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Guidance

# Authentic Family Experience: Using a Co-Design Framework

Assuring Better Child Health & Development (ABCD) advances early childhood systems by partnering across sectors to co-design solutions with families, ensuring their experiences drive policies, programs, and practices that promote whole-child and family well-being.



Location

Colorado



Topic Area

Family & Youth Engagement,  
Care Coordination



Setting

Community, Clinical, Home,  
Virtual



Population Focus

Families & Caregivers, CYSHCN



Date Added

November 2025

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# Section 1: Practice Summary

## PRACTICE DESCRIPTION

Assuring Better Child Health & Development (ABCD), a Colorado-based nonprofit, is a locally known and nationally recognized leader in advancing progressive early childhood policies and promoting access to comprehensive, high-quality systems of care. Our mission is to partner with and build bridges across healthcare, community agencies, and early childhood systems to expand and sustain best practices. In recent years, we challenged ourselves to think more intentionally about how we align our resources, expertise, and partnerships to maximize community impact, improve population health outcomes, and drive policy changes that support the holistic well-being of children and families. Through this reflection, we recognized a critical gap in our systems, policies, and practices: the authentic influence and voice of families, especially those most impacted, was missing.

Across Colorado, families, particularly those raising children with developmental delays or disabilities struggle to access the care and services their children need. Early identification and developmental support systems are often fragmented, complex, and not designed with meaningful family input. Through years of community engagement, technical assistance to providers, and informal and formal conversations with families and caregivers, ABCD consistently heard recurring challenges: difficulty navigating referrals, inconsistent access to services, and the feeling of being excluded from decisions about their child's care.

This feedback, gathered through focus groups, surveys, and partnership work with state and local agencies, revealed an urgent need to reimagine what family engagement looks like, not as an add-on, but as a core driver of systems design and decision-making. In particular, families from immigrant backgrounds, non-English-speaking households, and those raising children with intellectual and developmental disabilities (IDD) reported the most barriers and the fewest opportunities to share their perspectives.

We recognized the need to redefine what family engagement means in our work and reframed it as family experience: an approach that lifts families' voices, honors their unique perspectives, and invites them to actively share their insights. While traditional concepts of family engagement or family involvement emphasize ways to include families in existing structures, family experience focuses on how families want to feel in these interactions. It empowers them to make informed decisions about their child's growth and learning.

Our Family Experience Model, built on a co-design framework, was created to address a key challenge in Colorado: systems meant to support families of children with developmental delays or disabilities often fail to incorporate meaningful family input, especially from under-resourced communities. Without that input, these systems become difficult to navigate, overwhelming families with complex information and fragmented services. As a result, many parents experience grief, frustration, and disillusionment as they strive for a typical family experience but instead face barriers to accessing the guidance and resources they need.

The aims of our work are to:

- Empower Family Involvement: We commit to engaging families as co-creators in developing services and programs, recognizing their unique insights and needs as essential to the process.
- Informed Decision-Making: We gather insights from family experiences to inform the design and adaptation of developmental services, ensuring they resonate with the community's actual needs.



- Transform Service Provision: We incorporate families' experiences to inform best practice recommendations, redefine service delivery, and ensure services are relevant, accessible, and effective.
- Advocacy and Representation: We build advocacy strategies rooted in deeply understanding family experiences. We empower families to voice their needs and influence the services that affect their lives.
- Disrupting the Status Quo: We challenge the notion of developing services in isolation from families, striving to ensure that all efforts are informed by direct family input, fostering a collaborative environment that prioritizes their well-being and engagement.

## CORE COMPONENTS & PRACTICE ACTIVITIES

At the heart of our practice is a deep commitment to understanding and improving the family experience within Colorado's early identification and developmental support systems. Guided by a co-design framework, we intentionally work alongside families and providers as equal partners, centering family experience, redistributing power, and ensuring that families, especially those from disproportionately affected communities, play a central role in shaping the systems that impact their lives. Our core components include engagement that fosters genuine belonging; recognition of families as experts; family-paced trust-building; and collaborative co-design; and capacity building and mentorship. These components are both observable and measurable, reflected in how we recruit, support, and elevate family voice, and in how that voice directly influences tools, policies, and practices. Together, they form the foundation of a more responsive, family-led early childhood ecosystem, where families are not simply included, but truly lead.

### Core Components & Practice Activities

Core Component	Activities	Operational Details
Family Engagement	Outreach to families across cultural, racial, geographic, and linguistic backgrounds; Engagement through interest forms, partners, and trusted messengers in multiple formats and languages (e.g. English, Spanish, Arabic, Dari, Russian, Ukranian); Participatory engagement options tailored to folks' experience; Digital access.	<ul style="list-style-type: none"> <li>- Materials designed, printed and shared in plain language and translated into priority languages (e.g., Spanish, Arabic, Dari)</li> <li>- Interest forms hosted online with optional staff support for completion</li> <li>- Recruitment prioritizes families who have not been invited to participate and voice their concerns in the past due to language or other barriers.</li> <li>- Events held virtually and/or in community settings to reduce barriers</li> <li>- Provided simultaneous interpretation during events</li> <li>- QR codes and printed one-pagers distributed at clinics, family events, and organizations</li> </ul>
Families as Experts	Multiple ways to participate- Oral and visual storytelling sessions, focus groups, 1:1	<ul style="list-style-type: none"> <li>- Honor contributions with follow-up thank-you gifts, stipends, certificates, and updates on impact</li> </ul>



	interviews, surveys for families to share their experiences- Family input on program development, policies and resources	- Family ideas and feedback are documented and integrated into system tools, program materials
Family-Paced Trust Building	1:1 conversations and interviews with families; Ongoing relationships and communication; Reflection, grounding and relationship building activities in sessions with families	<ul style="list-style-type: none"> <li>- Engagement is paced intentionally to build trust and relationships over time</li> <li>- Feedback loops are used to demonstrate how family input is used</li> <li>- Facilitators trained in culturally responsive practices</li> <li>- Communicate according to family preferences (e.g. email, phone, text, printed or verbal, interpretation)</li> </ul>
Collaborative Co-design with Families and Professionals	Joint family-provider design teams; Co-creation of tools (e.g., referral forms, onboarding guides); Iterative feedback and prototyping	<ul style="list-style-type: none"> <li>- Tools reviewed by family and professional audiences</li> <li>- Clear documentation of decisions and rationale</li> <li>- Materials tested for accessibility and cultural fit before finalization</li> </ul>
Capacity Building & Leadership	Peer to peer mentorship & support; Opportunities to present, lead, and facilitate; Child care provided to make training opportunities more accessible	<ul style="list-style-type: none"> <li>- Include families in planning future engagement activities</li> <li>- Family leadership training and mentorship</li> </ul>

## COMMUNITY WELLNESS

The practice of Authentic Family Experience: Using a Co-Design Framework is built around a core set of phases, adapted from KA McKercher’s book *Beyond Sticky Notes*, which inspired our team to focus on removing obstacles and supporting community well-being. To truly understand whether this work achieves those goals, it is essential to collect data throughout each phase before evaluating its overall impact.

**Build the Conditions:** This first phase centers on empathy, relationship building, and creating a strong foundation for ethical co-design. Twenty-seven parents and 15 providers participated across 9 sessions, reflecting different linguistic, cultural, and geographic backgrounds. Providers included Part C Early Intervention staff, HealthySteps specialists, social workers, care coordinators, and pediatricians, representing 12 Colorado counties. All communications used family-centered language to promote equitable engagement. Sessions began with clear, family-friendly definitions and co-created group norms. Participants said: “The interpreters didn’t just translate, they helped us feel included.” and “This was the first time I felt like someone wanted to hear what I really thought and not just fill out a survey.”

**Immerse and Align:** In this phase, participants deepened their understanding of developmental monitoring, screening, and referral to inform recommendations. Barriers and challenges identified included: translated tools



lacking cultural relevance; the need for someone to “translate” findings from a linguistic and cultural lens; and a referral system seen as overly complex and fragmented. Despite hearing the importance of early intervention, families expressed frustration with long waitlists and service gaps, often weeks or months for evaluations, especially in rural areas. Providers echoed these concerns and called for a more centralized, interoperable referral system.

**Discover:** This phase emphasizes listening deeply to families’ experiences and using data to build a fuller understanding. It elevates voices from under-resourced communities and gathers insights about what works and what needs change. Rather than rushing to solutions, the group painted a rich picture of needs and aspirations, grounding design work in real experiences. Exploration revealed assumptions and challenges that disrupt communication, connection, and coordination. For example, cultural expectations and communication styles often create mismatches when concerns are noticed. Some families feel uncertain about what to expect, while others face stressors, social, emotional, and financial, that make service engagement difficult.

**Design:** During the design phase, participants used what they learned in the discovery phase to begin identifying potential solutions and refining earlier recommendations. Key findings led to recommendations such as: focusing on the family–child relationship and the child’s health and happiness; empowering families to voice their opinions and make decisions; normalizing concerns and creating space for questions without shame or fear of judgment; and normalizing the referral process.

**Test and Refine:** This stage of the co-design framework is where we move from design to action. In this phase, ideas and recommendations generated through earlier engagement with families are tested in real-world settings. The goal is not to have a perfect solution, but to learn through doing, stay curious, and iterate based on feedback from families and providers. This stage helps identify what works, uncover challenges, and refine strategies before scaling. Over the coming year, we will pilot recommendations, train community members, gather feedback, and assess readiness for long-term implementation - the next and final stage of co-design.

**Implement and Learn:** The final stage is the most sustained stage of the co-design process. In this phase, ideas, tools, and recommendations developed during earlier phases are put into real-world practice. However, implementation is not the end, it marks the beginning of an ongoing learning process. In Southern Colorado, the results of these learnings from the previous phases has led to health care systems implementing solutions that address improvements in processes around confidentiality, safe space, and parent mental health. These are all solutions that will become standard practice after a few more months of refinement.

## EVIDENCE OF EFFECTIVENESS

At ABCD, our definition of success is grounded in four key strategic priorities: (1) co-designing systems-level change, (2) ensuring quality child health and developmental services and resources, (3) equipping providers with tools and knowledge, and (4) empowering families to actively participate in shaping the systems that affect their children’s health and development. Success is not measured solely by the number of families reached or programs delivered, but by how deeply we listen, how meaningfully we engage, and how courageously we shift power toward families, especially those historically excluded from decision-making.

Since 2024, we’ve partnered with nearly 40 families and 20 professionals across Colorado, each bringing unique experience, cultural context, and insight into navigating early childhood developmental systems. We prioritized broad participation by offering interpretation, stipends, and multiple engagement formats, ensuring families could contribute in ways that worked for them. That year, we invited families to share what it’s really like to seek help and support their children’s development. Through interviews, conversations, and forums, families revealed where they feel supported, where they encounter obstacles, and what they imagine could be different.



In parallel, we asked professionals to reflect on their role in early identification systems and compared their insights with families', exploring both points of alignment and areas needing deeper transformation.

In 2025, this work expanded to include a series of nine virtual co-design sessions, which intentionally broadened access for families in rural, urban, and frontier communities. Families from many backgrounds and multiple language groups, including Dari, Spanish, Arabic, and English, came together to share their experiences navigating Colorado's early childhood systems, especially developmental monitoring, screening, and referral pathways. Together, we examined what happens at each step of that journey, where breakdowns occur, and how to co-create solutions and recommendations that feel supportive and family-centered.

Shifting from engaging families as participants to recognizing them as co-creators, has been a defining measure of our success and is a practice that is being integrated across our organization and programs. As the State Intermediary for HealthySteps, an evidence based integrated behavioral health program of Zero to Three, we are reaching over 45,000 children and their families annually in Colorado in 32 clinics. This year, we piloted a Family Experience survey at 3 clinic locations, collecting meaningful feedback from 170 families about their experiences with HealthySteps. The survey was designed with families and translated into Spanish for the pilot and will be implemented statewide in additional languages in 2026.



# Section 2: Implementation Guidance

## COLLABORATORS AND PARTNERS

Our collaborators include families with young children, community-based organizations, healthcare providers, state partners like Colorado Department of Public Health & Environment (CDPHE), national networks, and academic researchers. Together, we co-design, implement, and refine family-informed strategies that strengthen early childhood systems and promote access to developmental supports.

### Practice Collaborators and Partners

Partner/ Collaborator	How are they involved in decision-making throughout practice processes?	How are you partnering with this group?	Does this collaborator have lived experience/come from a community impacted by the practice?
Families with young children (0-5)	Families help define priorities, shape goals, and determine what success looks like. Families co-create tools and strategies, and guide implementation and communication approaches. Their experience drives decisions from planning to continuous improvement, ensuring the practice is rooted in what families need and value.	We engage families as equal collaborators and partners. Through advisory groups, co-design sessions and ongoing feedback loops, families shape decisions, improve service pathways and ensure our early childhood supports reflect real community needs.	Yes – They are the heart of the practice. Their experiences, insights, and leadership directly inform strategies and tools developed.
Community - Based Organizations	Our partners serve as trusted messengers with direct connections to families. They help shape priorities, co-design outreach and engagement strategies, inform implementation plans, and provide ongoing feedback to ensure the practice reflects community context, strengthens trust and meets local needs.	They help identify and recruit families, co-host events and focus groups, and provide cultural and language support. They serve as bridges between systems and community voice. We also partner on co-branded outreach, material review, and cross-promotion of engagement opportunities.	Yes – Many staff and leaders at our partner organizations reflect the racial, linguistic, and cultural backgrounds of the families most impacted. Some are also caregivers of children with developmental needs.



<p>Providers &amp; Clinical Partners</p>	<p>Providers share insight on system barriers and opportunities, help shape feasible workflows, and guide what will work in practice. They implement tools and strategies co-designed with families.</p>	<p>Clinical partners participate in co-design sessions with families, pilot tools (e.g., family-facing handouts or developmental screening resources), and provide feedback on feasibility and usability. We engage providers as thought partners to understand system barriers and bring family-informed solutions into practice.</p>	<p>Some clinical partners have experience as parents or caregivers and work with the key population of families with young children and are critical to testing and embedding family-informed solutions.</p>
<p>CDPHE (Colorado Department of Public Health and Environment)</p>	<p>CDPHE is a key state-level partner in shaping early childhood and developmental screening systems. They help set priorities, align our work with state goals and inform decision-making on scope, timelines and deliverables. They provide guidance that supports sustainability and systems-level impact and share learnings across agencies.</p>	<p>We collaborate with CDPHE through planning meetings, alignment of family engagement strategies across state-level initiatives, and integration of learnings into broader early childhood systems. CDPHE provides input on evaluation and statewide data sources.</p>	<p>Indirect – While CDPHE staff may not have personal experience, they support family-centered strategies at the systems level and partnered with family-facing initiatives statewide.</p>
<p>National Network Colleagues (e.g. CDC LTSAE Ambassadors, Fellowships, HealthySteps, Zero to Three, ECDHS)</p>	<p>These colleagues help align ABCD with national best practices, strengthen ABCD's impact, and offer professional development, technical assistance, and peer support that informs program decisions and continuous improvement.</p>	<p>We share practices and tools through state and national learning communities, where colleagues provide feedback, serve as thought partners, and help ABCD align with family engagement frameworks. They also support staff and family leaders through peer learning and visibility opportunities such as presentations and panels.</p>	<p>Yes – Many colleagues are parents of children with disabilities and bring insights from other states or national efforts to ensure family-led systems change.</p>
<p>Academic Researchers, Professors &amp; Fellows</p>	<p>We partner with researchers and professors to strengthen the rigor, reflection, and design of our practice. Their insight informs our evaluation,</p>	<p>Collaborate on practice design, implementation frameworks, and reflection; provide expertise in systems</p>	<p>Some – Several bring personal experiences as parents/caregivers of children with disabilities or experience in family-</p>



strategic alignment, and integration of family leadership into broader systems change efforts.

change and evaluation; serve as thought partners in leadership development and co-design theory.

centered research. Others support reflection, rigor, and connection to broader research and policy landscapes.

## REPLICATION

Our Family Experience Model has been adapted for use in both rural and urban communities, across clinical and community settings, and through virtual and in-person formats. Each replication has incorporated multilingual translation and live interpretation to ensure accessibility. Modifications were made to enhance cultural and linguistic relevance, simplify tools for families with varying literacy levels, and align workflows with local capacity.

Key lessons learned include the importance of co-creating with local partners from the outset, compensating families for their expertise, and maintaining flexibility for sites to adapt processes while upholding the core principles of co-design and family leadership. These adaptations have deepened engagement, strengthened participant buy-in, and ensured the model's responsiveness to different community contexts.

## INTERNAL CAPACITY

Successful implementation of the Family Experience Model required a multidisciplinary team with both coordination and facilitation capacities. Core personnel included:

- **Director (.5 FTE):** Provided strategic oversight, partnership development, and alignment with organizational and state-level priorities.
- **Community and Family Engagement Manager (1 FTE):** Responsible for developing, implementing, and overseeing strategies that foster meaningful relationships between families, communities, providers and organizational programs. This role ensures engagement practices that amplify family voices, enhance partnerships, and strengthen the organization's ability to create positive outcomes for children and families.
- **Family Engagement/Co-Design Facilitator (0.5 FTE):** Trained in participatory methods and facilitation of diverse groups, ensuring fully-accessible engagement.
- **Evaluation and Data Specialist (.25 FTE):** Supported design of data collection tools, tracked participation and outcomes, and synthesized learning for continuous improvement.
- **Communications/Outreach Support (.25 FTE):** Developed multilingual materials, managed translation and interpretation, and supported culturally responsive outreach and storytelling.

### Supports for Personnel Development:

Implementation was strengthened by organizational leadership committed to family partnership, structured reflection and coaching, and ongoing professional development in co-design, early childhood policy, trauma-informed practices, digital access and intentional facilitation. Regular cross-team learning sessions and debriefs reinforced shared values and built collective capacity.



### Recommended Capacities for Others:

Practices replicating this model should ensure access to **in-house interpretation and translation services**, **dedicated staff time for relationship-building**, and **funding to compensate families** for their expertise. A flexible organizational structure and leadership buy-in are essential to sustain authentic co-design and prevent staff burnout.

## PRACTICE TIMELINE

Implementation of the Family Experience Model typically unfolds over a 12–18 month period, allowing flexibility to align with local readiness, community context, and capacity.

The process begins with the Planning and Pre-Implementation phase, aligning with the Build the Conditions and Immerse & Align stages of co-design. During this phase, partnerships are established, goals and success measures are defined, and structures for family engagement, compensation, and language access are created. Training in co-design, equity, and trauma-informed facilitation builds a shared foundation for collaboration, ensuring all partners are prepared to work in partnership together.

The Implementation phase reflects the Discover, Design, and Test & Refine stages of co-design. This phase focuses on recruiting and onboarding families, conducting interviews, focus groups, and co-design sessions (virtual and in-person), and collaboratively developing, testing, and refining tools and strategies grounded in family input. Providers and community partners integrate these co-designed resources into their settings with ongoing coaching and technical assistance to ensure usability and impact.

The Sustainability phase aligns with the Implement & Learn stage of co-design. It centers on reflection, evaluation, and integration of successful practices into ongoing operations. Lessons learned are documented through reports, presentations, and toolkits that guide replication and scaling efforts. Across all phases, the model emphasizes continuous learning, authentic partnership, and adaptability, honoring the experiences of families as essential drivers of systems improvement and innovation.

### Phase: Planning/Pre-Implementation

Activity Description	Time Needed	Responsible Party
Establish partnerships with families, community-based organizations, providers, and state partners (e.g., CDPHE).	4-6 weeks	Director & Family Engagement Manager
Define goals, success measures, and shared outcomes with partners.	2-3 weeks	Director & Family Engagement Manager Evaluation Specialist



Develop engagement structure, compensation process, and language access plan (translation and interpretation).	3-4 weeks	Director & Family Engagement Manager
Provide co-design and trauma-informed facilitation training for staff and partners.	2-3 weeks	Director & Family Engagement Manager
Finalize timeline, recruitment strategy, and data collection plan.	2 weeks	Director & Family Engagement Manager Evaluation Specialist

## Phase: Implementation

Activity Description	Time Needed	Responsible Party
Recruit and onboard families; establish feedback loops and communication channels.	Ongoing	Director & Family Engagement Manager Community Partners
Conduct family interviews, focus groups, and co-design sessions (virtual and in-person).	Ongoing	Family Engagement Manager, Co-Design Facilitator
Develop tools, materials, and strategies based on family feedback.	Ongoing	Family Engagement Manager, Co-Design Facilitator, Families
Integrate co-designed tools into clinical and community settings; provide coaching and technical assistance.	Ongoing	Family Engagement Manager, Families, Clinical Partners
Track participation, collect qualitative and quantitative data, and document learnings.	Ongoing	Family Engagement Manager, Co-Design Facilitator & Evaluation Specialist



## Phase: Sustainability

Activity Description	Time Needed	Responsible Party
Conduct reflection and evaluation sessions with families, partners, and staff to assess outcomes and lessons learned.	4-6 weeks	Evaluation Specialist, Family Engagement Manager, Co-Design Facilitator
Integrate successful tools and processes into ongoing program operations and state-level initiatives.	6-8 weeks	Director, Family Engagement Manager, Partners
Develop dissemination materials (reports, presentations, toolkits) for replication and scaling.	4-6 weeks	Family Engagement Manager, Communications Team
Provide ongoing support and coaching to sustain family leadership and continuous improvement.	Ongoing	Family Engagement Manager & Co-Design Facilitator

## PRACTICE COST

This includes an estimate of all major associated costs including any associated set up costs to run a Family Experience Model for one year. These costs are approximately 1/8 of our total organization budget.

## Budget

Activity/Item	Brief Description	Quantity	Total
Personnel	Director, Community/ Family Engagement Manager, Co-Design Facilitator	2 FTE	\$150,000
Participant Stipends	Compensation for participation in meetings, surveys and evaluation activities at \$25/hour.	Annual costs + per session costs	\$15,000



Interpretation and Translation	Simultaneous interpretation for meetings and evaluation activities (e.g. focus groups; Materials translation)	Annual	\$8,000
Materials & Supplies	Includes design of recruitment materials, website design, materials for community, local and state partners, food and printing for in person meetings (.25 FTE for design/marketing)	Annual	\$8,000
Evaluation & Reporting	Surveys, focus groups, documentation of learnings, final reports etc. (.25 FTE)	Annual	\$22,500
Indirect / Administrative Costs (10%)	Overhead (accounting, HR, etc.)	Annual	\$20,350
<b>Total Amount:</b>			<b>\$223,850</b>

## LESSONS LEARNED

Since launching our co-design practice, ABCD has gained deeper insight into what families across Colorado need from early childhood systems, especially around developmental monitoring, screening, and referral. Families consistently prioritized culturally and linguistically responsive care, processes that move at a family’s pace, and communication that is clear, compassionate, and non-judgmental. These themes shaped our 2025 exploration and guided the development of our core practice principles. First, we learned that how we show up matters. Families emphasize the importance of presence, follow-through, and relational engagement. Second, flexibility and accessibility create a wide range of opportunity for our families, offering multiple participation levels and reducing barriers to engagement. Third, we learned that families are ready to lead when given the right support, mentorship and scaffolded opportunities turned participants into co-creators. Finally, co-design is not just input collection; it’s relationship-building. It requires shared power, mutual learning, and sustained trust. These lessons continue to shape our practice and raise essential questions that guide our work: What does it truly look like to build systems with families, not just around them? How do we make those systems more respectful, relational, and responsive? These questions and commitments drive our path forward.

Implementation of this practice raised key challenges that we addressed through ongoing reflection and adaptation. First, we learned that trust takes time, especially for families who have previously felt unheard. Building relationships required consistent outreach, transparency, and follow-through. Second, limited staff capacity can hinder our ability to provide the timely follow-up, language access, and flexibility needed for engagement. Expanding this work without adequate infrastructure risks burnout. Third, while compensating families was essential for participation, the logistics such as tax forms and payment systems proved complex, requiring individualized support to ensure access. Finally, we discovered that closing the loop on feedback is just as important as gathering it. Families wanted to see how their input leads to action, so we embedded regular updates and information sharing into our engagement cycle to maintain trust and momentum.



## NEXT STEPS

In September 2025, ABCD launched the Family Experience Network, a family-led initiative that extends and embeds our co-design practice throughout our work. This next phase engages 15–20 Family Leaders, parents, caregivers, and individuals with experience navigating developmental and IDD-related services, to support provider training, community engagement, and the co-creation of tools and resources. Insights gathered will directly inform state and local systems, ensuring that family voice drives meaningful change. With additional funding, the Network will also co-design and launch a statewide Family Experience Survey, focused on developmental screening, referral pathways, and service navigation, with multilingual access to best reflect Colorado’s population. This marks a shift from temporary engagement to sustained, system-level family leadership.

As ABCD continues to refine its approach, we are prioritizing several improvements to strengthen impact and long-term sustainability. We aim to deepen family leadership pathways by expanding training, mentorship, and flexible engagement options that elevate families as true co-creators of systems change. To reduce barriers, we are developing culturally responsive onboarding and orientation tools that meet families where they are and support their leadership growth. We are working to simplify compensation systems and provide multilingual support for stipends. We are also creating evaluation tools to track how family input leads to real system changes, reinforcing accountability and shared learning. We will expand outreach in rural, frontier, and underrepresented communities. Finally, we will build statewide capacity by sharing our model through toolkits, training, and technical assistance for partners committed to embedding co-design and family voice in their own systems.

## RESOURCES PROVIDED

- [Beyond Sticky Notes Website](#)
- [Assuring Better Child Health & Development Website - Family Experience](#)
- [Co-Design in Action Example](#)
- [Working Together Family Survey](#)
- [Family Priority Matrix Activity](#)
- [Example of Family Co-Design Meeting Slides](#)

## APPENDIX

- [Family Experience Forums Discussion Guide](#)
- [Participant Demographics](#)
- [Journey Tool](#)
- [Family-Informed Recommendations](#)

