400 compared to the state median income of \$75,231. Across all groups, **families demonstrated statistically significant gains in economic security and access to concrete supports in times of need**.



While receiving FRC services, **families were most likely to move into safety** (i.e., from below to above the prevention line on the CFSA 2.0 domains) **in the areas of housing, employment, and debt management**.



Additionally, **families showed many strengths**, with over 80% of families above the prevention line at follow-up in transportation, mental health, child education, food security, physical health, health care and child care.



Families improved in areas that protect against child maltreatment, including statistically significant increases in Concrete Support, Family Functioning and Resiliency, Nurturing and Attachment and Social Support as well as knowledge of parenting and child development.

FRCs Support Families from Diverse Backgrounds

For this year's evaluation, data were disaggregated by racial/ethnic identification and rural/urban geographies to begin to explore how families with different identities and locations engage with FRCs, from the initial screening process through services accessed to family outcomes. Findings indicated that lack of employment at screening ranged from 44% to 66% across racial/ethnic and geographic groups, and the percentage of individuals accessing basic need services ranged from just under half (46%) to over three-quarters (76%) depending on identify or location. In addition, while families in most groups were offered FDS (from 75% to 95% of families being offered), rates of acceptance varied notably across groups, with anywhere from 33% to 84% of families accepting the service. By examining disaggregated

data, FRCA aims to generate discussion and further inquiry into what these patterns might mean for how FRCs engage with diverse families to reduce inequities across Colorado.

Findings from this report will be used by FRCA to continue to build a network of FRCs that seek to strengthen all Colorado families. As one example, a key finding from this year's evaluation report is that families in which the head of household identified as Native American had high rates of being offered (95%) and accepting (84%) FDS. As FDS is a core and fundamental offering of FRCs, to further explore this finding, OMNI is engaging FRC staff who serve Native American families in a focus group to learn more about how they support access to and engagement with FDS. Findings from this report will also be used to inform next year's evaluation questions to ensure progress towards FRCA's goals of advancing equity so that all Colorado families have the opportunity to thrive.

Appendix

The following table provides information on the race/ethnicity of individuals served by FRCs.

Race/Ethnicity	n	%
Asian	75	1%
Black or African American	232	3%
Hawaiian Native or Pacific Islander	15	0%
Hispanic/Latino	2907	32%
Native American	629	7%
Multi-Racial	389	4%
White	4631	51%