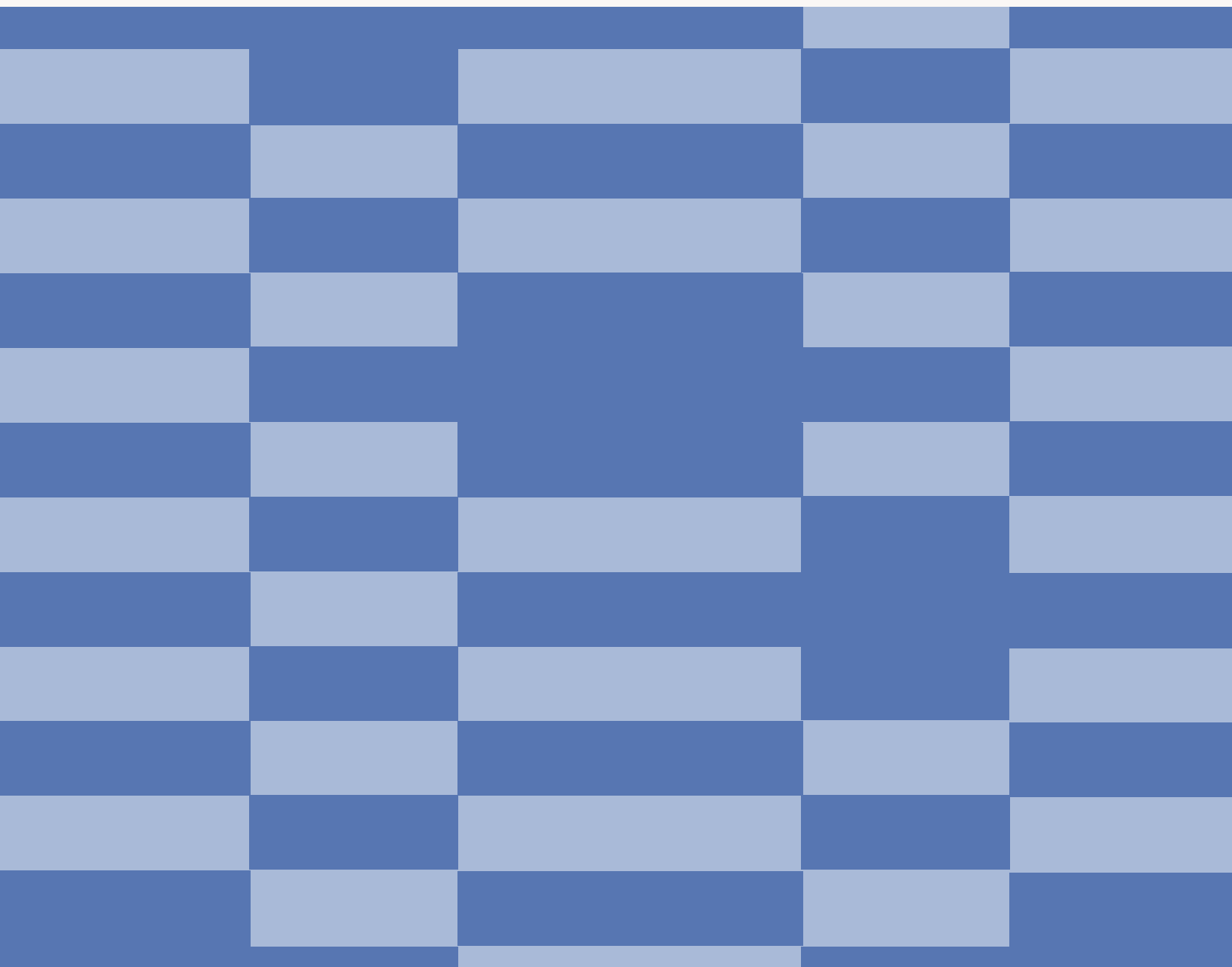


Omni Institute Report

Colorado Family Resource Center Association

2026 Annual Impact Evaluation Report | July 1, 2025 – June 30, 2026



Colorado Family Resource Center Association

2026 Annual Impact Evaluation Report | July 1, 2025 – June 30, 2026

Submitted to:

Family Resource Center Association

For More Information

projects@omni.org

Acknowledgements

Funding for this evaluation was provided to FRCA in part by the Jay & Rose Phillips Family Foundation of Colorado and an anonymous funder. We thank Family Resource Center staff for their time collecting and entering the data, and the families for sharing information that makes this evaluation possible.

Suggested Citation

The Omni Institute (2026). Colorado Family Resource Center Association 2026 Annual Impact Evaluation Report: July 1, 2025 – June 30, 2026. Submitted to Family Resource Center Association, Denver, CO.



Table of Contents

01	Background	4
	Key Features of Family Resource Centers in Colorado	5
02	Evaluation of All Colorado Families	6
	Families Reached & Services Provided	6
	Family Demographics	6
	Family Changes Over Time	11
	Families improved their economic self-sufficiency and health.	11
	Families showed the greatest movement to safety in housing, employment, and debt management.	12
	Many families moved out of crisis.	13
03	Supporting FRC Fidelity	15
	History and Background of Fidelity at the Family Pathways Framework™	15
	Progress on Fidelity in FY26	17
	Finalizing Conceptual Framework and Measurement Selection	17
	Developing the Site Visit Tool	17
	Feedback and Process Improvement	17
	Up next in the Fidelity Journey	19
04	Conclusions	20
	FRCs Support Families to Help Meet Their Basic Needs	20
	FRCs Help Build Resiliency in Economic Self-Sufficiency and Health and Protective Factors for Maltreatment	20
	Focus on Fidelity to Family Pathways Framework™	20

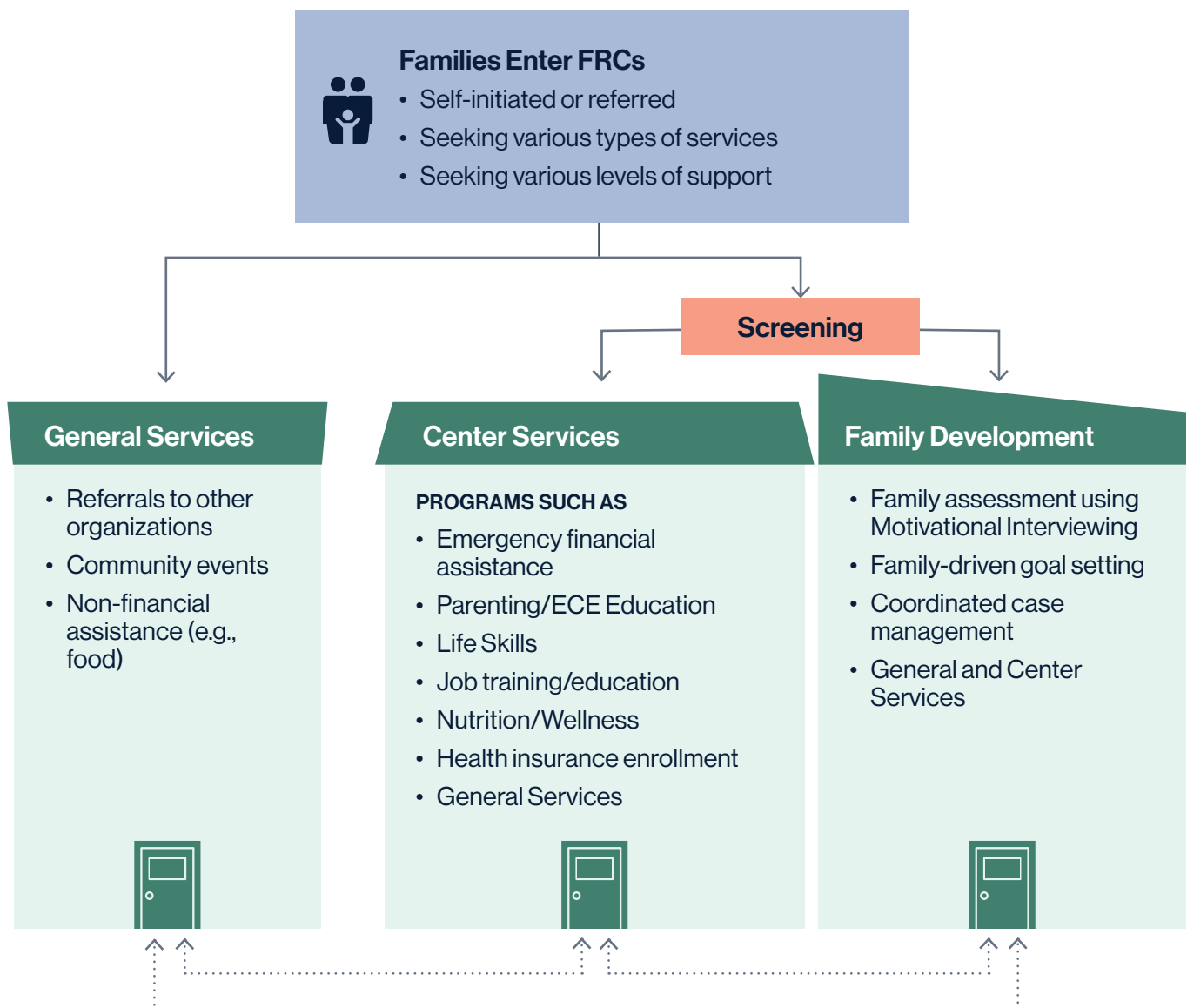


Background

The Colorado General Assembly established Family Resource Centers (FRCs) in 1993 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) has over 25 years of experience demonstrating advancements in the family support field, strengthening families through partnership and collaboration. As a backbone organization, FRCA provides professional development training, practice implementation support, peer exchange, data tools, and a research-informed model—the Family Pathways Framework™.

The Framework outlines three primary ways families receive services from FRCs—General Services, Center Services, and Family Development Services. All 29 FRCA member FRCs used the Framework to engage with tens of thousands of families each year. This evaluation includes data about families served by all member FRCs from July 2025 through June 2026.



Key Features of Family Resource Centers in Colorado

When delivering the Framework, FRCs in Colorado adhere to four standards and practices:

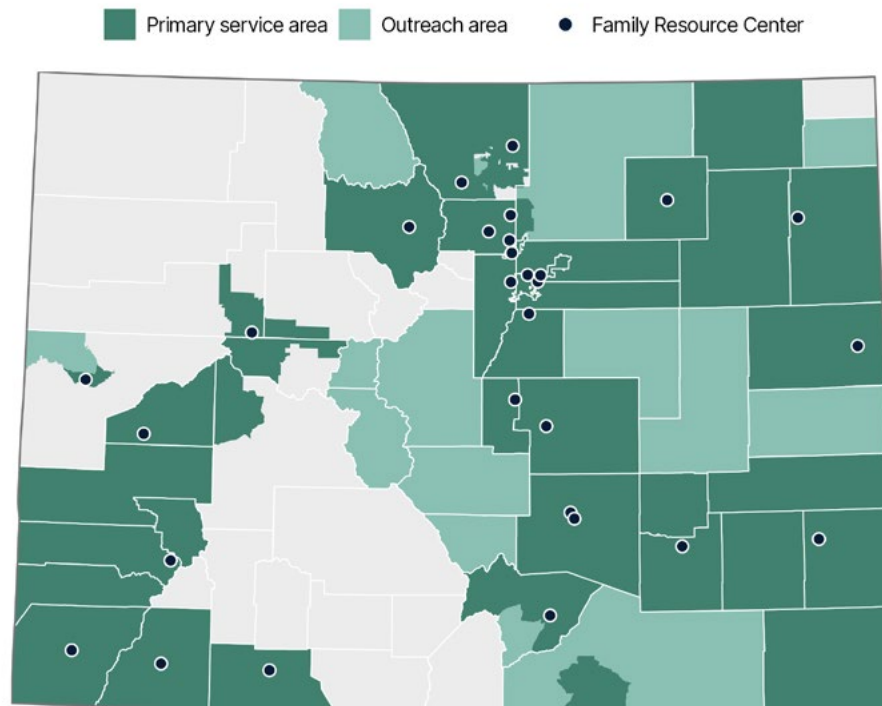


For more information on FRCA's model, please see <https://www.cofamilycenters.org>

FRC COVERAGE ACROSS COLORADO • FY25-26

FRCA member centers serve 49 of 64 Colorado counties.

Service areas of FRCA's 29 member centers; dots mark each center's location



Outreach areas are areas a center serves in addition to its primary service area.

Source: FRCA public coverage map, retrieved August 2026. N = 29.



Evaluation of All Colorado Families

FRCs are available to all families in their communities. When a family enters an FRC for the first time seeking Center Services or Family Development Services, they complete a common screening form and provide demographic information. Information presented below comes from individuals and families¹ served with at least one Center Service or Family Development Service between July 1, 2025 – June 30, 2026 by any of the 29 member FRCs during the reporting period. Because data are not captured for families who only receive General Services, these numbers underrepresent the total number of individuals and families served by FRCs across Colorado. Previous years' reports included only data from FRCAForce, FRCA's shared case-management system. This year, 10 Centers that do not use FRCAForce submitted their data for inclusion in this evaluation.

Families Reached & Services Provided

FRCA-member FRCs reached 29,057 individuals² across 10,729 families during the reporting period through a service, referral, or because they had a recorded demographic or screening form.

Family Demographics

FRCs served diverse families across urban and rural Colorado.³ Most families (70%) had a female identified as the head of household (HOH),⁴ and the majority of families (54%) included two to four people. Heads of household most frequently identified as White (53%) or Hispanic/Latino (24%), with an additional 7% identifying as another race or ethnicity, 5% as Black or African American, 3% as American Indian or Alaska Native, 3% as multi-racial, and 2% as Asian; fewer than 1% identified as Hawaiian Native or Pacific Islander or as Middle Eastern or North African.⁵ Most families (69%) lived in urban counties. Among adults served, the largest shares were ages 25–35 (27%) and 36–45 (24%); among children, most were between ages 0 and 5 (33%).

¹ Each family has a designated head of household (HOH) in the data system. Each HOH is counted as a unique family. Because families are identified by the HOH marker collected at intake, the family count is a conservative estimate as individuals served without a demographics record on file cannot be linked to a family. For the same reason, the demographic breakdowns that follow describe the subset of individuals for whom demographic information was collected rather than all those served.

² Individuals in this number are counted as reached if they appear in an intake or demographics record, a service or referral, or a CFSA assessment.

³ Urban and rural locations were coded from HOH designated county of residence according to Colorado Rural Health Center.

⁴ Less than 1% of families had a HOH who identified as transgender or nonbinary.

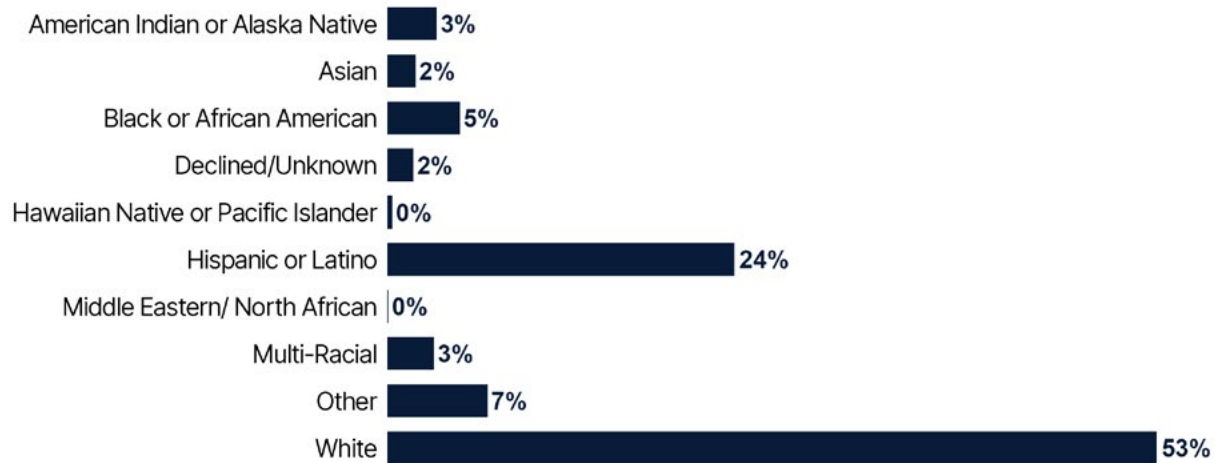
⁵ Demographics for all individuals did not differ substantially from those reported here for the HOH, so we did not include them in this report



FAMILY DEMOGRAPHICS • FY25-26

Families served reflected a range of racial and ethnic backgrounds.

Race/ethnicity of head of household

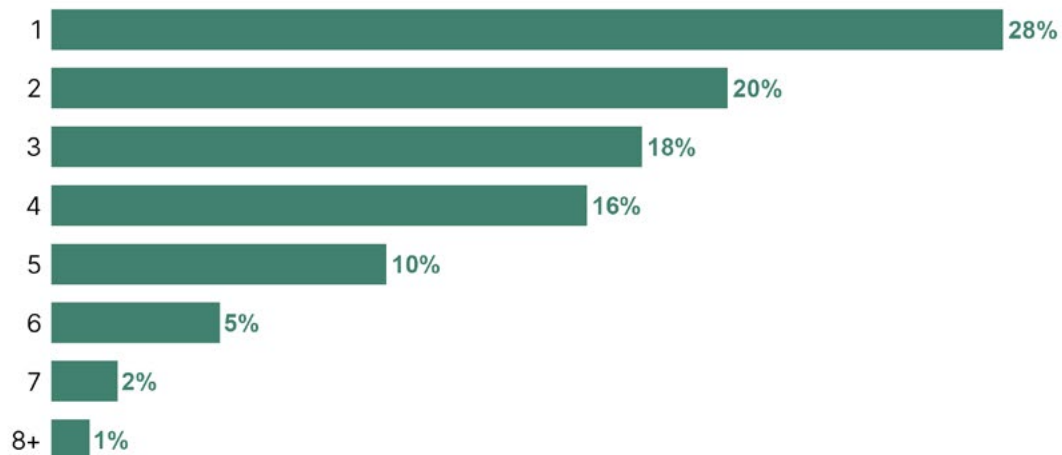


Source: FRCA demographics data. N = 12,629.

FAMILY DEMOGRAPHICS • FY25-26

FRCs typically served **smaller families**.

Number of people in the family, including the head of household



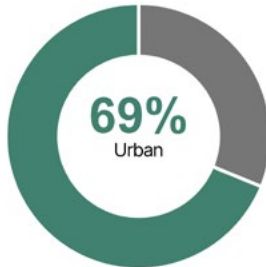
Source: FRCA demographics data. N = 8,674.



FAMILY DEMOGRAPHICS • FY25-26

Most families served lived in **urban** counties.

Share of families in urban vs. rural counties



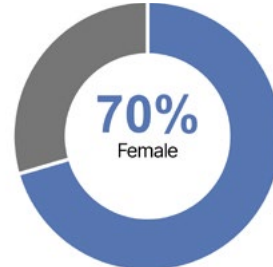
1,950 families had no county on record — not shown in this chart.

Source: FRCA demographics data. N = 10,679.

FAMILY DEMOGRAPHICS • FY25-26

Most heads of household identified as **female**.

Share reporting male or female gender identity



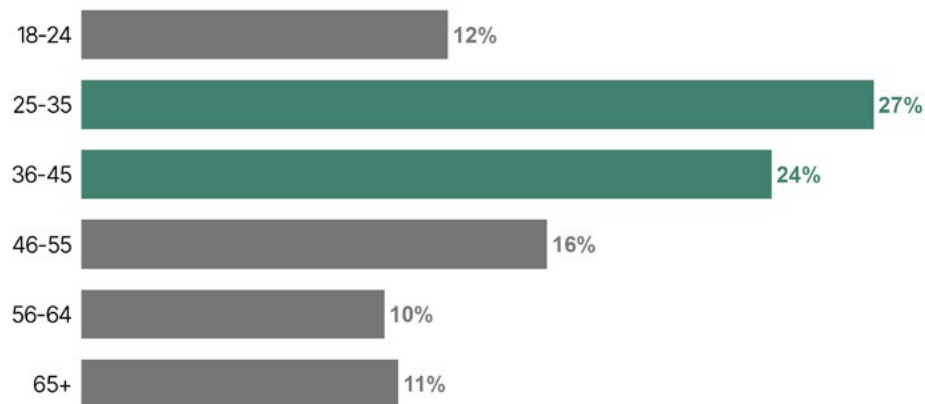
333 respondents selected another gender identity option or had no response — not shown in this 2-category view.

Source: FRCA demographics data. N = 12,296.

FAMILY DEMOGRAPHICS • FY25-26

Most adults served were between **25 and 45** years old.

Age distribution of adults (18+) in families served

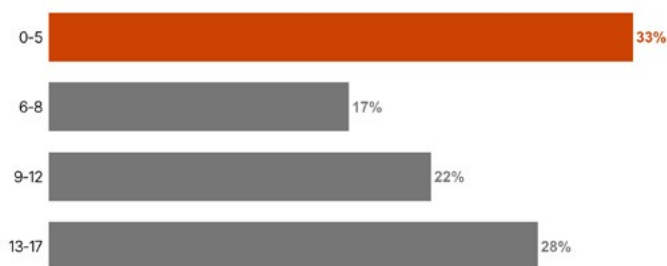


Source: FRCA demographics data. N = 17,970.

FAMILY DEMOGRAPHICS • FY25-26

The largest share of children served were age **0-5**.

Age distribution of children (under 18) in families served



Source: FRCA demographics data. N = 6,305.



At FRC entry, the annual median household income among families served was \$16,200, substantially lower than the median household income in Colorado of \$95,470.⁶



\$16,200

Median annual household income among families served.

Colorado's median household income is \$95,470

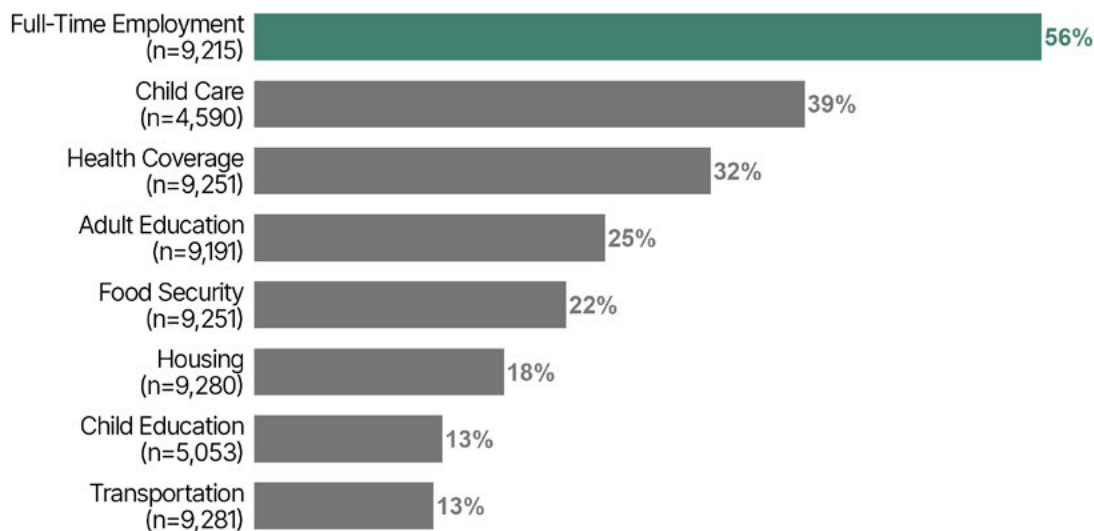
Source: FRCA demographics data (n = 5,670).

When families first come to an FRC, they are asked eight yes/no screening questions to identify unmet needs. After employment (56%), the most common unmet needs were access to child care (39% of families with children in the applicable age range), health coverage (32%), and adult education (25%). About one in five families also reported unmet needs in food security (22%) and housing (18%), while children's education (13%) and transportation (13%) were reported less often.

UNMET NEEDS AT FRC ENTRY • FY25-26

Full-Time Employment was the most common unmet need at FRC entry.

Share of families reporting an unmet need in each domain



Source: FRCA demographics/screening data. N = 9,281.

⁶ Median household income from 2020-2024, in 2024 dollars. United States Census Bureau. (2025). QuickFacts: Colorado. Census.gov. <https://www.census.gov/quickfacts/fact/table/CO#>



Family Resource Centers provide an array of direct services that are responsive to their communities and, per Colorado statute, also serve as resource and referral hubs that direct families to other organizations. Overall, 26,547 individuals were recorded as receiving a total of 193,941 services or referrals. The most frequently received category was basic needs, reported by 89% of these individuals, followed by parenting (5%) and adult education (4%).

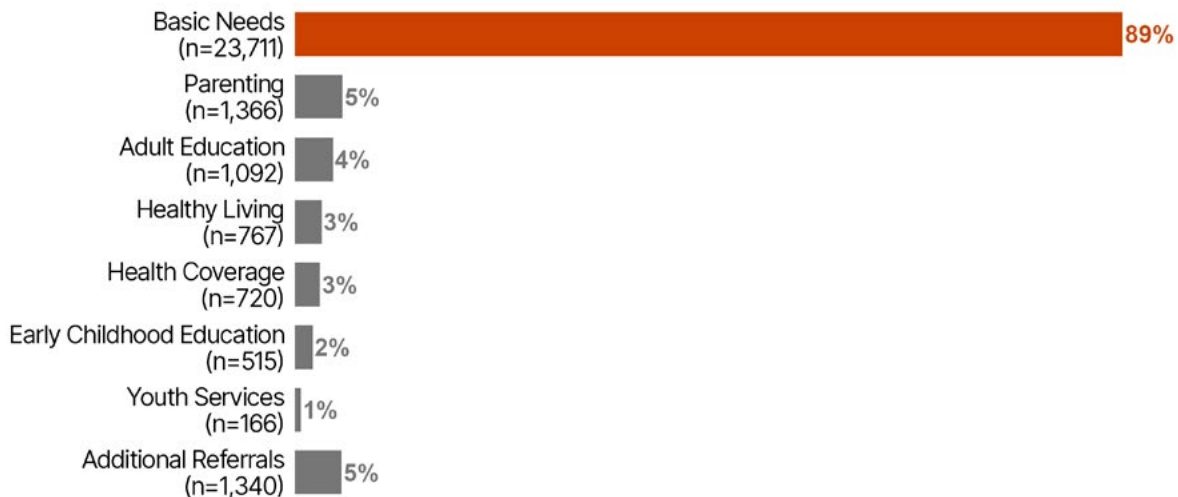
The basic needs services include those required to meet the common unmet needs of food security, housing, and transportation.

■ FRCs provided 26,547 individuals with at least one service or referral.

SERVICES & REFERRALS • FY25-26

Basic Needs was the most common service category received.

Share of clients receiving a service or referral in each category



Additional referrals include referrals to services in non-listed areas. Sample sizes refer to the number of individuals who were recorded as receiving at least one service in the service category. Percentages were calculated based on the 26,547 individuals who were recorded as receiving services or referrals. Percentages sum to over 100% because individuals can receive services in multiple service categories.

Source: FRCA services/referrals data. N = 26,547.



Family Changes Over Time

FRCA uses an evidence-based tool called the Colorado Family Support Assessment™ (CFSA 2.0)⁷ to assess family well-being in multiple areas that protect against child maltreatment. In total, 2,241 families had a baseline CFSA 2.0, and a matched follow-up CFSA 2.0 during the reporting period.

Statistical testing was performed to determine whether family changes over time were statistically significant, and effect sizes (paired Cohen's d) were calculated to estimate the magnitude of change. Because multiple outcomes are tested on the same families, a Holm Sequential Bonferroni correction was applied across the full set of tests to control the overall false-positive rate, increasing the confidence that these results were not found due to chance.⁸

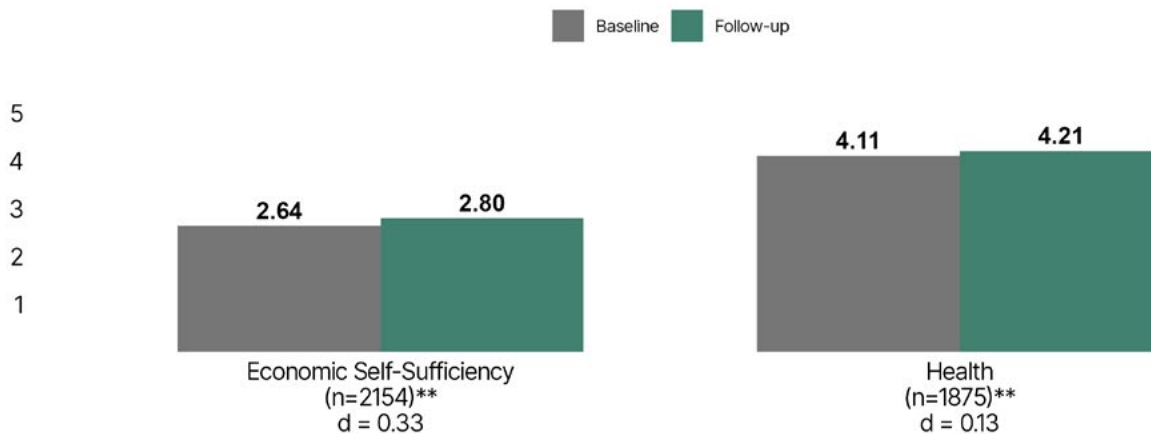
Families showed statistically significant improvement in their economic self-sufficiency and health.

Research links stronger family economic supports to fewer child maltreatment reports and safer, more stable households,⁹ suggesting that the improvements Colorado Family Resource Centers show in family economic self-sufficiency are likely to extend into child safety and long-term health.

ECONOMIC SELF-SUFFICIENCY & HEALTH • FY25-26

There were statistically significant improvements in economic self-sufficiency and health from baseline to follow-up.

Mean score (1-5 scale), baseline vs. follow-up



Significance: * $p \leq .05$, ** $p \leq .01$ (Holm-adjusted); d = paired Cohen's d.

Source: Colorado Family Support Assessment (CFSA 2.0), Part A. N = 2,241.

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 assessments were used. For more information on the CFSA 2.0, please see <https://www.cofamilycenters.org/service-delivery-model/>

⁸ Abdi, H. (2010). Holm's sequential Bonferroni procedure. In N. J. Salkind (Ed.), *Encyclopedia of research design*. Sage. <https://doi.org/10.4135/9781412961288.n178>

⁹ Casey Family Programs. (2022). *How do economic supports benefit families and communities?* Retrieved 2026-09-21, from <https://www.casey.org/economic-supports-research/>



Overall, families demonstrated statistically significant growth in both the economic self-sufficiency and health domains of the CFSA 2.0. Economic self-sufficiency, which combines the income, employment, housing, transportation, food security, adult education, cash savings, and health coverage domains, rose from a baseline mean of 2.64 to 2.80 at follow-up. Health, which combines physical and mental health, rose from 4.11 to 4.21. Each domain is rated on a 1–5 scale, where a rating of 3 or lower represents a significant need for support, 4 represents stability, and 5 represents thriving; families with higher baseline scores may show less room for growth.

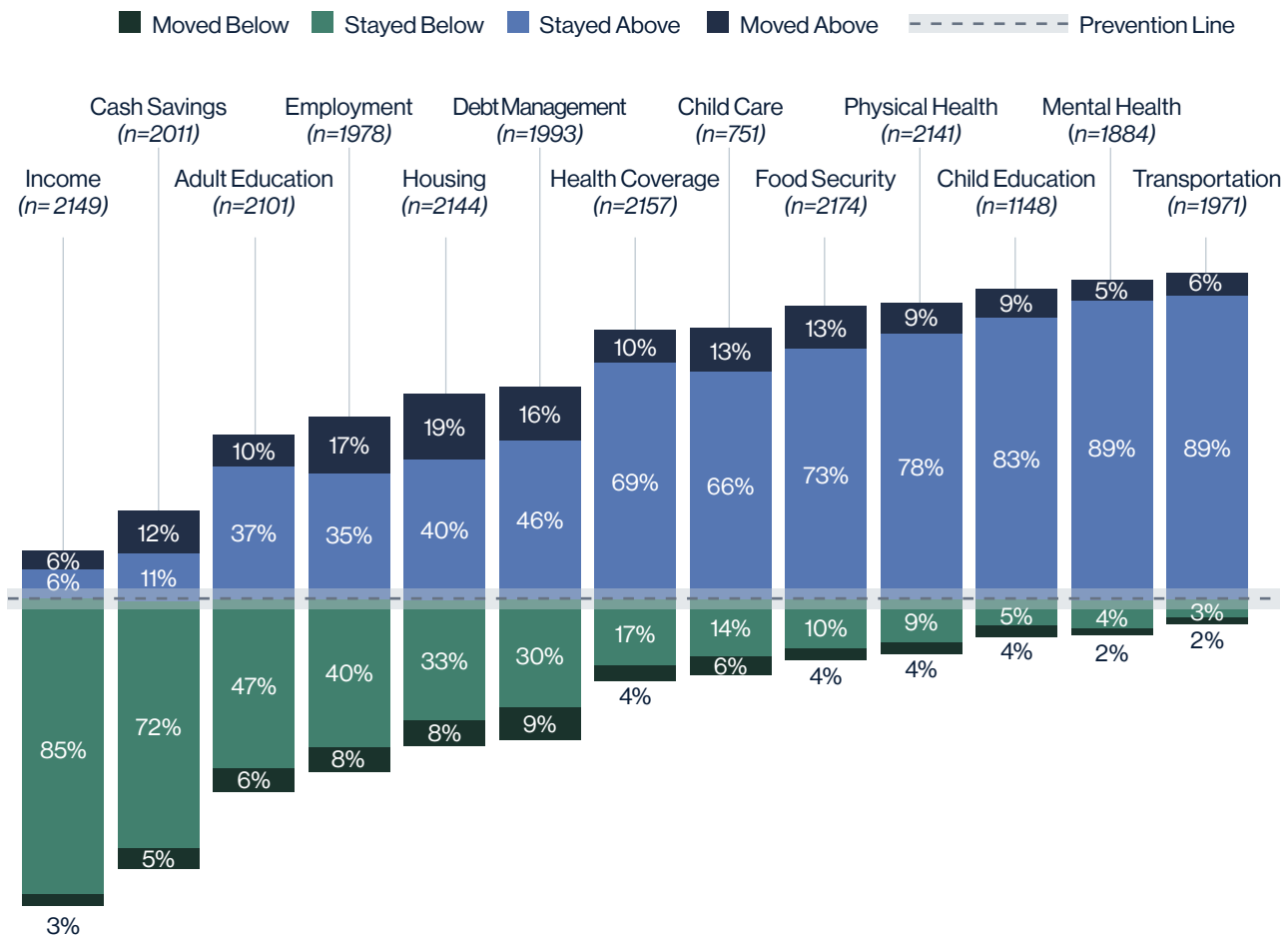
Families showed the greatest movement to safety in housing, employment, and debt management.

On the CFSA 2.0 five-point domain scales, the prevention line distinguishes an in-crisis (1) or vulnerable (2) situation from one that is safe (3), stable (4), or thriving (5). The largest shares of families moving from below to above the prevention line were in housing (19%), employment (17%), and debt management (16%), followed by food security (13%) and child care (13%). Challenges were most persistent in income and cash savings, where the majority of families remained below the prevention line at follow-up (85% and 72%, respectively).

MOVEMENT ACROSS THE PREVENTION LINE • FY25-26

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

Share of families above/below each domain's prevention line, baseline vs. follow-up



Source: Colorado Family Support Assessment (CFSA 2.0), Part A. N = 2,241.

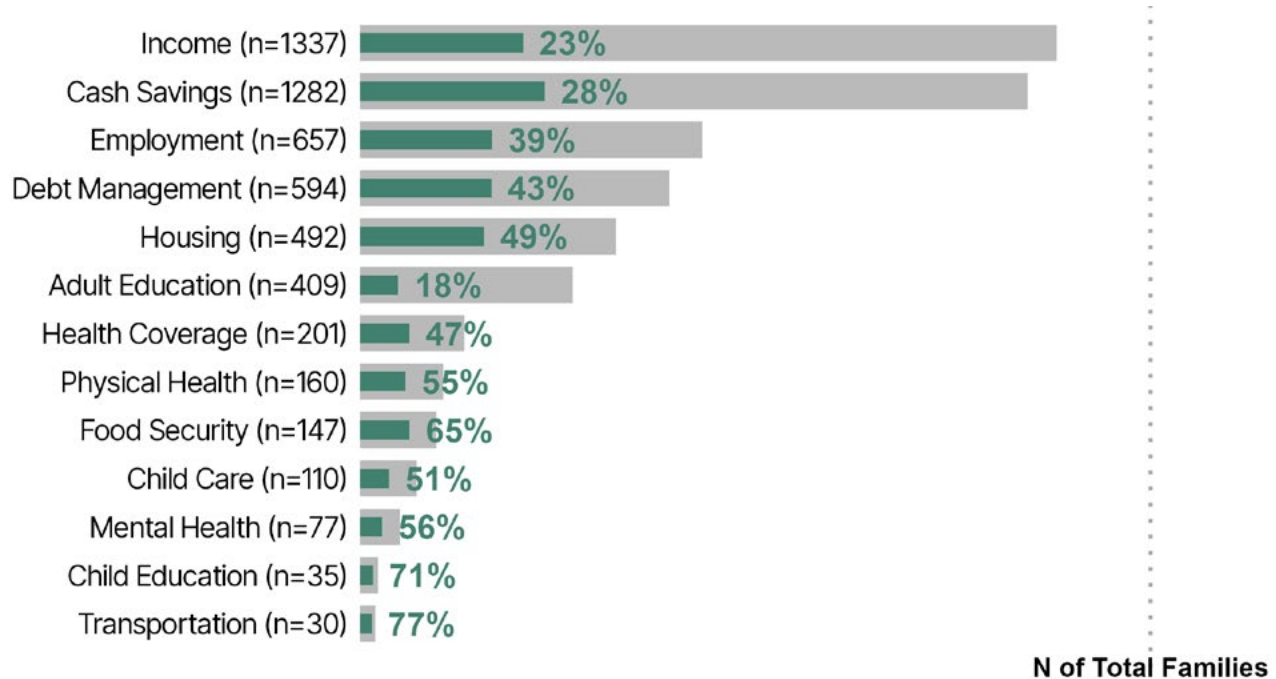


Many families moved out of crisis by follow-up across 13 different domains.

MOVEMENT OUT OF CRISIS • FY25-26

Many families who started in crisis moved out of crisis by follow-up.

Number of families in crisis at baseline (gray) vs. moved out of crisis by follow-up (teal); label shows % moved out



n reflects families in crisis on that domain at baseline.

Source: Colorado Family Support Assessment (CFSA 2.0), Part A. N = 2,241.

The areas in which the highest number of families were in crisis¹⁰ at baseline were income (n = 1,337) and cash savings (n = 1,282); 23% and 28% of these families, respectively, moved out of crisis at follow-up. Domains with fewer families in crisis at baseline tended to see higher rates of movement out of crisis, including transportation (77% of 30 families), children's education (71% of 35), and food security (65% of 147).

Families improved protective factors that guard against child maltreatment, including concrete support, social support, family functioning and resiliency, and nurturing attachment.

On a 1–7 scale, families showed statistically significant gains in concrete support (5.01 to 5.26), family functioning and resiliency (5.61 to 5.81), social support (5.48 to 5.69), and nurturing and attachment (6.42 to 6.48).¹¹

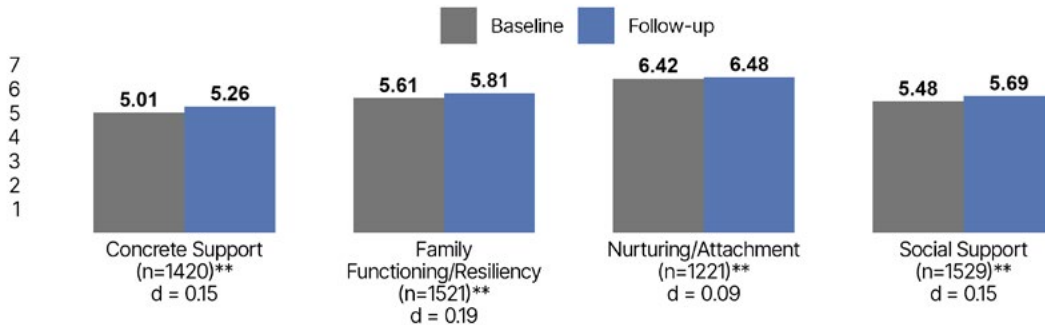
¹⁰ For more information on how a score of 1 (i.e., crisis) is defined for each domain on the CFSA 2.0, please contact FRCA at info@cofamilycenters.org.



PROTECTIVE FACTORS • FY25-26

Families improved significantly in protective factors associated with reduced child maltreatment from baseline to follow-up.

Mean score (1-7 scale), baseline vs. follow-up



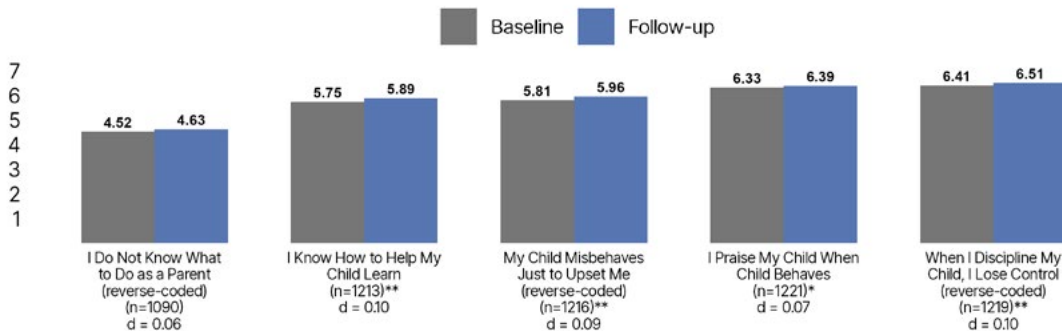
Significance: * $p \leq .05$, ** $p \leq .01$ (Holm-adjusted); d = paired Cohen's d .

Source: Colorado Family Support Assessment (CFSA 2.0), Part B. $N = 2,241$.

KNOWLEDGE OF PARENTING & CHILD DEVELOPMENT • FY25-26

Families showed small but significant improvements on some item-level protective factors related to parenting behaviors.

Mean score (1-7 scale), baseline vs. follow-up



Significance: * $p \leq .05$, ** $p \leq .01$ (Holm-adjusted); d = paired Cohen's d .

Source: Colorado Family Support Assessment (CFSA 2.0), Part B. $N = 2,241$.

Item-level indicators of parenting and knowledge of child development remained relatively stable, with some small but statistically significant improvements on several items. For example, “I know how to help my child learn” rose from 5.75 to 5.89.

Together, these results highlight the role FRCs play in preventing child maltreatment. Beyond gains in specific child maltreatment protective factors, families gained greater access to economic supports and saw stronger economic outcomes—factors research has shown to reduce the risk of abuse and neglect, prevent child welfare involvement (including family separation), and enhance child and family well-being.¹²

¹¹ The Protective Factors Survey is included in the CFSA 2.0. (<https://friendsnrc.org/evaluation/protective-factors-survey/>)

¹² Casey Family Programs. (2022). *How do economic supports benefit families and communities?* Retrieved 2026-09-21, from <https://www.casey.org/economic-supports-research/>



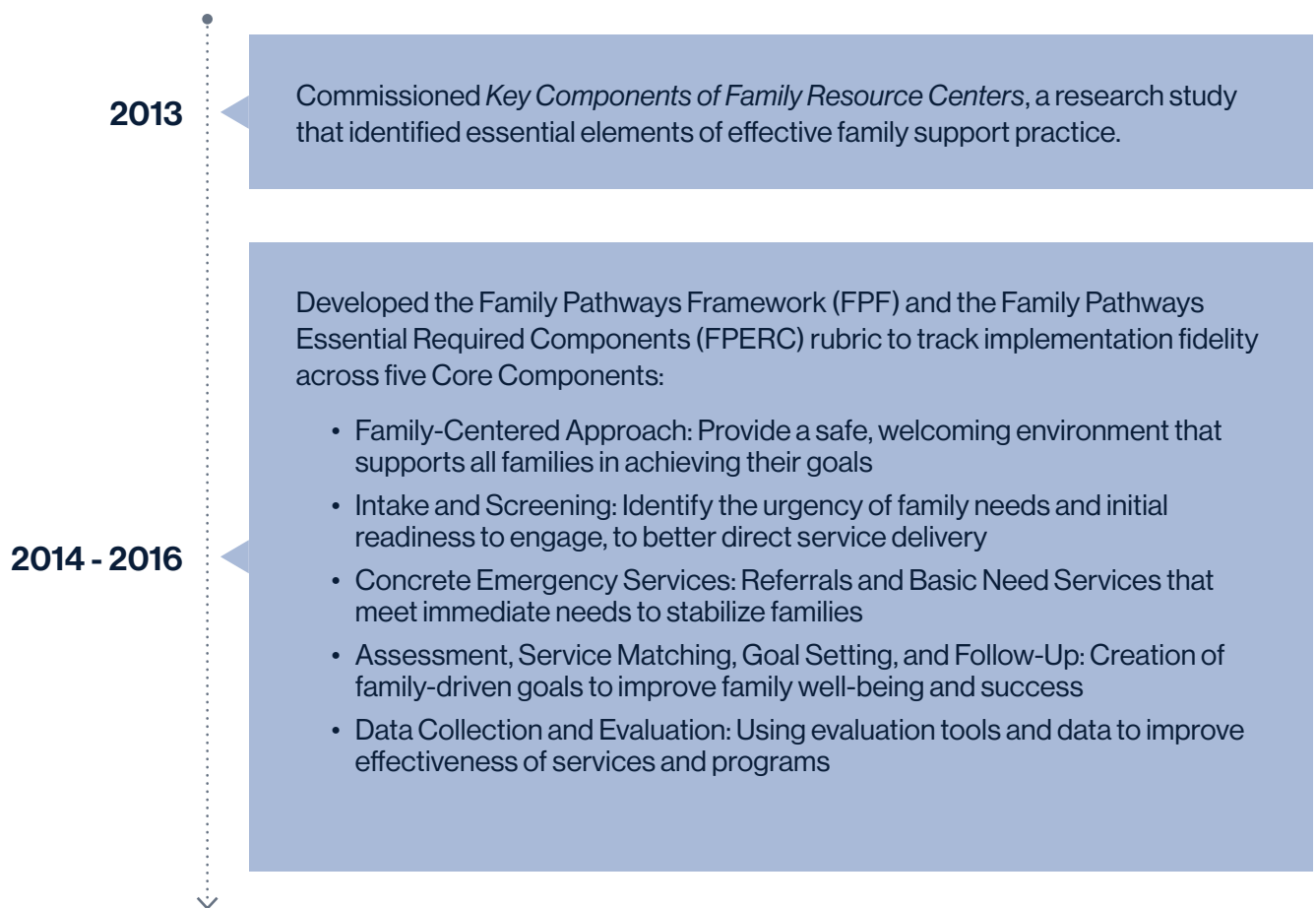
Supporting FRC Fidelity

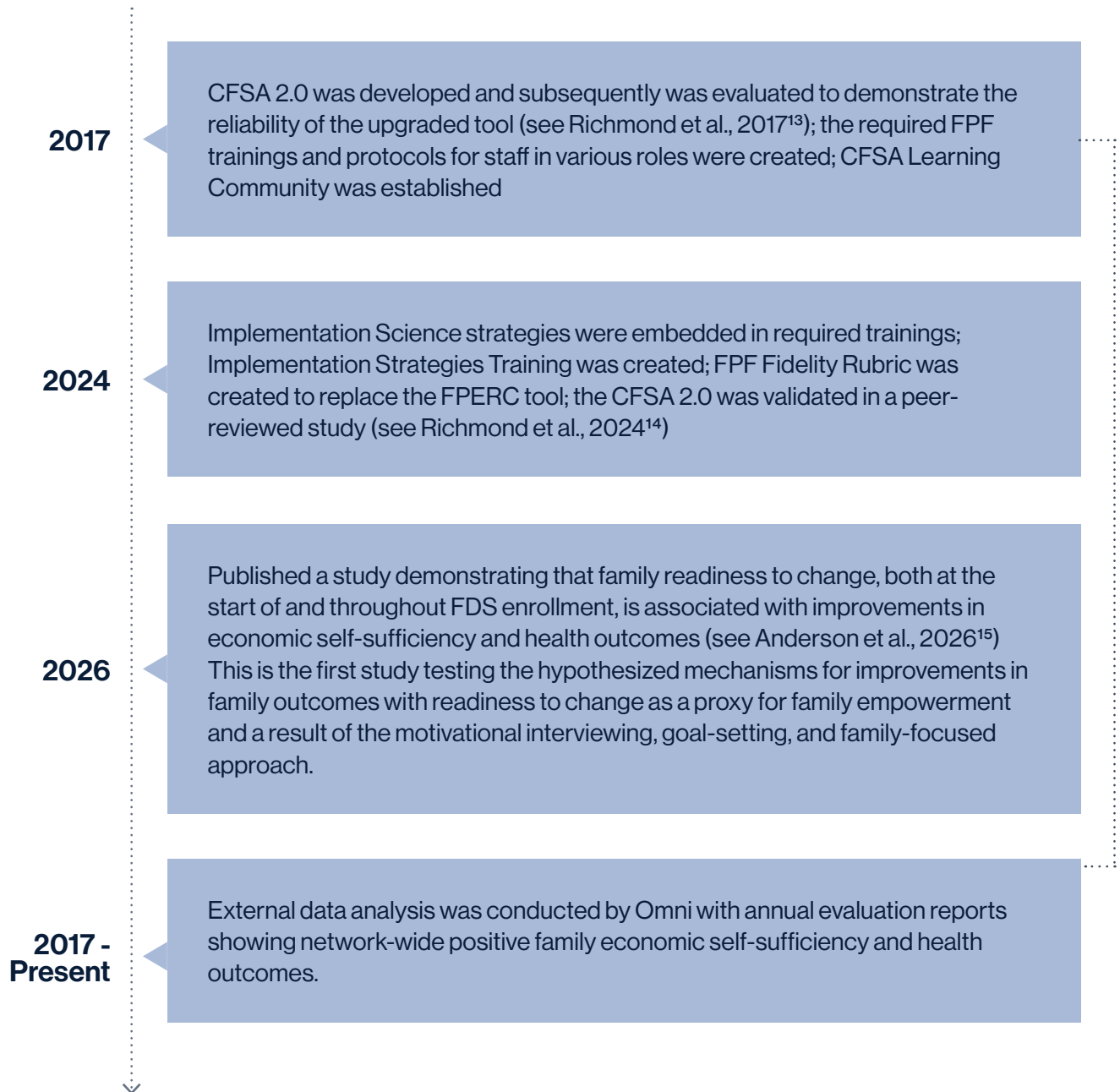
Over the past fiscal year, FRCA staff, the FRCA Program and Evaluation Committee, Omni's evaluation team, and member Centers took on a major undertaking: monitoring program fidelity to the Family Pathways Framework™. This section describes that work and the progress made toward supporting high-quality implementation of the Framework across member Centers.

History and Background of Fidelity to the Family Pathways Framework™

FRCA's fidelity journey began in 2009 when all network members received funding to increase family economic security and health using a common case management model, Family Development Services (FDS). Omni's third-party evaluation of the first year of family assessment data revealed a significant need for more consistent implementation of the service delivery approach, including the first iteration of the Colorado Family Support Assessment (CFSA). As expectations for the network's collective impact continued to grow from multiple funders, so did the need to show both FRC- and network-wide impact.

FRCA has worked with network members and Omni since that time to develop implementation processes and supports, and to identify qualitative and quantitative fidelity measures to promote consistent, high-quality practice. Key milestones include:





¹³ Richmond, M. K., Pampel, F. C., Zarcu, F., Howey, V., & McChesney, B. (2017). Reliability of the Colorado Family Support Assessment: A Self-Sufficiency Matrix for Families. *Research on Social Work Practice*, 27(6), 695-703. <https://doi.org/10.1177/1049731515596072>

¹⁴ Richmond, M. K., Bayless, S. D., & Haymond, T. (2024). A validation study of the Colorado Family Support Assessment 2.0. *Children and Youth Services Review*, 163, Article 107730. <https://doi.org/10.1016/j.childyouth.2024.107730>

¹⁵ Anderson, A. J., Burger, O., Leaven, R., Howey, V., & Bayless, S. (2026). Readiness to Change Predicts Economic Self-Sufficiency and Health During Family Development Services. *Family Sciences*, 2(1), 8. <https://doi.org/10.3390/famsci2010008>



Progress on Fidelity in FY26

Beginning in May 2025, FRCA brought Omni in to support its fidelity monitoring initiative through four connected phases of work: conceptual development, determining variables and metrics, drafting the site visit tool, and reflection and revision.

Finalizing Conceptual Framework and Measurement Selection

Omni facilitated working sessions with FRCA's Program and Evaluation (P&E) Committee to finalize the fidelity-monitoring conceptual framework, determine the standards required for each fidelity designation (e.g., high-quality implementation vs. foundational implementation), and design a plan for the processes and data used to assess fidelity.

Omni then defined and documented the data sources and variables used to measure fidelity, drawing on three sources: family-level data collected by FRCs; responses to a newly developed survey that captures center-level practices; and FRCA's administrative data on training completion. Omni, FRCA staff, and the P&E Committee finalized the measurement approach and fidelity standards before building them into the site visit tool.

Developing the Site Visit Tool

Omni drafted a site visit fidelity monitoring tool reflecting every component of the Fidelity Monitoring Framework, and FRCA staff reviewed and revised its structure and layout before finalizing it for use across FRCs. The result is a Center-specific report that presents each essential factor alongside its data source, the Center's result, and the resulting quality-level rating, with a summary table showing how each rating was determined.

These tools were used during the FY26 site visits with all member Centers, conducted both in person and virtually. Each tool was sent to Center staff ahead of the visit and used as a conversation guide during it. FRCA staff and Center staff had strength-based conversations about what was going well on the various components, identified gaps and training needs, and resolved some issues (e.g., clarity on data entry requirements and expectations) immediately during the visit.

Feedback and Process Improvement

Following the first iteration of this fidelity monitoring approach, to support FRCs in their program fidelity, FRCA and Omni gathered feedback from Centers on their experience with the process and the fidelity monitoring report provided alongside the site visit.

Omni gathered member feedback through two virtual focus groups — one with FRCs that use FRCA's internal database and one with FRCs that do not, and may have other barriers to providing the necessary data on fidelity. Themes from the focus group were then summarized in a memo and themes and next steps were discussed with FRCA staff and the P&E Committee. FRCA gathered additional feedback gleaned from FRCs during site visits while using the fidelity monitoring tool, responses to a follow-up feedback survey, and attendees at a feedback session with the P&E Committee. The result of this feedback process are documented below in improvements to the fidelity tool and insights into implementation challenges that can now be addressed through training and support.



Process Improvements to Fidelity Tool

Generally, focus group participants described the site visits and fidelity monitoring report as clear, collaborative, and well-organized, and they pointed to specific measures that could be revised or improved. That feedback led FRCA and Omni to refine the fidelity rubric together, which resulted in adding one essential factor, removing or combining others where there was redundancy in the measures, and adjusting High Quality thresholds for a few essential factors. The team also renamed the quality ratings — from Approaching Foundational, Foundational, and High Quality to Approaching Quality, Quality, and High Quality — to better reflect how the team thinks about quality FRC work within the given standards.

Insights into Implementation Challenges

Two network-wide challenges also surfaced, which FRCA and the implementation consultant addressed: 1) tracking family screening responses and following up with families after screening, and 2) a need for greater clarity on the purpose and effective use of the newly adopted Implementation Strategies (Implementation Teams, Feedback Loops, Communication Cycles, Continuous Quality Improvement).

Screening and Follow-Ups

The screening challenges were not about the screening questions themselves but about equipping staff to identify immediate needs when families first enter FRC services and to use screening responses to inform referrals and services. Challenges are related to:

- A lack of local resources matching family needs, such as child care and transportation
- Difficulty reaching families for follow-up
- Family hesitancy to share personal information before a trusted relationship has formed, and staff discomfort asking for it
- A lack of clear follow-up procedures, staff capacity, and data options for tracking referrals and follow-up contacts
- Understanding that tracking follow-up with families is a larger issue that affects not only screening, but also all essential factors of the Family Development Service Pathway

Framework Implementation

- Difficulty supporting families with multiple needs to move from Center Services to the FDS Pathway, with underlying issues in Motivational Interviewing training and data entry
- A general lack of clarity about the role of the Implementation Team, expected practices and data entry, and effective use of the Implementation Strategies, which limited implementation of the FPF Core Components with fidelity



Up next in the Fidelity Journey

With refinements in place, FRCA and Omni have produced updated Fidelity Monitoring reports using FY26 data from all member FRCs, again as a conversation guide for upcoming site visits. The reports include revised basic-needs referral measures and an adjusted CFSA 2.0 follow-up window.

FRCA is planning training and implementation supports for FY27, beginning with refresher trainings for Center staff and for Implementation Teams, revising current training offerings, and developing additional trainings to address implementation challenges surfaced during the fidelity monitoring process. FRCA is developing workflow templates for each core component, with focused support for the screening process and for integrating Motivational Interviewing throughout FRC services. FRCA is also planning to revise the FPF manual and tip sheets that reinforce training, and has shared recommendations with member Executive Directors to strengthen Center-level support for staff competencies and practices after training.

In the coming months, Omni and FRCA will build a program fidelity monitoring dashboard to help FRCA track each member's fidelity, data quality, and program implementation, and direct support where it is needed most. The goal is to give FRCs earlier visibility into how they are doing throughout the fiscal year, with enough notice to improve their data or practices ahead of the fidelity rating they want to achieve. Omni plans to update the dashboard data quarterly so FRCs can reference it throughout the year.



Conclusions

10,729 families, comprised of 29,057 individuals, were reached through Center Services and Family Development Services from FRCA-member FRCs from July 1, 2025 – June 30, 2026. Though these numbers underestimate the full extent of FRC support statewide, the report describes those families and how FRCs support their communities across Colorado.

FRCs Support Families to Help Meet Their Basic Needs

Families arrived at FRCs facing significant economic pressure, with a median household income of \$16,200, roughly one-sixth of the statewide median income level, and named employment (56%), child care (39%), and health coverage (32%) as their most common unmet needs. FRCs delivered services or referrals to 26,547 individuals, most often to meet basic needs (89%). Families made the greatest gains in housing, employment, and debt management, while income and cash savings remained the most persistent challenges.

Research links stronger family economic supports to fewer child maltreatment reports and safer, more stable households¹⁶, suggesting that the gains documented here likely extend beyond economic self-sufficiency into child safety and long-term health as well.

FRCs Help Build Resiliency in Economic Self-Sufficiency and Health and Protective Factors Against Child Maltreatment

Among the 2,160 families with a baseline and matched follow-up CFSA 2.0, gains were statistically significant in both economic self-sufficiency and health. Families also strengthened every protective factor that guards against child maltreatment, though effect sizes were small, with the largest gains in concrete support and family functioning and resiliency. Together, these results show families moving toward stability across both material circumstances and the relationships that sustain them and support strong, healthy families in the long term.

Focus on Fidelity to the Family Pathways Framework™

FY26 marked the first full year of a shared approach to monitoring fidelity to the Family Pathways Framework™. FRCA and Omni developed a Center-specific fidelity report and used it as a conversation guide during site visits with all member FRCs; Centers described the process as clear and collaborative, and their feedback led to refinements to the measures and the tool, and additional training and supports for implementation challenges that emerged. Additional implementation supports, including a quarterly fidelity dashboard, will next give centers earlier visibility into their data and implementation during the year rather than after it.

¹⁶ Casey Family Programs. (2022). *How do economic supports benefit families and communities?* Retrieved 2026-09-21, from <https://www.casey.org/economic-supports-research/>

